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DLN: 93493133025573

1

Department of the Treasury

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)

OMB No 1545-0047

ntemal	Revenue	Service • The organization may have to use a copy of	or this return to satisfy s	tate reporting	requirements	Inspection				
A Fo	r the 2	2011 calendar year, or tax year beginning 07-01-2011	and ending 06-30-201	2	D Employer id	entification number				
_		pplicable C Name of organization CATHOLIC HEALTH INITIATIVES-COLORADO			84-040525					
_	ress ch	Doing Business As	Doing Business As							
_	me chai	nge			(303) 290-					
Init	ıal retui	Number and street (of PO box it mail is not delivered	to street address) Room/s	ııte	(303) 290-	\$ 1,542,245,335				
Ter	mınated	d 188 INVERNESS DRIVE WEST		H	d Gloss receipts	\$ 1,342,243,333				
– Am	ended i		•							
– App	olication	ENGLEWOOD, CO 80112 pending								
		F Name and address of principal officer		H(a) Is this	a group retur	n for				
		GARY CAMPBELL	,	affiliat		⊤Yes ▽ No				
		188 INVERNESS DRIVE WEST SUITE 500 ENGLEWOOD, CO 80112	J	H/h) A====	-#:!!=+== !==!	led?				
					affiliates includ	(see instructions)				
[Ta:	x-exem	npt status	947(a)(1) or 527			ımber ► 0928				
, w	ebsite	∷► WWW CENTURA ORG								
€ Forr	n of ord	ganization 🔽 Corporation Trust Association Other 🕨		L Year of for	nation 1968	1 State of legal domicile Co				
	rt I	Summary		E rear or ion	nation 1900	1 State of legal dofficier ex				
Governance	(Briefly describe the organization's mission or most sign CATHOLIC HEALTH INITIATIVES-COLORADO IS A COMMUNITY PROGRAMS AND SPONSORSHIPS DES	FAITH BASED ORGAN							
9 5	2 (Check this box 🛌 if the organization discontinued its	operations or disposed	of more than 25	5% of its net a	ssets				
		Number of voting members of the governing body (Part V			3	3				
Acuvines &		Number of independent voting members of the governing			4	(
Ĭ	l	Total number of individuals employed in calendar year 2			5	10,299				
<u> </u>	l	Total number of volunteers (estimate if necessary) .			6	1,900				
4.	7a ⊺	Total unrelated business revenue from Part VIII, colum		7a	4,802,678					
	ь	Net unrelated business taxable income from Form 990-	T, line 34		7b	(
			Prior	Year	Current Year					
	8	Contributions and grants (Part VIII, line 1h)		10,805,004	10,136,677					
Revenue	9	Program service revenue (Part VIII, line 2g)		1,3	39,434,965	1,500,983,983				
<u> </u>	10	Investment income (Part VIII, column (A), lines 3, 4	, and 7d)		10,958,185	11,765,511				
щ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c	, 9c, 10c, and 11e)		14,105,541	16,352,093				
	12	Total revenue—add lines 8 through 11 (must equal Pa			75,303,695	1,539,238,264				
	13	12)		1,3	5,689,976	5,498,403				
	14	Benefits paid to or for members (Part IX, column (A),			0					
	15	Salaries, other compensation, employee benefits (Par			<u> </u>					
\$	13	5–10)	21/1/ 00/4//// (///// ////	4	92,351,983	549,501,123				
Expenses	16a	Professional fundraising fees (Part IX, column (A), lin	e 11e)		0	(
ភ	ь	Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright 0$								
	17	Other expenses (Part IX, column (A), lines 11a-11d,	,11f-24e)	. 8	833,835,072 904,348,					
	18	Total expenses Add lines 13-17 (must equal Part I)	(, column (A), line 25)	1,3	31,877,031	1,459,348,224				
	19	Revenue less expenses Subtract line 18 from line 12	<u> </u>		43,426,664	79,890,040				
ල් ජ ම					of Current ear	End of Year				
net Assets of Fund Balances	20	Total assets (Part X, line 16)			09,772,213	1,598,067,497				
4 B	21	Total liabilities (Part X, line 26)			12,376,624	420,787,758				
žŽ	22	Net assets or fund balances Subtract line 21 from lin	e 20	1,0	97,395,589	1,177,279,739				
Pai	rt II	Signature Block								
mow mow	ledge a ledge.	ties of perjury, I declare that I have examined this return, in and belief, it is true, correct, and complete. Declaration of p		er) is based on a	II information o					
Here	е	DAN ENDERSON SVP CFO/TREASURER Type or print name and title								
Paid Prena	arer's	Preparer's signature KIMBERLY STEENHOEK		Check if self- employed 🕨 🦵	Preparer's taxpa (see instructions P01201968	yer identification number s)				
Jse (Firm's name (or yours of self-employed),			EIN 🕨 47-06173	373				
·		address, and ZIP + 4 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112	Phone no (303) 298-9100							

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

✓ Yes

✓ No

Forn	n 990 (2011)					Page 2
Pai	Statement of Progr Check if Schedule O con				п	৮
1	Briefly describe the organization	n's missio	n			
WE I	EXTEND THE HEALING MINIST	RYOFCH	RIST BY CARIN	G FOR THOSE WHO	ARE ILL AND BY NURTURI	NG THE HEALTH OF THE
PEO	PLE IN OUR COMMUNITIES					
2	Did the organization undertake the prior Form 990 or 990-EZ?					✓ Yes │ No
	If "Yes," describe these new se	rvices on S	Schedule O			
3	Did the organization cease cond services?					┌ Yes ┌ No
	If "Yes," describe these change	s on Sche	dule O			
4	Describe the organization's pro- expenses Section 501(c)(3) ar grants and allocations to others	nd 501(c)((4) organizations	and section 4947 (a	a)(1) trusts are required to re	port the amount of
4a	(Code) (Exp	enses \$	1,234,581,581	including grants of \$	5,498,403) (Revenue \$	1,500,983,983)
	SEL SCHEDOLE II					
4b	(Code) (Exp	enses \$		ıncludıng grants of \$) (Revenue \$)
4c	(Code) (Expe	enses \$		ıncludıng grants of \$) (Revenue \$)
						·
4d	Other program services (Desc		•			
	(Expenses \$	ını	cluding grants of	f\$) (Revenue \$)
4e	Total program service expense	: s► \$	1,234,581,58	1		

Part TV	Checklist o	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^{22}	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		N o
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		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI , XII , and $XIII$	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νo
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? <i>If</i> "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	

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	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		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
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? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
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	•	.1	
			Yes	No
a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
_				
	1a 0			
h	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		
a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements filed for the calendar year ending with or within the year covered by this			
_	return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
а	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		Νo
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			
a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
_	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
_	1. 165 to fine 54 of 55, and the organization meriorin 6000-1.	5c		
a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		Νo
	organization solicit any contributions that were not tax deductible?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts]		_
	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		Νo
_	services provided to the payor?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	7c		Νo
4	file Form 8282?			110
a	11 Yes, indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
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	71.		
	Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
	Change ving augminations maintaining denote advised funds			
_	Sponsoring organizations maintaining donor advised funds.	α -		
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
а	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			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other			
	sources against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year 12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?			
	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		
L	1	-		
D	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			
c	Enter the aggregate amount of reserves on hand			
_	13c			
1 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
	If "Voc " has it filed a Form 720 to report these payments? If "No " provide an evalention in Schodule O			

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.

Se	ection A. Governing Body and Management			
			Yes	No
1-	Enter the number of veting members of the governing heady at the and of the tay			
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	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			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	evenue Code.)			
40-	Delthe construction have been been been been as #file to 2	40-	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
Б	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?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
	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		Νo
	List the States with which a copy of this Form 990 is required to be filed.			
17				
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			

Own website Another's website V Upon request

- 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
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 20 KYLE ENGMAN

188 INVERNESS DRIVE WEST SUITE 500

ENGLEWOOD, CO 80112

(303)804-8108

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

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

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

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

Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

◆ 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

(A) Name and Title	(B) Average hours per week (describe hours	unles an	on (d e thai	n one son er ai	e boo is bo nd a stee)	x, oth		(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
	for related organizations in Schedule O)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		11250)	organizations
(1) JAMES DEAN SWINDLE CPA BOARD MEMBER/EVP CHI CFO	1 00	х						0	1,091,691	163,750
(2) JOHN DICOLA BOARD MEMBER/SVP CHI	1 00	х						0	800,991	139,211
(3) MICHAEL ROWAN FACHE BOARD MEMBER/EVP CHI COO	1 00	х						0	1,440,629	195,279
(4) DAN ENDERSON Treasurer/SVP Chief Finance Officer	1 00			Х				0	0	0
(5) GARY CAMPBELL CEO/PRESIDENT	1 00			Х				0	0	0
(6) KRIS ORDELHEIDE SECRETARY/SVP LEGAL SVCS	1 00			Х				0	0	0
(7) DANIEL REEVES CFO - PENROSE ST FRANCIS	40 00				х			233,511	0	27,919
(8) DAVID THOMPSON CFO - ST ANTHONY CENTRAL	40 00				х			311,740	0	30,822
(9) JAMESON SMITH COO - PENROSE ST FRANCIS	40 00				х			288,657	0	38,645
(10) JAY WEINSTEIN COO - ST ANTHONY	40 00				х			244,080	0	20,468
(11) JEFFREY BRICKMAN Group CEO - ST ANTHONY	40 00				х			186,009	0	23,291
(12) MARGARET SABIN CEO - PENROSE ST FRANCIS	40 00				х			675,738	0	143,154
(13) A STEWART LEVY PHYSICIAN	40 00					х		775,732	0	25,166
(14) DIRK PIKAART PHYSICIAN	40 00					х		699,921	0	20,546
(15) JOHN MEHALL PHYSICIAN	40 00					х		752,524	0	30,234
(16) JOHN NICHOLS PHYSICIAN	40 00					х		638,547	0	42,169
(17) MICHAEL DREWEK PHYSICIAN	40 00					Х		707,659	0	37,864

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

(A) Name and Title		(B) A verage hours per week (describe	verage Position (do not check nours more than one box, compensation per unless person is both week escribe director/trustee) Position (do not check nounce that the compensation of the promote that the compensation from the organization (Worganization (Worganiz								(F) Estima amount of compens from to	ited f other sation the on and	
		for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		мізс		relate organiza	
	PETER MAKOWSKI MER CEO - ST ANTHONY HOSPITAL	0 00						x	267,220		0		25,499
								<u> </u>			\top		
						-		+			+		
				-		-	<u> </u>	-			+		
								_			_		
						 		+			+		
							<u> </u>				+		
							<u> </u>				_		
1b	Sub-Total				•	•		•					
С	Total from continuation sheets	to Part VII, Sec	tion A					•					
d	Total (add lines 1b and 1c) .	<u> </u>		•				>	5,781,338	3,333,31	1		964,017
2	Total number of individuals (incl \$100,000 of reportable compen						above) who	o received more tha	n			
												Yes	No
3	Did the organization list any for				e, k	ey e	mploy	ee, c	or highest compensa	ited employee			
	on line 1a? If "Yes," complete Sci				•	•	•	•			3	Yes	
4	For any individual listed on line organization and related organiz individual										4	Yes	
5	Did any person listed on line 1a	receive or accru	ıe comp	oensa	ition	fror	n any	unre	lated organization o	r individual for			
	services rendered to the organiz										5	Yes	
<u> </u>	action D. Todonor dest C	Aug at aug											
1	ection B. Independent Con Complete this table for your five		nsated i	ınden	end	ent o	ontra	ctors	s that received more	than			
	\$100,000 of compensation from or within the organization's tax y	n the organizatio											
		(A)								(B)	Т	(C))

(A)	(B)	(C)
Name and business address	Description of services	Compensation
ANESTHESIA AND INTENSIVE CARE SPECIALISTS LLP 4323 S HOLLY ST ENGLEWOOD, CO 80111	PHYSICIAN SERVICES	5,515,548
COLORADO IMAGING ASSOCIATES PC 2490 W 26TH AVE SUITE 220A DENVER, CO 80211	MEDICAL SERVICES	2,695,447
CRITICAL CARE PULMONARY & SLEEP ASSOCIATES 274 UNION BLVD NO 110 LAKEWOOD, CO 80228	MEDICAL SERVICES	1,734,401
COLORADO SURGICAL SERVICES 3455 LUTHERAN PARKWAY WHEAT RIDGE, CO 80033	MEDICAL SERVICES	1,222,700
COLORADO ASSOCIATES IN MEDICAL PHYSICS 1121 TERRACE RD COLORADO SPRINGS, CO 80904	MEDICAL SERVICES	1,163,446
2 Total number of independent contractors (including but not limited to those listed above)	who received more than	

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►36

Form 99			of Davis					Page 9
	/	Statement o	or 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
nts nts	1a	Federated cam	paigns 1a					
<u> </u>	b	Membership du	ies 1b					
⊞	С	Fundraising eve	ents 1c					
<u>#</u> _#	d		zations 1d	9,007,741				
å Si⊞	е	Government grant	·	533,796	ļ	ļ		
Contributions, gifts, grants and other similar amounts	f g	sımılar amounts no	ons, gifts, grants, and 1f ot included above ibutions included in	595,140				
Contra	h		s 1a-1f		10,136,677			
				Business Code				
emue	2a	PATIENT SERVICES	S	900099	1,480,885,809	1,480,885,809		
Es ₹	ь	EQUITY CHANGES ORGS	OF UNCONSOLIDATED	900099	14,629,773	14,629,773		
Program Serwce Revenue	c	RENTAL INCOME	_	900099	4,808,725	4,808,725		
er E	d	EDUCATION		611710	659,676	659,676		
တ (၁	e		_					
ੂੰ ਬੁ	f	All other progra	am service revenue		0	0	0	0
ž		Total Add lines	s 2a-2f		1,500,983,983			
	g 3		ome (including dividen		1,300,963,963			
			ar amounts)	· -	10,714,352		965	10,713,387
	4		stment of tax-exempt bond	-	0			
	5	Royalties		▶ [0			
			(ı) Real	(II) Personal				
	6a	Gross rents	303,263					
	b	Less rental expenses	10,068					
	С	Rental income or (loss)	293,195	0				
	d		me or (loss)		293,195		-2,868	296,063
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other	218,829	2,952,313				
	ь	than inventory Less cost or		2,119,983				
	-	other basis and sales expenses						
	c	Gain or (loss)	218,829	832,330				
	d	Net gain or (los	ss)		1,051,159			1,051,159
nue	8a	events (not inc \$						
Other Revenue		of contributions See Part IV, lin	s reported on line 1c) ne 18 a					
the	b		penses b					
٥	С		(loss) from fundraising	events 🟲	0			
	9a		from gaming activities ne 19 a					
	ь	Less direct ex	penses b					
	С		(loss) from gamıng actı	vities	0			
	10a	Gross sales of returns and allo	owances .					
	ь	less costofa	a oods sold b	1,546,580				
	c		(loss) from sales of inv	877,020 entory ►	669,560			669,560
		Mıscellaneou	, ,	Business Code				
	11a	CAFETERIA		722100	5,014,950			5,014,950
	ь	PHARMACY SE	ERVICES	446110	3,548,596		3,505,526	43,070
	С	SERVICES SO	LD	900099	1,057,778		464,868	592,910
	d		ue		5,768,014	0	834,187	4,933,827
	e	Total. Add lines	s 11a-11d		15,389,338			
	12	Total revenue.	See Instructions .	▶	1,539,238,264	1,500,983,983	4,802,678	23,314,926 Form 990 (2011)

24

d е

25

BAD DEBTS

f All other expenses

REPAIRS AND MAINTENANCE

STATE PROVIDER TAX

DUES & SUBSCRIPTIONS

Other expenses Itemize expenses not covered above (List

Total functional expenses. Add lines 1 through 24f

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

Joint costs. Check here ► 🗆 If following

miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)

Form 990 (2011) Page **10** 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 (B) (C) (D) Do not include amounts reported on lines 6b, (A) Fundraising Program service Management and Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 5,498,403 5,498,403 Grants and other assistance to individuals in the United States See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members 0 5 Compensation of current officers, directors, trustees, and key employees . . . Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . 7 Other salaries and wages 442,927,230 354,341,784 88,585,446 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 24,097,627 19,278,102 4,819,525 51,286,420 41,029,136 10,257,284 Other employee benefits Payroll taxes 31,189,846 24,951,877 6,237,969 10 Fees for services (non-employees) 11 Management 89,254,229 71,403,383 17,850,846 71,517 71,517 Legal 389,936 Accounting 389,936 Lobbying Professional fundraising See Part IV, line 17 . . 0 0 Investment management fees 236,989,073 189,591,259 47,397,814 Advertising and promotion . . . 4,538,761 3,631,009 907,752 12 Office expenses 229,677,379 211,495,798 18,181,581 13 14 Information technology 15 Royalties . . 0 28,753,007 16 23,002,405 5,750,602 2,496,032 1,996,826 499,206 17 Payments of travel or entertainment expenses for any federal, 18 state, or local public officials 19 Conferences, conventions, and meetings 693,300 554,640 138,660 16,303,295 16,303,295 20 Payments to affiliates . . . 21 22 Depreciation, depletion, and amortization . . . 85,164,351 68,131,481 17,032,870 23 8,818,055 7,054,444 1,763,611

89,077,078

21,021,445

85,889,637

2,180,390

3,031,213

1,459,348,224

89,077,078

16,817,156

85,889,637

1,744,312

2,789,556

1,234,581,581

0

0

4,204,289

436,078

241,657

224,766,643

Part X **Balance Sheet** (A) (B) Beginning of year End of year 37,692,746 62,455,198 1 1 61.741 2 112,871 2 Savings and temporary cash investments 3 3 184.530.506 4 4 209.016.240 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 10, 155, 462 7 10,615,215 28.690.520 8 28.474.709 5.480.036 9 2.507.893 9 Prepaid expenses and deferred charges 1,630,286,653 Land, buildings, and equipment cost or other basis Complete 10a Part VI of Schedule D 10a 10b b Less accumulated depreciation 616,244,128 1,017,611,741 **10c** 1,014,042,525 11 11 12 12 Investments—other securities See Part IV, line 11 33,206,679 74,054,526 13 26,517,305 13 26,188,845 Investments—program-related See Part IV, line 11 . . 5,577,719 14 14 12,215,676 163,219,901 15 155,411,656 15 1,509,772,213 16 1,598,067,497 16 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 159,860,970 17 150,791,460 17 Accounts payable and accrued expenses . 18 18 19 7,743,375 19 7,512,813 20 20 21 21 Escrow or custodial account liability $Complete\ Part\ IV\ of\ Schedule\ D$. . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 40.454 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 244,731,825 25 262,483,485 D 26 412,376,624 26 420,787,758 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 1,097,375,368 27 1,177,259,518 Unrestricted net assets 10,221 28 10,221 28 Temporarily restricted net assets Fund 29 10.000 29 10,000 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ž 33 1.097.395.589 33 1,177,279,739 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 1.509.772.213 34 1.598.067.497

14:11	Check if Schedule O contains a response to any question in this Part XI	•		. [~	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,539,2	238,26
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,459,3	348,22
3	Revenue less expenses Subtract line 2 from line 1	3		79,8	390,04
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,097,3	395,58
5	Other changes in net assets or fund balances (explain in Schedule O)	5			-5,89
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		1,177,2	279,73
Par	TXII 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				
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 to audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain its Schedule O		2 c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	ssued			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	e	За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

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

Public Charity Status and Public Support

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

		ne organi		PADO					Employer	identificatio	n number
CATHOLIC HEALTH INITIATIVES-COLORADO								84-0405	257		
	rt I			blic Charity Sta						nstructions	
The	organı	zatıon ıs	not a priva	te foundation becaus	seitis (Forl	lınes 1 throu	ıgh 11, check	conly one be	ox)		
1	Γ	A chur	ch, convent	on of churches, or a	ssociation of	fchurches s	section 170(b)(1)(A)(i).			
2	Γ	A scho	ol described	in section 170(b)(1	L)(A)(ii). (At	tach Sched	ule E)				
3	<u></u>	A hosp	ital or a cod	perative hospital se	rvice organiz	zatıon descr	ıbed ın sectio	n 170(b)(1)	(A)(iii).		
4	Γ			h organization opera ity, and state	ted in conjun	iction with a	hospital des	cribed in sec	ction 170(b)	(1)(A)(iii). E	nter the
5	Г _	=	•	erated for the benefi	_	e or universi	ty owned or o	perated by a	a governmer	ital unit desc	ribed in
6	Г	A feder	al, state, or	local government o	r government	tal unit desc	rıbed ın secti	ion 170(b)(1	L)(A)(v).		
7	Γ	describ	ed in	at normally receives (A)(vi) (Complete P		al part of its	support from	a governme	ental unit or i	from the gene	eral public
8	Г			described in section		A)(vi) (Cor	nplete Part II	[)			
9	Ė		-	at normally receives			•	-	butions, mer	nbership fees	s. and gross
	•	_		ities related to its e					•	•	-
				oss investment inco							
				janızatıon after June						,	
10	Г			, ganızed and operateo							
11	Γ	An orga one or the box	anızatıon or more public	ganized and operated ly supported organiz bes the type of supp b Type I	d exclusively ations descr porting organ	for the ben bed in sect ization and	efit of, to perf ion 509(a)(1	form the fund) or section is 11e throu	ctions of, or 509(a)(2) S gh 11h	see section 5	
e	Γ	other t	-	ox, I certify that the on managers and ot	_					-	•
f		If the o		received a written d	etermination	from the IR	S that it is a	Type I, Typ	e II or Type	III supportii	ng organization,
g		followir	ng persons?	2006, has the organ rectly or indirectly c)	Yes No
				governing body of th	-		_	•	` .	11g	
				er of a person descri						11g	
			-	lled entity of a perso			above?			11g(
h				ng information about							/
(i) Name of supported organization		e of rted	e of (ii) (described on lines 1-9 above ation or IRC section		(iv) Is the organizate col (i) list your gove docume	e ion in ted in rning	(v) Did you not organizati col (i) of suppor	tify the ion in your	(vi Is th organiza col (i) org in the U	ne tion in ganized	(vii) A mount of support?
				(see instructions))	Yes	No	Yes	No	Yes	No	7
Tota	ı										

instructions

Sch	edule A (Form 990 or 99	90-EZ)2011						Page 2
	(Complet	e only if you	checked the	box on line 5,	7, or 8 of Part	(b)(1)(A)(iv) I or if the orgar	nızatıon faıle	d to qualify
			<u>organızatıon f</u>	fails to qualify ι	<u>under the tests</u>	listed below, pl	<u>lease comple</u>	ete Part III.)
	ection A. Public Su			1		Т	1	
Cal	endar year (or fiscal ye in)	ar beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contribut	ions, and						
	membership fees recei							
	ınclude any "unusual							
_	grants ") Tax revenues levied fo	rtho						
2	organization's benefit a							
	paid to or expended on							
	behalf							
3	The value of services of							
	furnished by a governme the organization withou							
4	Total. Add lines 1 thro	_						
5	The portion of total cor	-						
-	by each person (other	than a						
	governmental unit or p	•						
	supported organization line 1 that exceeds 2%							
	amount shown on line 1							
	(f)	21,0014						
6	Public Support. Subtractine 4	ct line 5 from						
S	ection B. Total Sup	port						
Cal	endar year (or fiscal yea	r beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
_	ın)	_	(4) 2007	(2) 2000	(4) 2005	(4) 2020	(0) 2022	(1) 1 3 4 4
7 8	A mounts from line 4 Gross income from inte	rost –						
0	dividends, payments re							
	securities loans, rents							
	and income from simila	ır						
_	sources							
9	Net income from unrela business activities, wh							
	not the business is reg							
	carried on							
10	Other income (Explain							
	IV) Do not include gai from the sale of capital							
11	Total support (Add line							
	through 10)							
12	Gross receipts from re	lated activities	s, etc (See inst	ructions)			12	
13	First Five Years If the		r the organizati	on's first, second	l, thırd, fourth, or	fıfth tax year as a	501(c)(3) or	
	check this box and sto	p here						▶ □
S	ection C. Computat	ion of Publ	ic Support F	Percentage				
14	Public Support Percen	tage for 2011	(line 6 column	(f) dıvıded by lıne	11 column (f))		14	
15	Public Support Percen	tage for 2010	Schedule A , Pa	rt II, line 14			15	
16a	33 1/3% support test-					line 14 is 33 1/3%	% or more, che	
h	and stop here. The org 33 1/3% support test					6a and line 15 is	33 1/20% or m	ore check this
D	box and stop here. The					oa, and inte 15 IS	1/3%0 UI M	ore, check this
17a	10%-facts-and-circum	-	•		-	ne 13, 16a, or 16	b and line 14	٠,
	ıs 10% or more, and ıf							
	in Part IV how the orga	anızatıon meet	s the "facts and	d circumstances"	test The organiz	zatıon qualıfıes as	a publicly su	
b	organization 10%-facts-and-circum	stances test—	2010. If the ora	anization did not	check a hov on li	ne 13, 16a 16b	or 17a and lin	▶
,	15 is 10% or more, an							-
	Explain in Part IV how	the organizati						
10	supported organization Private Foundation If t		n did not chools	a hov on line 12	16a 16h 17a a	or 17h chack this	hov and coc	► □

▶□

Schedule A (Form 990 or 990-EZ) 2011 Page 3 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 (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

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

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

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

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

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							

Schedule A (Form 990 or 990-EZ) 2011

OMB No 1545-0047

DLN: 93493133025573

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.

Yes

Yes

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities). ◆ 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	
CATHOLIC HEALTH INITIATIVES-COLORADO	

Employer identification number

84-0405257

Part I-A	Complete if	the organization i	<u>s exempt under se</u>	ction 501(c) o	or is a section 527	⁷ organization.

- in opposition to candidates for public office in Part IV 2 Political expenditures
- 3 Volunteer hours

art I-B	Complete	<u>if the org</u>	<u>janization is</u>	s exempt unde	r section 50)1(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

Provide a description of the organization's direct and indirect political campaign activities on behalf of or

- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
- Was a correction made?
- 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).

- Enter the amount directly expended by the filing organization for section 527 exempt function activities
- 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
- Did the filing organization file Form 1120-POL for this year?

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

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

f Grassroots lobbying expenditures

(The term "expenditures" means amounts paid or incurred.) Lia 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 If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not 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 \$1,000,000 but not over \$1,000,000 \$1,000,000 g Grassroots nontaxable amount (enter 25% of line 1f) 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- 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? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)	ווטפ	edule C (F	01111 9 9 0 01 9 9 0 - EZ) 2 0 1 1					Page ∠
A Check If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member expenses, and share of excess lobbying expenditures) 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.) Organization Total Incurred (The term "expenditures" means amounts paid or incurred.) Organization Total Incurred (The term "expenditures to influence a legislative body (direct lobbying)	Pa	rt II-A		n is exempt under	section 501(c)(3) and fi	iled Form 5768	(election
expenses, and share of excess lobbying expenditures) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures to influence public opinion (grass roots lobbying) Lobbying expenditures to influence a legislative body (direct lobbying) Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures Total obtaining purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: If the amount on line 1e, column (a) or (b) is: If the amount on line 1e, column (a) or (b) is: Not over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000 but not over \$1,500,000 S1	١	Check		an affiliated group (and	lıst ın Part IV ea	ch affiliated gr	oup member's nam	e, address, EIN,
Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Total lobbying expenditures to influence public opinion (grass roots lobbying) Total lobbying expenditures (add lines 1 aand 1b) Other exempt purpose expenditures (add lines 1 aand 1b) Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line Le, column (a) or (b) is: If the amount on line Le, column (a) or (b) is: If the amount on line Le, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 If the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 If the excess over \$1,000,000 If the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 If the excess over \$1,000,000 If the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 If the excess over \$1			expenses, and share of excess lob	bying expenditures)		_	•	
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Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2009 Lobbying non-taxable amount		(Sor	ne organizations that made a	section 501(h) el	ection do not	have to co		ne five
beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying non-taxable amount b Lobbying ceiling amount			Lobbying Exp	enditures During	4-Year Avera	ging Period	d	
b Lobbying ceiling amount				(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
	2a	Lobbyin	g non-taxable amount					
	b							
c Total lobbying expenditures	c	Total loi	obying expenditures					
d Grassroots non-taxable amount	d	Grassro	ots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))	e							

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		Νo	
d	Mailings to members, legislators, or the public?		Νo	
e	Publications, or published or broadcast statements?		Νo	
f	Grants to other organizations for lobbying purposes?	Yes		56,417
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV		Νo	
j	Total lines 1c through 1i			56,417
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			
С	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).		
а	Current year	2a	
b	Carryover from last year	2b	
С	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 the activities reported on Lines 1a through 1i		LINE 1F THE ENTITY'S CONTROLLING ORGANIZATION, CATHOLIC HEALTH INITIATIVES, PAYS ANNUAL DUES TO THE AMERICAN HOSPITAL ASSOCIATION AND CATHOLIC HOSPITAL ASSOCIATION, A PORTION OF WHICH IS ALLOCATED TO LOBBYING THE AMOUNT SHOWN IN LINE 1F REPRESENTS THIS ENTITY'S SHARE OF THE ALLOCATED LOBBYING EXPENSES AMERICAN HOSPITAL ASSOCIATION \$11,669 CATHOLIC HEALTH ASSOCIATION \$5,162 ADDITIONALLY, CENTURA PAID ANNUAL DUES TO COLORADO HEALTH ASSOCIATION, A PORTION OF WHICH IS ALLOCATED TO LOBBYING THE AMOUNT THAT REPRESENTS THIS ENTITY'S SHARE OF THE ALLOCATED LOBBYING EXPENSES IS AS FOLLOWS COLORADO HEALTH ASSOCIATION \$39,586

DLN: 93493133025573

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury

► 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

Supplemental Financial Statements

ntema	al Revenue Service	► Attach to Fo	orm 990. ► See separate instructions.			Inspec	tion
	me of the organi			Empl	oyer ident if icat	ion numb	er
CA	THOLIC HEALTH INIT	IATIVES-CULURADU		84-0	405257		
Pā			dvised Funds or Other Similar F			Comple	te if the
	organiz	zation answered "Yes" to Form 99	l ·	1			
	Total number at	t and af year	(a) Donor advised funds	(1	b) Funds and ot	her accou	ints
1 2	Total number at	cributions to (during year)				TYES YES IV, line 7. Intly land an acture TYES YES IV, line 7. Intly land an acture TYES TYES	
3	33 3	its from (during year)					
4	Aggregate value	` ' ' '					
5	Did the organiz	zation inform all donors and donor advi	L sors in writing that the assets held in dor organization's exclusive legal control?	nor advis	sed	☐ Yes	 Г No
6	Did the organiz used only for cl	ration inform all grantees, donors, and	donor advisors in writing that grant funds efit of the donor or donor advisor, or for a				┌ No
Pa	rt III Consei	rvation Easements. Complete	ıf the organization answered "Yes" t	o Form	990, Part IV	, lıne 7.	
1 2	Preservation Protection Preservation Complete lines	conservation easements held by the or on of land for public use (e g , recreati of natural habitat on of open space s 2a-2d if the organization held a qualine last day of the tax year		certified	historic struct	•	ea
		To fact day of the tax year			Held at the	End of the	Year
а	Total number o	f conservation easements		2a			
b	Total acreage r	restricted by conservation easements		2b			
c	Number of cons	servation easements on a certified his	toric structure included in (a)	2c			
d	Number of cons	servation easements included in (c) ac	cquired after 8/17/06	2d			
3	Number of cons	servation easements modified, transfe	erred, released, extinguished, or terminate	ed by the	e organization c	luring	
	the taxable yea	ar ▶					
4	Number of state	es where property subject to conserva	ation easement is located ►				
5		nization have a written policy regarding the conservation easements it holds?	g the periodic monitoring, inspection, han	dling of	violations, and	┌ Yes	┌ No
6	Staff and volun	teer hours devoted to monitoring, insp	pecting and enforcing conservation easem	nents du	ring the year 🕨		
7	A mount of expe	enses incurred in monitoring, inspectii	ng, and enforcing conservation easement	s durıng	the year		
	► \$						
8		servation easement reported on line 2) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	tion		┌ Yes	┌ No
9	balance sheet,		onservation easements in its revenue and the footnote to the organization's financia nents				
Pai			ns of Art, Historical Treasures,	or Oth	er Similar <i>F</i>	\ssets.	
			'Yes" to Form 990, Part IV, line 8.				
1a	art, historical t	reasures, or other similar assets held	116, not to report in its revenue stateme for public exhibition, education or resear ancial statements that describes these i	ch ın fur			e,
b	historical treas		116, to report in its revenue statement a public exhibition, education, or research i s				
	(i) Revenues ir	ncluded in Form 990, Part VIII, line 1			► \$		
	(ii) Assets incl	luded in Form 990, Part X			► \$_		
2	If the organizat	·	orical treasures, or other similar assets fo S 116 relating to these items	or financ	ial gain, provid	e the	
а	Revenues inclu	ıded ın Form 990, Part VIII, line 1			▶ \$		

Assets included in Form 990, Part X

Part	•••• Organizations Maintaining Co	llections of Art	<u>, His</u>	tori	cal Tre	asures, or (<u>Othe</u>	<u>er Similar Ass</u>	sets (c	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne foll	owing tha	at are a signific	ant u	use of its collecti	on	
а	Public exhibition		d	Γ	Loan or	exchange prog	grams	5		
b	Scholarly research		e	Γ	Other					
c	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	ın hov	w they	y further t	the organizatio	n's e	xempt purpose ır	1	
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								_ Yes	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an						ed "Y	es" to Form 99	90,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interme	ediary	forc	ontributio	ons or other as	sets		Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ving ta	able			Δm	ount	
С	Beginning balance						1c	A	- Curic	
d	Additions during the year						1d	1		
e	Distributions during the year						1e	1		
f	Ending balance						1f	1		
2a	Did the organization include an amount on Fo	orm 990 Part X line	e 212	,				' г	Yes	□ No
	If "Yes," explain the arrangement in Part XIV		- <u>-</u> 1 .					,		, 140
	rt V Endowment Funds. Complete		n ans	were	ed "Yes"	to Form 990). Pai	rt IV. line 10		
	Endownient i anabi complete	(a)Current Year)Prior \		c)Two Years Back			(e) Four Y	ears Back
1 a	Beginning of year balance									
b	Contributions									
С	Investment earnings or losses									
d	Grants or scholarships									
e	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the yea	r end balance held a	as		•					
а	Board designated or quasi-endowment 🕨									
b	Permanent endowment 🕨									
c	Term endowment ▶									
3a	Are there endowment funds not in the posses organization by	ssion of the organiz	atıon	that a	are held a	nd administer	ed for	the	Yes	No
	(i) unrelated organizations							3a(i		
	(ii) related organizations							За(i	i)	
b	If "Yes" to $3a(II)$, are the related organization	•						3b		
4	Describe in Part XIV the intended uses of th									
Par	t VI Land, Buildings, and Equipme	ent. See Form 99	0, Pa	art X,	, lıne 10	<u>. </u>				
	Description of property				Cost or othe (investmer			(c) Accumulated depreciation	(d) Bo	ok value
1 a l	_and					64,83	4,294		6	54,834,294
b E	Buildings				8,686,85	1,048,09	1,856	311,463,507	74	5,315,205
c l	easehold improvements									0
d E	Equipment				149,42	26 460,66	4,139	290,698,620	17	0,114,945
e (Other					47,86	0,082	14,082,001	3	33,778,081
Tota	I. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colur	nn (B,), line	10(c).) .	·		►	1,01	4,042,525
d E	Equipment	orm 990, Part X, colur	• • • • mn (B)), line	·	47,86	0,082	14,082,001	1,01	33,778 14,042

Part VIII Investments—Other Securities. See (a) Description of security or category		(c) Method of	valuation
(including name of security)	(b)Book value	Cost or end-of-yea	
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		1.2	
Part VIII Investments—Program Related. See		(c) Method of	valuation
(a) Description of investment type	(b) Book value	Cost or end-of-yea	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, lir			
(a) Descrip			(b) Book value
(1) INV IN UNCONSOLIDATED ORGS			92,593,384
(2) OCH CAPITAL LEASE			47,356,661
(3) ASSETS HELD FOR SALE			9,586,328
(4) PARKING GARAGE EASEMENT			5,875,000
(5) MISCELLANEOUS ASSETS			283
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)		155,411,656
Part X Other Liabilities. See Form 990, Part X			
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes	0		
LIFECARE CONTRACT TERMINATIONS	1,054,267		
FUTURE SERVICE OBLIGATION	104,547		
INTERCOMPANY PAYABLES	241,384,488		
WORKERS COMP/UE CLAIMS LIAB	154,032		
ENVIRONMENTAL REMEDIATION	7,884,237		
ST ANTHONY NORTH MEDICAL OFFICE BUILDING	11,889,312		
OTHER LIABILITIES	12,602		
	12,002		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	262,483,485		
. , , , , , ,	_ = = , ,		

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

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

additional information

Identifier	Return Reference	Explanation
FIN 48 (ASC 740) footnote		CATHOLIC HEALTH INITIATIVES-COLORADO'S (CHIC) FINANCIAL INFORMATION IS INCLUDED IN THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF CHIC CHIC'S FIN 48 (ASC 740) FOOTNOTE FOR THE YEAR ENDED JUNE 30, 2012 READS AS FOLLOWS CHIC IS A TAX-EXEMPT COLORADO CORPORATION AND HAS BEEN GRANTED AN EXEMPTION FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE CHIC OWNS CERTAIN TAXABLE SUBSIDIARIES AND ENGAGES IN CERTAIN ACTIVITIES THAT ARE UNRELATED TO ITS EXEMPT PURPOSE AND THEREFORE SUBJECT TO INCOME TAX MANAGEMENT REVIEWS ITS TAX POSITIONS ANNUALLY AND HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS

OMB No 1545-0047

Open to Public **Inspection**

SCHEDULE H (Form 990)

Department of the Treasury Internal Revenue Service

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

Hospitals

Name of the organization CATHOLIC HEALTH INITIATIVES-COLORADO **Employer identification number**

					84-	0405257			
Ρ	art I Charity Care and	Certain O	ther Comr	nunity Benefits at	Cost				
								Yes	No
1 a	-					[1a	Yes	
b	If "Yes," is it a written policy						1b	Yes	
2	If the organization had multip care policy to the various hos		ındıcate whic	h of the following best	describes application (of the charity			
	Applied uniformly to all ho	spitals		Applied uniformly	to most hospitals				
	Generally tailored to indiv	ıdual hospıta	ls						
3	Answer the following based or organization's patients during			y criteria that applies t	to the largest number o	of the			
а	Did the organization use Fede If "Yes," indicate which of the					care?	3a	Yes	
	▽ 100% □ 150%		00% Г	Other	<u>%</u>		Ja	163	
ь	Did the organization use FPG	to determine	eligibility for	r providing <i>discounted</i> o	are? If				
	"Yes," indicate which of the fo						3b	Yes	
	□ 200% □ 250%	— 30	00% Г	350% 🔽 40	0% Г Other_	%			
					_	_			
С	If the organization did not use determining eligibility for free test or other threshold, regard	or discounte	d care Inclu	de in the description w	hether the organizatior				
4	Did the organization's policy		•	- ·			4	Yes	
5a		mounts for fre	ee or discour		=	-	5a	Yes	
b	If "Yes," did the organization			exceed the budgeted ar	mount?		5b	Yes	
c									No
6a	a Did the organization prepare a community benefit reportduring the tax year?								
	If "Yes," did the organization						6a 6b	Yes Yes	
	Complete the following table worksheets with the Schedule	using the worl			instructions Do not s	ubmit these			
7	Charity Care and Certain O	ther Commun	nity 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 be expense	enefit	(f) Pero total ex	
а	Charity care at cost (from Worksheet 1)			73,389,787	9,516,114	63,873	3,673	4	660 %
b	Medicaid (from Worksheet 3, column a)			106,461,032	56,195,825	50,265	5,207	3	670 %
С	Costs of other means-tested government programs (from Worksheet 3, column b)			36,580,323	30,646,141	5,934	,182	0	430 %
d	Total Charity Care and Means-Tested Government Programs	0	0	216,431,142	96,358,080	120,073	3,062	8	760 %
e	Other Benefits Community health improvement services and community benefit operations (from								
f	(Worksheet 4)			4,633,461 7,975,788	4,740	4,628 7,975			340 % 580 %
g	(from Worksheet 5) Subsidized health services (from Worksheet 6)			2,189,258	29,873	2,159			160 %
h	Research (from Worksheet 7)			7,307		· · · · · · · · · · · · · · · · · · ·	,307		0 %
i	Cash and in-kind contributions for community benefit (from Worksheet 8)			421,734		421	.,734	0	030 %
j	Total Other Benefits	0	0	15,227,548	34,613	15,192			110 %
k	Total. Add lines 7d and 7j	0	0	231,658,690	96,392,693	135,265	,997	9	870 %

Pa	rt II Community Buildin activities.	ng Activitie	s Complete t	this table if the or	ganızat	ion cor	nducte	d any comm	unity	buildir	ıg
	activities.	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense		rect offse revenue	etting	(e) Net commu building exper		(f) Per total ex	cent of opense
1	Physical improvements and housing								0		0 %
	Economic development								0		0 %
3	Community support			134,80	5			1	34,805	(010 %
4	Environmental improvements								0		0 %
5	Leadership development and training for community members			2,21	0				2,218		0 %
6	Coalition building			1,65					1,654		0 %
7	Community health improvement advocacy			9.3					0.20		0.0/
8	Workforce development			83 156,61				1	830 56,613	(0 %
9	Other								0		0 %
10 Dat	Total rt IIII Bad Debt, Medicar	o & Collect	tion Practic	250/12	0		0	2	96,120	(020 %
		e, & conec	uon Fracuc	CS							
	ion A. Bad Debt Expense	4 4 - 1 - 2		th. th	I M				_	Yes	No
1	Did the organization report bac Statement No 15?	debt expense	in accordance	e with Heathcare Fir	ancial M	anagen	nent As	sociation	1	Yes	
2	Enter the amount of the organi	zatıon's bad d	ebt expense			2		89,726,54	.0		
3	Enter the estimated amount of patients eligible under the organization.				e to	з			0		
4	Provide in Part VI the text of t In addition, describe the costi rationale for including a portion	the footnote to ng methodolog	the organization	on's financial staten					е		
Sect	ion B. Medicare			,							
5	Enter total revenue received fi	om Medicare ((including DSH	and IME)		5		377,665,23	6		
6	Enter Medicare allowable cost	s of care relati	ng to payment	s on line 5		6		487,939,60	2		
7	Subtract line 6 from line 5 Th	•	• •			7		-110,274,36	6		
8	Describe in Part VI the extent Also describe in Part VI the concept the box that describes	osting method the method us	ology or source ed	e used to determine 	the amo						
Soci	Cost accounting system	1 Co	st to charge ra	tio j	Other						
9a	Did the organization have a wr	itten debt colle	ection policy di	uring the tax vear?					9a	Yes	
b	If "Yes," did the organization's contain provisions on the colleassistance? Describe in Part \	collection polection procection practice	icy that applies to be followe	d to the largest num d for patients who a	ber of its re known	patien to qual	lify for f	inancial			
Pa	rt IV Management Com	panies and	Joint Ventu	ires (see instruct	ions)						
	(a) Name of entity	(E	 Description of p activity of entit 		(c) Organı profit % o ownersh	r stock	er) Officers, director trustees, or key nployees' profit % stock ownership%	, p	(e) Phys rofit % o ownersh	r stock
1 0	RTHOCOLORADO LLC	HOSPITAL				60 %)	0	%		40 %
2											
3											
4											
5									+		
6											
7									+		
8											
9									+		
10									+		
11									+		
12									+		
		+					-		+		

Part	V Facility Information									
Secti	on A. Hospital Facilities	Licens	General	Childre	Teachi	Gritica	Resear	ER-24 hours	ER-other	
(list in	order of size from largest to smallest)	Licensed hospital	ય medical &	Children's hospital	Teaching hospital	accese	Research facility	hours	ier	
	nany hospital facilities did the organization operate during x year? 9	ital	al & surgical	otal	±2	Ortical access hospital	ty .			
Name	and address									Other (Describe)
1	ST MARY-CORWIN MEDICAL CENTER 1008 MINNEQUA AVE PUEBLO,CO 81004	×	х		х			х		
2	ST THOMAS MORE HOSPITAL 1338 PHAY AVENUE CANON CITY, CO 81212	×	х					х		
3	MERCY REGIONAL MEDICAL CENTER 1010 THREE SPRINGS BLVD DURANGO,CO 81301	×	Х					х		
4	PENROSE HOSPITAL 2222 N NEVADA AVE COLORADO SPRINGS,CO 80907	x	х		х	х	х	х		ICU & CCU, CANCER CENTER, IP REHAB
5	ST FRANCIS MEDICAL CENTER 6001 E WOODMAN RD COLORADO SPRINGS,CO 80923	x	х					х		BIRTH CENTER, NICU - IIIA, ICU
6	ST ANTHONY NORTH HOSPITAL 2551 W 84TH AVE WESTMINSTER,CO 80031	x	х		х			х		
7	ST ANTHONY SUMMIT MEDICAL CENTER 340 PEAK ONE DRIVE FRISCO,CO 80443	x	х					Х		
8	ST ANTHONY HOSPITAL 11600 WEST 2ND PLACE LAKEWOOD,CO 80228	x	х		х			Х		
9	ORTHOCOLORADO HOSPITAL 11650 WEST 2ND PLACE LAKEWOOD,CO 80255	X	х					Х		

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)

ORTHOCOLORADO HOSPITAL

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

			Yes	No
Co	mmunity 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			
	Existing health care facilities and resources within the community that are available to respond to the health			
	needs of the community			
	d How data was obtained			
	e The health needs of the community			
	Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and			
	minority groups			
	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			
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	<u> </u>		
-	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			
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			
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		
Fir	nancial Assistance Policy	ļ		
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
	Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	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 $\ \underline{100}\%$ If "No," explain in Part VI the criteria the hospital facility used			
_	Schedule	U /For	m 000	2011

Pä	art 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 $\frac{400}{\%}$			
	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	<u></u>
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)			
Bil	ling and Collections	•		
14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial			
4-	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 F Body attachments or arrests			
	e C 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 \(\text{Other similar actions (describe in Part VI)} \)			
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 C Other (describe in Part VI)			

If "Yes," explain in Part VI

provided to that patient?

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20

21

Νo

Νo

Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals **18** | 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 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 FAPeligible individuals for emergency or other medically necessary care 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?

21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services

If "Yes," explain in Part VI Schedule H (Form 990) 2011

chedule H	(Form 990)	2011

Page **7**

Dort V	Facility	Information	(continued)
Part V	racility	information	i continuea)

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?		
Name and address	Type of Facility (Describe)	
	itional Data Table	
2		
3		
4		
<u> </u>		
7		
9		
10		

Part VI Supplemental Information

Complete this part to provide the following information

- Required descriptions. Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part III, 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
- Patient education of eligibility for assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- Promotion of community health. Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.)
- Affiliated health care system. If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Identifier	ReturnReference	Explanation
ELIGIBILITY CRITERIA FOR FREE OR DISCOUNTED CARE	SCHEDULE H, PART I, LINE 3C	CHI COLORADO HAS AN ESTABLISHED CHARITY CARE POLICY BASED ON THE FEDERAL POVERTY LEVEL CHARITY IS PROVIDED TO PATIENTS BASED ON A SLIDING SCALE THAT CONSIDERS THE PATIENT'S FAMILY SIZE AND INCOME LEVEL THE CHARITY PROVIDED RANGES FROM 100% OF THE PATIENT'S BILL FOR INDIVIDUALS WHOSE HOUSEHOLD INCOME IS AT 100% OR LESS OF THE FEDERAL POVERTY LEVEL, TO A 60% DEDUCTION FOR INDIVIDUALS WHOSE INCOME IS AT 400% OF THE FEDERAL POVERTY LEVEL CHI COLORADO TAKES INTO ACCOUNT SPECIFIC FACTS AND CIRCUMSTANCES IN GRANTING CHARITY IN SITUATIONS SUCH AS A CATASTROPHIC ILLNESS WHERE THE PATIENT DOES NOT HAVE LIQUID ASSETS

Identifier	ReturnReference	Explanation
COMMUNITY BENEFIT REPORT INCLUDED IN ANOTHER ORGANIZATION'S REPORT	SCHEDULE H, PART 1, LINE 6A	CHI COLORADO IS OPERATED BY CENTURA HEALTH CORPORATION (CHC) CHC PREPARES ITS OWN WRITTEN COMMUNITY BENEFIT REPORT WHICH INCLUDES THE ACTIVITIES OF CHI COLORADO AND OTHER ENTITIES MANAGED BY CHC THE ANNUAL REPORT IS PUBLISHED ON CENTURA'S WEBSITE AND AVAILABLE TO ANYONE INTERESTED

Identifier	ReturnReference	Explanation
Costing Methodology used to calculate financial assistance	Schedule H, Part I, Line /	CHI COLORADO DOES NOT USE A COST ACCOUNTING SYSTEM TO DETERMINE THE COST OF CHARITY CARE PROVIDED THE ESTIMATED COST OF CARE IS CALCULATED BY APPLYING THE RATIO OF EACH FACILITY'S TOTAL EXPENSES TO TOTAL GROSS REVENUE WORKSHEET 2 WAS NOT USED TO DEVELOP THE COST TO CHARGE RATIO

Identifier	ReturnReference	Explanation
Bad Debt Expense excluded from financial assistance calculation	Schedule H, Part I, Line 7, column(f)	89,077,078

Identifier	ReturnReference	Explanation
Subsidized Health Services	Schedule H, Part I, Line 7g	N/A

Identifier	ReturnReference	Explanation
SUBSIDIZED HEALTH SERVICES	SCHEDULE H, PARI I, LINE /G	THERE ARE NO PHYSICIAN CLINICS INCLUDED IN SUBSIDIZED HEALTH SERVICES

Identifier	ReturnReference	Explanation
Dad dabt assessed	Schedule H, Part III, Line 4	Explanation CHI COLORADO AUTOMATICALLY DISCOUNTS ALL SELF PAY PATIENT ACCOUNTS BY 30% AND ALSO OFFERS A PROMPT PAY DISCOUNT THIS ALLOWANCE IS NOT INCLUDED IN THE CALCULATION OF THE COST OF BAD DEBTS IN INSTANCES WHERE A PATIENT DOES NOT PAY HIS OR HER BILL CHI COLORADO PROVIDES INFORMATION TO PATIENTS AT THE TIME OF REGISTRATION WITH RESPECT TO ITS FINANCIAL ASSISTANCE POLICIES HOWEVER, IN SOME INSTANCES PATIENTS DO NOT COMPLETE THE NECESSARY FORMS TO APPLY FOR FINANCIAL ASSISTANCE AS A RESULT, CHI COLORADO USES AN OUTSIDE VENDOR TO ASSIST IN DETERMINING A PATIENT'S ELIGIBILITY FOR FINANCIAL ASSISTANCE THIS INCLUDES A REVIEW OF THE PATIENT'S FINANCIAL STUATION BASED ON THE VENDOR'S DATABASE OF EXTERNAL INFORMATION IN INSTANCES WHERE THE REVIEW INDICATES THAT THE PATIENT YE DATABASE OF EXTERNAL INFORMATION IN INSTANCES WHERE THE REVIEW INDICATES THAT THE PATIENT QUALIFIES FOR FINANCIAL ASSISTANCE, CHI COLORADO ADJUSTS THE PATIENT'S BILL TO MATCH ITS CHARITY POLICY AND DOES NOT PURSUE COLLECTION FROM THE PATIENT FOR THE PORTION OF THE PATIENT'S OBLIGATION THAT QUALIFIES FOR CHARITY WHILE CHI COLORADO DOES ISSUE SEPARATE CONSOLIDATED AUDITED FINANCIAL STATEMENTS THEY DID NOT INCLUDE A FOOTNOTE DESCRIBING ITS BAD DEBT HOWEVER, BAD DEBT EXPENSE IS REPORTED ON CHI COLORADO'S INTERNAL FINANCIAL STATEMENTS THEY DID NOT INCLUDE A FOOTNOTE DESCRIBING ITS BAD DEBT HOWEVER, BAD DEBT EXPENSE IS REPORTED ON CHI COLORADO'S INTERNAL FINANCIAL STATEMENTS AS A REDUCTION TO INCOME, WHICH DIFFERS FROM THE TAX RETURN PRESENTATION FORM 990 REPORTS BAD DEBT AS AN EXPENSE THE AMOUNT REPORTED IS BASED ON THE ASA AN EXPENSE THE AMOUNT REPORTED IS BASED ON THE ASA AN EXPENSE THE AMOUNT REPORTED IS BASED ON THE AGAINANCE FOR UNCOLLECTIONS ON FOR BAD DEBTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL WRITE-OFF EXPERIENCE BY PAYOR CATEGORY THE RESULTS OF THE SERVIEWS ARE USED TO MODIFY, ASSESSES THE ADEQUACY OF THE ALLOWANCES FOR UNCOLLECTION FOR FAYOR CATEGORY THE RESULTS OF THESE REVIEWS ARE USED TO MODIFY, ASSESSES THE ADEQUACY O
	I	AS DETERMINED BY EACH FACILITY " Schedule H (Form 990) 2011

Identifier	ReturnReference	Explanation
Community benefit & methodology for determining medicare costs		COST FOR EACH HOSPITAL'S COST REPORT IS PULLED FROM YEAR END TRIAL BALANCES THE COST IS THEN EVALUATED AND ALL NON-ALLOWABLE COST IS REMOVED VIA ADJUSTMENTS THE REMAINING ALLOWABLE COST IS THEN ALLOCATED TO APPROPRIATE PATIENT CARE AND NON-PATIENT CARE COST CENTERS BASED ON MEDICARE ALLOCATION PRINCIPLES CHI COLORADO DOES NOT TREAT MEDICARE SHORTFALLS AS COMMUNITY BENEFIT CHI COLORADO'S POSITION IS CONSISTENT WITH THAT OF CHI, ITS SPONSOR MEDICARE IS NOT A DIFFERENTIATING FEATURE OF TAX-EXEMPT HEALTH CARE ORGANIZATIONS AND FOR-PROFIT HOSPITALS TREAT, AND ATTEMPT TO ATTRACT, MEDICARE BENEFICIARIES

Identifier	ReturnReference	Explanation
Collection practices for patients eligible for financial assistance	Schedule H, Part III, Line 9b	CHI COLORADO'S DEBT COLLECTION POLICY PROVIDES FOR THE PERFORMANCE OF A REASONABLE REVIEW OF EACH PATIENT'S ACCOUNT PRIOR TO TURNING AN ACCOUNT OVER TO A THIRD-PARTY COLLECTION AGENT AND PRIOR TO INSTITUTING ANY LEGAL ACTION FOR NON-PAYMENT THE REVIEW OF PATIENT ACCOUNTS IS DONE TO ASSURE THAT THE PATIENT OR THEIR GUARANTOR IS NOT ELIGIBLE FOR ASSISTANCE THROUGH CHI COLORADO'S CHARITY CARE POLICY, UNINSURED DISCOUNT POLICY OR ANOTHER FINANCIAL ASSISTANCE PROGRAM (I E MEDICAID) CHI COLORADO REQUIRES THE FOLLOWING OF ITS THIRD-PARTY COLLECTION AGENCIES * NEITHER CHI COLORADO HOSPITALS OR THEIR COLLECTION AGENCIES WILL REQUEST BENCH OR ARREST WARRANTS AS A RESULT OF NON-PAYMENT, * NEITHER CHI COLORADO HOSPITALS OR THEIR COLLECTION AGENCIES WILL SEEK LIENS THAT WOULD REQUIRE THE SALE OR FORECLOSURE OF A PRIMARY RESIDENCE, AND * NO CHI COLORADO COLLECTION AGENCY MAY SEEK COURT ACTION WITHOUT HOSPITAL APPROVAL

I dentifier	ReturnReference	Explanation
Means used to determine amounts billed	19d	(1) ST MARY-CORWIN MEDICAL CENTER - CHI COLORADO AUTOMATICALLY DISCOUNTS ALL SELF PAY PATIENT ACCOUNTS BY 30% AND ALSO OFFERS A PROMPT PAY DISCOUNT, (2) ST THOMAS MORE HOSPITAL - CHI COLORADO AUTOMATICALLY DISCOUNTS ALL SELF PAY PATIENT ACCOUNTS BY 30% AND ALSO OFFERS A PROMPT PAY DISCOUNT, (3) MERCY REGIONAL MEDICAL CENTER - CHI COLORADO AUTOMATICALLY DISCOUNTS ALL SELF PAY PATIENT ACCOUNTS BY 30% AND ALSO OFFERS A PROMPT PAY DISCOUNT, (4) PENROSE HOSPITAL - CHI COLORADO AUTOMATICALLY DISCOUNTS ALL SELF PAY PATIENT ACCOUNTS BY 30% AND ALSO OFFERS A PROMPT PAY DISCOUNT, (5) ST FRANCIS MEDICAL CENTER - CHI COLORADO AUTOMATICALLY DISCOUNTS ALL SELF PAY PATIENT ACCOUNTS BY 30% AND ALSO OFFERS A PROMPT PAY DISCOUNT, (6) ST ANTHONY NORTH HOSPITAL - CHI COLORADO AUTOMATICALLY DISCOUNTS BY 30% AND ALSO OFFERS A PROMPT PAY DISCOUNTS BY 30% AND ALSO OFFERS A PROMPT PAY DISCOUNTS BY 30% AND ALSO OFFERS A PROMPT PAY DISCOUNTS BY 30% AND ALSO OFFERS A PROMPT PAY DISCOUNTS BY 30% AND ALSO OFFERS A PROMPT PAY DISCOUNTS BY 30% AND ALSO OFFERS A PROMPT PAY DISCOUNTS BY 30% AND ALSO OFFERS A PROMPT PAY DISCOUNTS BY 30% AND ALSO OFFERS A PROMPT PAY DISCOUNTS BY 30% AND ALSO OFFERS A PROMPT PAY DISCOUNTS BY 30% AND ALSO OFFERS A PROMPT PAY DISCOUNT, (9) ORTHOCOLORADO HOSPITAL - CHI COLORADO AUTOMATICALLY DISCOUNTS BY 30% AND ALSO OFFERS A PROMPT PAY DISCOUNT, (9) ORTHOCOLORADO HOSPITAL - CHI COLORADO AUTOMATICALLY DISCOUNTS BY 30% AND ALSO OFFERS A PROMPT PAY DISCOUNT, (9)

Schedule H (Form 990) 2011		Page 8
Identifier	ReturnReference	Explanation
NEEDS ASSESSMENT, COMMUNITY INFORMATION AND PROMOTION OF COMMUNITY HEALTH	SCHEDULE H, PART VI, LINE 2	ACROSS COLORADO, ALMOST 8,000 ASSOCIATES OF CATHOLIC HEALTH INITIATIVES-COLORADO (CHIC) AR E CHANGING LIVES IN OUR HOSPITALS, SENIOR LIVING COMMUNITIES, CLINICS AND HOMES IN WHICH T HEY WORK THROUGH THE MANY COMMUNITY PROGRAMS AND THE CHARITY CARE THEY PROVIDE FOR PEOPLE THROUGHOUT COLORADO, CHIC ASSOCIATES RECEIVE GREAT SATISFACTION FROM FULFILLING A MISSION OF EXTENDING THE HEALING MINISTRY OF CHRIST THE
		COMMUNITY BENEFIT REPORT IS A COLLECTIVE LIST OF VARIOUS ACTIVITIES THROUGH WHICH CHIC SUPPORTS ITS NEIGHBORS THROUGHOUT THE STATE COMMUNITY BENEFITS ARE OFFERED IN THE FORM OF OUTREACH AND EDUCATION, SUPPORT GROUPS, AC TIVITIES AND
		CLINICS, AS WELL AS CHARITY CARE AS A NONPROFIT, FAITH-BASED ORGANIZATION, C HIC IS COMMITTED TO PROVIDING SUPPORT AND PROGRAMS FOR THOSE LESS FORTUNATE IN OUR COMMUNI TIES IN HARD TIMES THOSE NUMBERS GROW, WHILE RESOURCES SHRINK IN
		RESPONSE TO THIS, WE'SE EK HOW TO MAKE THE MOST IMPACT IN EVERY COMMUNITY WE TOUCH IN THE MOST RECENT FISCAL YEAR CHIC INVESTED THE FOLLOWING IN ITS COMMUNITIES COMMUNITY BENEFIT ANNUAL REPORT FY 2012 S UMMARY INTRODUCTION CATHOLIC
		HEALTH INITIATIVES-COLORADO, A FAITH-BASED, NONPROFIT HEALTH CARE ENTITY, SINCE THEIR EARLIEST DAYS, HAS PLACED AN EMPHASIS ON WHOLE PERSON CARE AND ON ILLNESS PREVENTION, HAS PRESERVED AN UNWAVERING COMMITMENT TO THEIR
		VALUES AND AN UNDERST ANDING OF THE VITAL ROLE THAT MINISTERING TO SPIRITUAL NEEDS CAN PLAY IN HEALTHCARE COMMI TTED TO THE MISSION OF CONTINUING THE HEALING MINISTRY OF CHRIST, CHIC BUILDS UPON ITS UNI QUE HISTORY, HERITAGE AND TRADITIONS TO CREATE A FAITH-BASED ENTITY
		DESIGNED TO ADVANCE THE MISSION OF THEIR INDIVIDUAL ORGANIZATIONS TODAY, CHIC DIRECTLY OPERATES 8 HOSPITAL CAMP USES ST ANTHONY HOSPITAL, ST ANTHONY NORTH, ST ANTHONY SUMMIT MEDICAL CENTER, PENROSE HOSPITAL, ST FRANCIS
		MEDICAL CENTER, MERCY REGIONAL MEDICAL CENTER, ST MARY-CORWIN AND ST THOMAS MORE ADDITIONALLY, CHIC INDIRECTLY OPERATES ORTHOCOLORADO HOSPITAL THROUGH THEIR OWNERSHIP INTEREST IN THE PARTNERSHIP IN KEEPING
		WITH OUR MISSION, CHIC PROVIDES CARE F OR ALL REGARDLESS OF ABILITY TO PAY IN FISCAL YEAR 2012, CHIC GAVE \$135 3 MILLION TO UNDE RPRIVILEGED INDIVIDUALS AND THE BROADER COMMUNITY IN CHARITY CARE, COMMUNITY EDUCATION AND
		OUTREACH, AND UNPAID COSTS OF MEDICAID QUALITY HEALTHCARE IS DELIVERED IN THE SERVICE AR EAS OF METRO DENVER, COLORADO SPRINGS, PUEBLO, CANON CITY, FRISCO, BRECKENRIDGE, DURANGO A ND THEIR SURROUNDING COMMUNITIES WITHIN THE STATE OF
		COLORADO DEMOGRAPHIC DATA ST ANTHON Y HOSPITAL AND ORTHOCOLORADO HOSPITAL BOTH ST ANTHONY AND ORTHOCOLORADO HAVE A PRIMARY S ERVICE AREA THAT INCLUDES JEFFERSON COUNTY, DENVER COUNTY AND CLEAR CREEK COUNTY AS OF 20
		10 JEFFERSON COUNTY'S POPULATION WAS 534,543, DENVER COUNTY'S WAS 600,158, AND CLEAR CREEK COUNTY'S WAS 9,088 THE POPULATION IN JEFFERSON, DENVER AND CLEAR CREEK COUNTIES IS PREDO MINANTLY WHITE JEFFERSON AND CLEAR CREEK
		COUNTIES HAVE RELATIVELY SMALL PERCENTAGES OF OT HER RACES (6 4% AND 2 3%) WHILE DENVER COUNTY'S PERCENTAGE OF OTHER RACES IS MUCH HIGHER A T 17 7% HOSPITAL EXPERIENCE SUGGESTS THAT THE TWO ZIP CODES OF DENVER COUNTY WHICH HAS PO PULATIONS MOST SERVED BY ST ANTHONY
		HOSPITAL HAVE A HIGH PERCENTAGE OF HISPANICS/LATINOS WITH REGARD TO MEDIAN HOUSEHOLD INCOMES, JEFFERSON AND CLEAR CREEK COUNTIES EXCEED THE ST ATE AVERAGE OF APPROXIMATELY \$55,000 (\$66,059 AND \$64,241
		RESPECTIVELY) WHILE DENVER COUNT Y FALLS BELOW THE STATE AVERAGE AT \$46,693 WITH REGARD TO PERSONS LIVING BELOW POVERTY LE VEL, DENVER COUNTY EXCEEDS THE STATE AVERAGE OF APPROXIMATELY 12% BY MEASURING AT 18 8% B OTH
		JEFFERSON AND CLEAR CREEK COUNTIES HAVE PERCENTAGES THAT ARE WELL BELOW THE STATE AVER AGE (8 1% FOR BOTH JEFFERSON AND CLEAR CREEK COUNTIES) THE UNEMPLOYMENT RATES FOR EACH CO UNTY ARE AS FOLLOWS DENVER - 9 7%, JEFFERSON -
		8 6%, AND CLEAR CREEK - 8 5% ST FRANCIS MEDICAL CENTER AND PENROSE HOSPITAL BOTH ST FRANCIS MEDICAL CENTER AND PENROSE HOSPITAL ARE LOCATED IN EL PASO COUNTY THE PRIMARY SERVICE AREA INCLUDES ALL THE ZIP CODES WITHIN EL PASO
		COUNTY AS A FEEDER HOSPITAL FOR OTHER FACILITIES, ST FRANCIS AND PENROSE REGULAR LY SERVE TRANSFERS FROM PUEBLO, TELLER AND FREMONT COUNTIES AS WELL AS OF JULY 2010, THE COUNTY HAD AN ESTIMATED 627,096 RESIDENTS AND THE
		POPULATION IS PROJECTED TO REACH NEARLY 1 MILLION OVER THE NEXT THREE DECADES EL PASO COUNTY IS A MIX OF URBAN, SUBURBAN, AND RUR AL COMMUNITIES WITH ABOUT TWO-THIRDS (419,353) OF THE POPULATION RESIDING WITHIN THE CITY OF
		COLORADO SPRINGS EL PASO COUNTY'S POPULATION IS 73 9% WHITE, NON-HISPANIC, 15% HISPANI C, AND OTHER NON-HISPANIC RACES COMPRISE 6 3% AND 4 8% OF THE TOTAL PERCENT OF THE TOTAL P OPULATION, RESPECTIVELY THE MEDIAN HOUSEHOLD INCOME WAS
		\$51,548 COMPARED WITH THE STATE'S MEDIAN INCOME OF \$56,456 IN ADDITION, 10 4% OF FAMILIES IN EL PASO COUNTY LIVE BELOW THE POVERTY LEVEL AND THE UNEMPLOYMENT RATE IS 9 5% MERCY REGIONAL MEDICAL CENTER THE PRIMA RY SERVICE AREA FOR
		MERCY IS LA PLATA AND ARCHULET Schedule H (Form 990) 2011

Identifier	ReturnReference	Explanation
Identifier NEEDS ASSESSMENT, COMMUNITY INFORMATION AND PROMOTION OF COMMUNITY HEALTH	SCHEDULE H, PART VI, LINE 2	A COUNTIES THESE TWO COUNTIES ACCOUNT FOR 76% OF INPATIENT DISCHARGES FROM MERCY AND COIN CIDE WITH THE SERVICE AREA OF THE SAN JUAN BASIN HEALTH DEPARTMENT - FACILITATING COLLABOR ATION BETWEEN MERCY REGIONAL MEDICAL CENTER, PAGOSA SPRINGS MEDICAL CENTER, AND SAN JUAN BASIN HEALTH DEPARTMENT - FACILITATING COLLABOR ATION BETWEEN MERCY REGIONAL MEDICAL CENTER, PAGOSA SPRINGS MEDICAL CENTER, AND SAN JUAN BASIN HEALTH DEPARTMENT ACCORDING TO THE 2010 U S CENSUS BUREAU, THE TOTAL POPULATIONS FOR LA PLATA AND ARCHULETA COUNTY'S P OPULATION IS 80 3% WHITE, NON-HISPANIC AND 11 8% HISPANIC/LATINO THE MEDIAN HOUSEHOLD INC OME WAS \$56,456 IN ADDITION, 10 2% OF FAMILIES IN LA PLATA COUNTY LIVE BELOW THE POVERTY LEVEL AND THE UNEMPLOYMENT RATE IS 5 3% ARCHULETA COUNTY. SPOPULATION IS 78 2% WHITE, NON-HISPANIC AND 17 8% HISPANIC/LATINO THE MEDIAN HOUSEHOLD INCOME WAS \$56,068 COMPARED WITH THE STATE'S MEDIAN MEDIAN HOUSEHOLD INCOME WAS \$56,068 COMPARED WITH THE STATE'S MEDIAN INCOME OF \$56,456 IN ADDITION, 85% OF FAMILIES IN LA PLATA COUNTY LIVE BELOW THE POVERTY LEVEL AND THE UNEMPLOYMENT RATE IS 111% STATE ANTHONY NORTH HOSPITAL THE PRIMARY SERVICE AREA FOR ST ANTHONY NORTH HOSPITAL THE PRIMARY SERVICE AREA FOR ST ANTHONY NORTH HOSPITAL THE PRIMARY SERVICE AREA FOR ST ANTHONY NORTH HOSPITAL THE PRIMARY SERVICE AREA FOR ST ANTHONY NORTH HOSPITAL THE PRIMARY SERVICE AREA FOR ST ANTHONY NORTH HOSPITAL THE PRIMARY SERVICE AREA FOR ST AND PORTIONS OF AR VADA, BROOMFIELD COUNTY TO INCLUDE THE CITI ES OF WESTMINSTER, FEDERAL HEIGHTS, THORNTON, NORTH HOSPITAL THE PRIMARY SERVICE AREA FOR ST ANTHONY NORTH HOSPITAL THE PRIMARY SERVICE AREA FOR ST AND HONY NORTH HOSPITAL THE PRIMARY SERVICE AREA FOR ST AND HONY NORTH HOSPITAL THE PRIMARY SERVICE AREA FOR ST AND HONY NORTH HOSPITAL THE PRIMARY SERVICE AREA FOR ST AND HONY NORTH HOSPITAL THE PRIMARY SERVICE AREA FOR ST AND HONY NORTH HOSPITAL THE PRIMARY SERVICE AREA FOR ST AND HONY NORTH HOSPITAL THE PRIMARY SERVICE AREA FOR ST AND HONY NORTH HOSPITAL THE PRIMARY SERVICE AND THE STA
		ROCKVALE, AND WILLIAMSBURG, AND THE UNINCORPORATED COMMUNITIES OF COTOPAXI AND PENROSE THE DEMOGRAPHIC DATA IN FREMO NT
		COUNTY IS SKEWED DUE IN PART TO A LARGE PRISON POPULATION IN 2009, FREMONT COUNTY HAD A POVERTY RATE OF 18 1%, WHICH EXCEEDED THE STATE
<u> </u>		RATE Schedule H (Form 990) 2011

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Identifier	ReturnReference	Explanation
NEEDS ASSESSMENT, COMMUNITY INFORMATION AND PROMOTION OF COMMUNITY	SCHEDULE H, PART VI, LINE 2	ST MARY CORWIN HOSPITAL ST MARY-CORWIN MEDICAL CENTER IS LOCATED IN PUEBLO, COLORADO AN D ITS SERVICE AREA REACHES INTO SOUTHEASTERN
HEALTH (CONTINUED)		COLORADO TO THE KANSAS AND NEW MEXICO BORDERS PUEBLO SERVES AS AN ECONOMIC AND HEALTH CARE
		HUB FOR OTHER COUNTIES LOCATED IN SOUTHEAST COLORADO ONCE THE BORDER BETWEEN MEXICO AND THE UNITED STATES, PUEBLO IS NOW HOME TO 159,063
		RESIDENTS AND THE COUNTY HAS A RICH HERITAGE OF EASTERN EUROPEAN, HISPANIC AND ITALIA N ROOTS
		PUEBLO ALSO HAS ONE OF THE HIGHEST CONCENTRATIONS OF MIGRANT WORKERS IN THE STATE
		WITH 35% OF HOUSEHOLDS EARNING \$25,000 OR LESS ANNUALLY, THE WORKING POOR ARE HEAVILY RE
		PRESENTED IN THE WORKFORCE THE MEDIAN HOUSEHOLD INCOME IS \$40,699 COMPARED TO THE
		STATE M EDIAN INCOME OF \$56,456 UNCOMPENSATED CARE CATHOLIC HEALTH INITIATIVES-COLORADO
		PROVIDES A SIGNIFICANT AMOUNT OF UNCOMPENSATED CARE EACH YEAR IN FISCAL YEAR 2012, THE COST OF TR
		ADITIONAL CHARITY CARE PROVIDED WAS \$63 9 MILLION CHIC ALSO INCURRED \$50 3 MILLION IN UNR
		EIMBURSED COSTS FOR SERVICES PROVIDED TO MEDICAID PATIENTS FREQUENTLY, THE COSTS OF PROVI
		DING SERVICES TO PARTICIPANTS OF MEDICAID ARE GREATER THAN THE PAYMENTS RECEIVED FROM THE
		PROGRAM THE SAME IS TRUE FOR MEDICARE CHIC INCURRED \$110 3 MILLION IN UNREIMBURSED COSTS
		FOR MEDICARE COMMUNITY OUTREACH PROVIDED TO THE LOW INCOME POPULATION MEDICAID PROGRAM E NROLLMENT SCREENING UNINSURED PATIENTS TO
		DETERMINE ELIGIBILITY AND FACILITATES ENROLLMENT IN MEDICAID, MEDICARE OR CHARITY PROGRAM
		NURSEFAMILY PARTNERSHIP PROGRAM HOME VISITS TO PREGNANT AND PARENTING PATIENTS TO ENSURE A
		GOOD PREGNANCY AND APPROPRIATE EARLY CHILDHOOD DEVELOPMENT THROUGH BABY'S THIRD
		YEAR PASTORAL NURSE PROGRAM HEALTH EDUCATION AND PREVEN TIVE CARE TO LOW-INCOME, UNINSURED
		AND UNDERSERVED POPULATIONS RX ASSIST - BEN CHECKUP - PRESCRIPTION & BENEFITS ASSISTANCE
		PHARMACEUTICAL DISCOUNT COUNSELING FOR SENIORS SCHOOL BASED HEALTH CENTER CLINIC
		WITHIN DENVER PUBLIC SCHOOLS, PROVIDING PHYSICAL AND MENTAL HEA LTH CARE TO THE STUDENTS OF LAKE
		MIDDLE SCHOOL AND FIVE FEEDER ELEMENTARY SCHOOLS MISSION OUTREACH COMMITTEE PROJECTS
		VARIOUS CASH AND IN-KIND DONATION PROJECTS CONDUCTED TO ASSIS T COMMUNITY MEMBERS
		PHARMACEUTICAL SUPPLIES DONATION DONATIONS OF PHARMACEUTICAL AND MEDI CAL SUPPLIES FOR THE UNDERPRIVILEGED PHARMACY DISCOUNTED
		PRESCRIPTION PROGRAM DISCOUNT PRICING FOR UNINSURED/UNDERINSURED COMMUNITY MEMBERS
		COMPENSATED ROOMS FOR BOARDER MOTHERS OF NEWBORNS OVERNIGHT STAYS, WITHOUT CHARGE, FOR
		MOTHERS WHO NEED TO BE NEAR HOSPITALIZED INFANTS DIABETES EDUCATION PROVIDE DIABETES
		EDUCATION TO PATIENTS OF THE FAMILY MEDICINE RESIDENCY PROGRAM DOULA PROGRAM PROVIDES
		BIRTH COACHES FOR SPANISH SPEAKING WOMEN TO FACI LITATE THE BIRTH PROCESS IN A CULTURALLY AND
		LINGUISTICALLY APPROPRIATE MANNER, MINIMIZING COMPLICATIONS COMMUNITY OUTREACH FOR THE
		BROADER COMMUNITY ASK-A-NURSE CALLS FREE HEALT H INFORMATION AND PHYSICIAN REFERRAL SERVICE FOR
		OUR COMMUNITY NURSES ALSO ASSESS HEALTH CONDITIONS FROM NECK PAIN TO A FEVER, AND GIVE FREE PROFESSIONAL ADVICE ON WHAT ACTION TO TAKE
		NEXT THIS PROGRAM PROVIDES INFORMATION AND REGISTRATION FOR HOSPITAL CLASSES AND EVE NTS
		CAR SEAT FIT STATIONS INSPECT CAR SEAT INSTALLATIONS AND EDUCATE PARENTS REGARDING CO
		LORADO LAWS REGARDING CAR SEATS CAR SEATS ARE PROVIDED FOR A MINIMUM DONATION CAREER EXP OS
		INTRODUCE STUDENTS TO THE OPPORTUNITIES IN HEALTHCARE AND EXPLAIN REQUIREMENTS FOR THOS E
		POSITIONS CPR EDUCATION PROGRAM PREPARE STUDENTS FOR POTENTIAL LIFE THREATENING SITUATI
		ONS IN PUBLIC, HOME OR BABY SITTING EDUCATION - WOMEN'S SERVICES CLASSES RELATED TO CHILD BIRTH PREPARATION AND CARING FOR A NEW BABY HEALTH
		FAIRS FOR THE COMMUNITY HOSPITAL STAFF PROVIDE SCREENINGS AND OTHER HEALTH EDUCATIONAL
		OPPORTUNITIES PROJECT C U R E COLLECTION OF MEDICAL SUPPLIES AND EQUIPMENT IS PALLETIZED AND
		SHRINK WRAPPED FOR DONATION SANE PROGRAM CLINICAL EXAMINATIONS AND FORENSIC EVIDENCE
		COLLECTION FOR VICTIMS OF SEXUAL ASSAULT BLOOD DRIVES HOSPITAL EMPLOYEES DONATE THEIR BLOOD TO
		THE BONFILS BLOOD CENTER ADVANCE M EDICAL DIRECTIVE EDUCATION PROVIDE LITERATURE AND
		FORMS TO EDUCATE THE PUBLIC REGARDING TH EIR OPTIONS FOR END-OF-LIFE MEDICAL CARE STUDENT
		PRECEPTING PROVIDE A CLINICAL SETTING AN D SUPERVISION BY LICENSED STAFF FOR STUDENTS OF
		VARIOUS HEALTHCARE POSITIONS (I E NURSING, EMT, THERAPISTS) TO COMPLETE THEIR REQUIRED CLINICAL
		EXPERIENCE FIRST AID SERVICES AT C OMMUNITY EVENTS PROVIDE FIRST AID SERVICES THROUGHOUT
		THE COMMUNITY TRANSPORTATION SERVIC ES PROVIDE TRANSPORTATION TO PATIENTS AND PATIENT FAMILIES YAFFEE HOUSE/JOHN ZAY HOUSE PR OVIDE LODGING, AT
		NO COST, FOR OUT OF AREA PATIENTS RECEIVING OUT- PATIENT CARE AND FOR THE FAMILY MEMBERS OF
		HOSPITALIZED PATIENTS VARIOUS HEALTH SCREENING, COUNSELING AND EDUCATI ON ACTIVITIES CHIC
		HOSPITALS CONDUCT NUMEROUS EVENTS AND HEALTH SCREENINGS THROUGHOUT THE COMMUNITIES THEY
		SERVE TO PROMOTE HEALTH AWARENESS AND ENCOURAGE INDIVIDUALS TO ASSUME A P ARTNERSHIP
		ROLE IN RESPONSIBILITY FOR MAINTAINING
		Schedule H (Form 990) 2011

Identifier	ReturnReference	Explanation
NEEDS ASSESSMENT, COMMUNITY INFORMATION AND PROMOTION OF COMMUNITY HEALTH (CONTINUED)	SCHEDULE II, PARI VI, LINE 2	HEALTH THESE EVENTS INCLUDE SPORTS PHYSICALS, BEHAVIORAL HEALTH EDUCATION, FLU SHOT CLINI CS, CANCER RISK ASSESSMENTS, NUTRITION SERVICES, BLOOD PRESSURE CHECKS, CHILD SAFETY, MANA GING DIABETES, AND DISCOUNTED MAMMOGRAPHY SCREENINGS

Identifier	ReturnReference	Explanation
Patient education of eligibility for assistance	Schedule H, Part VI, Line 3	INFORMATION CONCERNING FINANCIAL ASSISTANCE IS INCLUDED ON CENTURA'S WEBSITE THE WEBSITE NOT ONLY LISTS PHONE NUMBERS FOR PATIENTS TO CALL TO DISCUSS FINANCIAL ASSISTANCE, BUT ALSO INCLUDES CENTURA'S POLICY FOR CHARITY CARE AND ITS POLICIES RELATED TO UNINSURED PATIENTS IN ADDITION, AT THE TIME OF REGISTRATION, UNINSURED PATIENTS ARE SCREENED TO DETERMINE IF THE PATIENTS QUALIFY FOR ANY FEDERAL, STATE OR COUNTY PROGRAMS UNINSURED PATIENTS ARE ALSO SENT A LETTER REQUESTING THAT THE PATIENT CALL TO DETERMINE ELIGIBILITY FOR VARIOUS ASSISTANCE PROGRAMS, INCLUDING CHARITY

Identifier	ReturnReference	Explanation
Affiliated health care system	Schedule H, Part VI, Line 6	CHI COLORADO IS OPERATED AS PART OF CENTURA HEALTH CORPORATION ("CENTURA") CENTURA AND ITS AFFILIATED ORGANIZATIONS ARE DEDICATED TO EXTENDING THE HEALING MINISTRY OF CHRIST BY CARING FOR THOSE WHO ARE ILL AND BY NURTURING THE HEALTH OF THE PEOPLE IN OUR COMMUNITIES SPECIFICALLY, CENTURA HAS LAUNCHED A SYSTEM- WIDE STRATEGIC PLAN TO IMPROVE THE QUALITY, CONSISTENCY, AVAILABILITY, AND AFFORDABILITY OF HEALTHCARE TO COMMUNITIES THROUGHOUT COLORADO THE THREE MAIN COMPONENTS OF THIS STRATEGY ARE (1) TO CONTINUE INVESTING IN TECHNOLOGY ADVANCEMENTS THAT IMPROVE THE QUALITY, COSTS, AND COORDINATION OF CARE INCLUDING THE ESTABLISHMENT OF ELECTRONIC HEALTH RECORDS LINKING OUR PHYSICIANS, CLINICS, HOSPITALS, LONG-TERM FACILITIES AND HOME CARE SERVICES, (2) PROVIDING WELLNESS CARE, THEREBY POTENTIALLY REDUCING HEALTH CARE COSTS BY HELPING PATIENTS TO MAINTAIN GOOD HEALTH, GROWING THE LEVEL OF SUPPORT AND OUTREACH PROVIDED TO RURAL COMMUNITIES, AND INCREASING ACCESS, AFFORDABILITY AND QUALITY OF HEALTH CARE, AND (3) COORDINATE AND DEVELOP SYSTEMS OF CARE, LOOKING TO EACH FACILITY AND ENTITY IN CENTURA TO SHARE BEST PRACTICES AND IMPROVE OVERALL EFFICIENCY AND COMMUNICATION SYSTEM- WIDE FROM BIRTH TO HOME CARE

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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

DLN: 93493133025573

Open to Public Inspection

Name of the organization Employer identification number CATHOLIC HEALTH INITIATIVES-COLORADO 84-0405257 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 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 (a) Name and address of **(b)** EIN (c) IRC Code (d) Amount of cash (f) Method of (a) Description of (h) Purpose of grant (e) A mount of nonorganization section grant valuation non-cash assistance or assistance cash ıf applicable (book, FMV, or government assistance appraisal, other) See Additional Data Table Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

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

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

Identifier	Return Reference	Explanation
Procedures for monitoring use of grant funds	, ,	GRANTS ARE AT THE DISCRETION OF THE CHIC CEO THE CEO MAKES REQUESTS FOR FUNDING, WHICH IS PAID OUT IN THE FORM OF A DONATION TO THE ENTITY OR USED TO REIMBURSE AN INVOICE SUBMITTED FOR AN EXPENSE FOR A SPECIFIC PURPOSE THE MAJORITY OF THE DONEES ARE 501(C)(3) ORGANIZATIONS THAT ASSUME RESPONSIBILITY FOR ENSURING THAT THE FUNDS ARE USED IN FURTHERANCE OF THE PURPOSE OF THE GRANT

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DLN: 93493133025573

Schedule J

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Open to Public Inspection

Employer identification number

CATHOLIC HEALTH INITIATIVES-COLORADO 84-0405257 **Questions Regarding Compensation** Yes Νo Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use 굣 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) 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 Yes 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? Yes 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 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 Receive a severance payment or change-of-control payment? **4**a Yes 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Yes Participate in, or receive payment from, an equity-based compensation arrangement? 4c Nο 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. 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 The organization? **5**a Νo 5b Any related organization? Νo If "Yes," to line 5a or 5b, describe in Part III 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 The organization? Νo 6b Any related organization? Νo If "Yes," to line 6a or 6b, describe in Part III 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 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 Νo If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

section 53 4958-6(c)?

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			(D) Nontaxable	(E) Total of columns	(F) Compensation
		(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(ı) (ıı)	774,126 0	0 0	1,606 0	23,903	1,263 0	800,898 0	C
(ı) (ıı)	186,864 0	45,952 0	695 0	20,174 0	7,745 0	261,430 0	(
(ı) (ıı)	258,699 0	52,242 0	799 0	29,486 0	1,336 0	342,562 0	(
(ı) (ıı)	699,077 0	0	844 0	19,003	1,543 0	720,467 0	(
(ı) (ıı)	0 762,303	0 306,056	0 23,332	0 141,828	0 21,922	0 1,255,441	(
(ı) (ıı)	231,304 0	56,859 0	494 0	22,865 0	15,780 0	327,302 0	(
(ı) (ıı)	240,559 0	0	3,521 0	19,773 0	695 0	264,548 0	(
(ı) (ıı)	165,004 0	0 0	21,005 0	18,334 0	4,957 0	209,300	(
(ı) (ıı)	0 549,913	0 224,134	0 26,944	0 117,975	0 21,236	940,202	(
(ı) (ıı)	751,482 0	0	1,042 0	20,228	10,006	782,758 0	(
(ı) (ıı)	635,214 0	0	3,333 0	27,578 0	14,591 0	680,716 0	(
(ı) (ıı)	441,627 0	166,481 0	67,630 0	130,227	12,927	818,892 0	62,260
(ı) (ıı)	706,296 0	0	1,363 0	23,903	13,961 0	745,523 0	(
(ı) (ıı)	0 967,569	0 444,803	0 28,257	0 175,879	0 19,400	0 1,635,908	(
(I) (II)	0	0	267,220 0	22,678 0			(
	(II) (II) (II) (II) (II) (II) (II) (II)	(II) 0 (I) 186,864 (II) 0 (I) 258,699 (II) 0 (I) 699,077 (II) 0 (I) 762,303 (I) 231,304 (II) 240,559 (II) 0 (I) 165,004 (II) 0 (II) 549,913 (II) 751,482 (III) 0 (II) 635,214 (III) 0 (II) 706,296 (III) 0 (II) 706,296 (III) 0	(1) Base compensation (1) 774,126	(i) base compensation	(i) 1 699,077	(i) Base compensation incentive compensation compensation compensation incentive compensation compensation compensation compensation compensation incentive compensation compensation compensation compensation incentive compensation compensation compensation incentive compensation in the c	(i) Base compensation compensat

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

		iormation, explanation, or descriptions required for Part 1, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 6. Also complete this part for any additional information
Identifier	Return Reference	Explanation
Travel for companions	Schedule J, Part I, Line 1a	SENIOR VICE PRESIDENTS AND HOSPITAL CEOS ARE PAID THROUGH CENTURA HEALTH CORPORATION AND ARE ELIGIBLE FOR THE FOLLOWING BENEFITS TRAVEL FOR COMPANIONS, HEALTH OR SOCIAL CLUB DUES, AND REIMBURSEMENT UP TO \$10,000 FOR PERSONAL SERVICES SUCH AS TAX, FINANCIAL, AND ESTATE PLANNING SERVICES, ALONG WITH TAX GROSS-UP PAYMENTS FOR ANY REIMBURSEMENTS INCLUDED IN TAXABLE COMPENSATION ALL BENEFITS ARE PROVIDED PURSUANT TO A WRITTEN POLICY GOVERNING PAYMENT AND REIMBURSEMENT, SUBSTANTIATION IS REQUIRED FOR ALL EXPENSES SUBMITTED FOR REIMBURSEMENT, AND REIMBURSEMENT, AND
Tax indemnification and gross-up payments	Schedule J, Part I, Line 1a	SEE SCHEDULE J, PART I, LINE 1A - TRAVEL FOR COMPANIONS DISCLOSURE
Health or social club dues or initiation fees	Schedule J, Part I, Line 1a	SEE SCHEDULE J, PART I, LINE 1A - TRAVEL FOR COMPANIONS DISCLOSURE
Personal services	Schedule J, Part I, Line 1a	SEE SCHEDULE J, PART I, LINE 1A - TRAVEL FOR COMPANIONS DISCLOSURE
METHODS USED TO ESTABLISH CEO COMPENSATION		CATHOLIC HEALTH INITIATIVES-COLORADO'S CEO IS PAID BY CENTURA HEALTH CORPORATION (CENTURA) OUTSIDE CONSULTANTS ARE ENGAGED TO PROVIDE RECOMMENDATIONS TO CENTURA'S COMPENSATION COMMITTEE REGARDING THE COMPENSATION OF FACILITY CEOS THE CONSULTANT'S RECOMMENDATIONS ARE THEN PRESENTED TO AND APPROVED BY THE COMPENSATION COMMITTEE
Severance or change-of-control payment		POST-TERMINATION PAYMENTS ARE ADDRESSED IN EXECUTIVE EMPLOYMENT AGREEMENTS FOR CATHOLIC HEALTH INITIATIVES ("CHI") AND RELATED ORGANIZATIONS' EMPLOYEES AT THE LEVEL OF VICE PRESIDENT AND ABOVE, INCLUDING THE MBO CEOS THESE EMPLOYMENT AGREEMENTS REQUIRE THAT IN ORDER FOR THE EXECUTIVE TO RECEIVE POST-TERMINATION PAYMENTS, THESE INDIVIDUALS MUST EXECUTE A GENERAL RELEASE AND SETTLEMENT AGREEMENT POST-TERMINATION PAYMENT ARRANGEMENTS ARE PERIODICALLY REVIEWED FOR OVERALL REASONABLENESS IN LIGHT OF THE EXECUTIVE'S OVERALL COMPENSATION PACKAGE IN ADDITION, CENTURA HAS A DEFINED SEVERANCE POLICY SEVERANCE PAYMENTS ARE DETERMINED BASED ON A COMBINATION OF THE INDIVIDUAL'S POSITION WITHIN THE ORGANIZATION AND YEARS OF SERVICE SEVERANCE AGREEMENTS INCLUDE LIMITATIONS WITH RESPECT TO WORKING AT COMPETING FACILITIES AND OTHER REQUIREMENTS THAT CAN CAUSE FORFEITURE OF THE SEVERANCE BENEFIT IN ADDITION, THE AGREEMENTS RELEASE CENTURA FROM LITIGATION AND FUTURE CLAIMS AGAINST THE ORGANIZATION THE FOLLOWING REPORTABLE INDIVIDUALS RECEIVED SEVERANCE PAYMENTS DURING THE 2011 CALENDAR YEAR, AND THESE SEVERANCE PAYMENTS WERE INCLUDED IN THE INDIVIDUAL'S W-2 INCOME AND REPORTABLE COMPENSATION ON SCHEDULE J PETER MAKOWSKI \$93,437
Supplemental nonqualified retirement plan	Schedule J, Part I, Line 4b	DURING THE 2011 CALENDAR YEAR CATHOLIC HEALTH INITIATIVES ("CHI"), A RELATED ORGANIZATION, MAINTAINED A SUPPLEMENTAL NON-QUALIFIED DEFERRED COMPENSATION PLAN FOR MBO CEOS AND OTHER CHI EMPLOYEES AT THE LEVEL OF SENIOR VICE PRESIDENT AND ABOVE THE FOLLOWING REPORTABLE INDIVIDUALS WERE ELIGIBLE TO PARTICIPATE IN THAT PLAN MICHAEL ROWAN, JAMES SWINDLE AND JOHN DICOLA DURING 2011 THE FOLLOWING CONTRIBUTIONS WERE MADE BY CHI TO THE DEFERRED COMPENSATION PLAN MICHAEL ROWAN \$153,201 JAMES SWINDLE \$121,600 JOHN DICOLA \$87,947 IN ADDITION, CENTURA OFFERS A NON-QUALIFIED RETIREMENT PLAN IN WHICH SENIOR EXECUTIVES (SENIOR VPS AND ABOVE) ARE PROVIDED A 10% OF SALARY ALLOWANCE TO PURCHASE INSURANCE PRODUCTS OR CONTRIBUTE INTO THE DEFERRED COMPENSATION PLAN IN ADDITION, A PENSION RESTORATION BENEFIT IS PROVIDED WHICH CREDITS PARTICIPANTS WITH A BENEFIT WHICH IS CALCULATED BASED ON THE EXCESS OF THE PARTICIPANT'S COMPENSATION OVER THE MAXIMUM ALLOWED FOR PENSION CONTRIBUTIONS AMOUNTS DEFERRED ARE NOT REPORTED AS TAXABLE INCOME UNTIL/UNLESS A TRIGGERING EVENT OCCURS THIS DEFERRED COMPENSATION PLAN HAS A SUBSTANTIAL RISK OF FORFEITURE PROVISION AND AN ELECTED VESTING SCHEDULE THE FOLLOWING INDIVIDUALS WERE ELIGIBLE TO PARTICIPATE IN AND RECEIVED CONTRIBUTIONS TO THE SUPPLEMENTAL NON-QUALIFIED DEFERRED COMPENSATION PLAN DURING THE CALENDAR YEAR 2011 MARGARET SABIN \$109,999 JEFFREY BRICKMAN \$18,334 DURING THE CALENDAR YEAR 2011 THE FOLLOWING DISTRIBUTIONS WERE MADE BY CENTURA FROM THE DEFERRED COMPENSATION PLAN DURING THE CALENDAR YEAR 2011
Non-fixed payments	Schedule J, Part I, Line 7	PARTICIPANTS IN CENTURA'S INCENTIVE COMPENSATION PLANS INCLUDE DIRECTORS AND ABOVE PAYOUTS ARE BASED ON METRICS ESTABLISHED AND APPROVED BY CENTURA'S COMPENSATION COMMITTEE THE METRICS INCLUDE QUANTIFIABLE MEASURES PERTAINING TO FINANCIAL PERFORMANCE, SAFETY AND QUALITY AND ASSOCIATE SATISFACTION WITH EACH METRIC WEIGHTED IN DETERMINING THE OVERALL SCORE THE INCENTIVE COMPENSATION PAYOUT IS CALCULATED BASED ON THE CUMULATIVE SCORE FOR ALL METRICS AND THE PAYOUT IS BASED ON A COMBINATION OF THE SCORE, THE INDIVIDUAL'S BASE COMPENSATION AMOUNT AND POSITION (E.G. DIRECTOR, VICE PRESIDENT)
REPORTABLE INDIVIDUALS COMPENSATED BY UNRELATED ORGANIZATIONS	SCHEDULE J, PART II	ALL KEY EMPLOYEES AND HOSPITAL CEOS ARE COMPENSATED BY CENTURA HEALTH CORPORATION, WHO MANAGES THE DAILY ACTIVITIES OF THE CATHOLIC HEALTH INITIATIVES-COLORADO (CHIC) HOSPITALS UNDER A JOINT OPERATING AGREEMENT DATED DECEMBER 8, 1995 BETWEEN THE ADVENTIST HEALTHCARE SYSTEM AND CATHOLIC HEALTH INITIATIVES AS SUCH, THEIR SALARIES ARE PAID TO THEM BY CENTURA, AN UNRELATED ORGANIZATION, FOR SERVICES RENDERED IN THEIR CAPACITY AS KEY EMPLOYEES OR OFFICERS OF CHIC ALL OF THEIR REPORTABLE COMPENSATION IS DISCLOSED ON FORM 990, SCHEDULE J, PART II, ROW (I) AND 990, PART VII, COLUMN (D) AS REPORTING ORGANIZATION COMPENSATION IN ADDITION, THE CEO AND CFO OF CHIC WERE APPOINTED AS SUCH BY THE CHIC BOARD OF DIRECTORS WHILE THEY ARE OFFICERS OF THESE ENTITIES, A VERY SMALL PORTION OF THEIR TIME IS DIRECTLY RELATED TO THE OPERATIONS OF CHIC THEY ARE COMPENSATED BY CENTURA, WHICH IS CHARGED WITH MANAGING THE FACILITIES THEIR RESPECTIVE COMPENSATION IS NOT REPORTED ON THE FILING ORGANIZATION'S 990 BUT IN FACT IS REPORTED IN FULL ON PART VII AND SCHEDULE JOF CENTURA HEALTH CORPORATION'S FORM 990

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As Filed Data -

DLN: 93493133025573

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.

2011
Open to Public

Inspection

Name of the organization CATHOLIC HEALTH INITIATIVES-COLORADO	Employer identifi	cation number
	84-0405257	

ldentifier	Return Reference	Explanation
New program services	Form 990, Part III, Line 2	CATHOLIC HEALTH INITIATIVES-COLORADO (CHIC) ACQUIRED A CONTROLLING INTEREST IN ORTHOCOLORADO, LLC FROM TOTAL HEALTHCARE, A RELATED ORGANIZATION AS A RESULT OF THE TRANSFER, CHIC REPORTS THE ALLOCATED EARNINGS IN REVENUE AND REPORTS THE HOSPITAL FACILITY ON SCHEDULE H

ldentifier	Return Reference	Explanation
Classes of members or stockholders	Form 990, Part VI, Section A, Line 6	ACCORDING TO THE BYLAWS OF CATHOLIC HEALTH INITIATIVES-COLORADO, THE ENTITY'S SOLE MEMBER IS CATHOLIC HEALTH INITIATIVES, A COLORADO NONPROFIT CORPORATION

ldentifier	Return Reference	Explanation
		THE SOLE CORPORATE MEMBER HAS THE POWER TO APPOINT, REPLACE OR REMOVE THE MEMBERS OF THE BOARD OF DIRECTORS ACCORDING TO THE ORGANIZATION'S BY LAWS, THE SOLE MEMBER SHALL FILL ALL VACANCIES ON THE BOARD OF TRUSTEES CREATED BY REMOVAL, RESIGNATION, OR DEATH

ldentifier	Return Reference	Explanation
Decisions requiring approval by members or stockholders	Form 990, Part VI, Section A, Line 7b	CATHOLIC HEALTH INITIATIVES-COLORADO'S ("CHIC") CORPORATE MEMBER IS CATHOLIC HEALTH INITIATIVES ("CHI") PURSUANT TO SECTION 5 4 1 OF THE ORGANIZATION'S BYLAWS, THE CORPORATE MEMBER SHALL HAVE THE SPECIFIC RIGHTS SET FORTH IN THE GOVERNANCE MATRIX EXCEPT TO THE EXTENT OTHERWISE PROVIDED IN ORGANIZATION'S ARTICLES AND BYLAWS PURSUANT TO THE GOVERNANCE MATRIX THE FOLLOWING RIGHTS ARE HELD BY THE CHIC BOARD - APPROVE MEMBERS OF THE CHIC BOARD - AMBNDMENT OF THE CORPORATE DOCUMENTS OF CHIC - APPROVE REMOVAL OF A MEMBER OF THE GOVERNING BODY OF CHIC - ADOPTION OF LONG RANGE AND STRATEGIC PLANS FOR CHIC - SUBSTANTIAL CHANGE IN THE MISSION OR PHILOSOPHY OF CHIC THE FOLLOWING RIGHTS ARE RESERVED TO THE CHI BOARD - MEMBER OF THE GOVERNING BODY OF CHIC THE FOLLOWING RIGHTS ARE RESERVED TO THE CHI BOARD OF A MEMBER OF THE GOVERNING BODY OF CHIC - APPROVAL OF ISSUANCE OF DEBT BY CHIC - APPROVAL OF PARTICIPATION OF CHIC IN A JOINT VENTURE - APPROVAL OF FORMATION OF A NEW CORPORATION BY CHIC - APPROVAL OF A MERGER INVOLVING CHIC - APPROVAL OF THE SALE OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF CHIC - TO REQUIRE THE TRANSFER OF ASSETS BY CHIC TO CHITO ACCOMPLISH CHIS GOALS AND OBJECTIVES, AND TO SATISFY CHI DEBTS PURSUANT TO SECTION 5 5 2 OF THE ORGANIZATION'S BYLAWS, CHI MAY, IN EXERCISE OF ITS APPROVAL POWERS, GRANT OR WITHHOLD APPROVAL IN WHOLE OR IN PART, OR MAY, IN TIS COMPLETE DISCRETION, AFTER CONSULTATION WITH THE BOARD AND THE PRESIDENT AND CHIEF EXECUTIVE OFFICER OF THE ORGANIZATION, RECOMMEND SUCH OTHER OR DIFFERENT ACTIONS AS IT DEEMS APPROPRIATE IN ADDITION, PURSUANT TO THE AFFILIATION AGREEMENT BETWEEN CHI, CHIC, CENTURA HEALTH CORPORATION, AND PORTERCARE ADVENTIST HEALTH SYSTEM, CERTAIN MATTERS AFFECTING CHIC MUST BE APPROVED BY BOTH PORTERCARE AND CHI THOSE ITEMS INCLUDE - THE TRANSFER OF ASSETS VALUED AT OVER \$1,000,000 - THE ISSUANCE OF A DEBT INSTRUMENT IN EXCESS OF \$2,000,000 - CAPITAL EXPENDITURES IN EXCESS OF \$2,000,000 - CAPITAL EXPENDITURES IN EXCESS OF \$2,000,000 - CAPITAL EXPENDITURES IN EXCESS OF \$

ldentifier	Return Reference	Explanation
,	Form 990, Part VI, Section B, Line 11b	A DRAFT OF THE FORM 990 IS PROVIDED TO MANAGEMENT, INCLUDING THE CFO, FOR REVIEW THE RETURN IS E-MAILED TO THE ENTIRE BOARD FOR REVIEW PRIOR TO FILING SUBSEQUENT TO THE RETURN BEING PROVIDED TO THE BOARD, THE TAX DEPARTMENT FILES THE RETURN WITH THE APPROPRIATE FEDERAL AND STATE AGENCIES, MAKING ANY NON-SUBSTANTIVE CHANGES NECESSARY TO EFFECT E-FILING ANY SUCH CHANGES ARE NOT RE-SUBMITTED TO THE BOARD

Identifier	Return Reference	Explanation
Conflict of interest policy	Form 990, Part VI, Section B, Line 12c	PROCEDURE 1 PROCEDURE FOR CONFLICT OF INTEREST REPORTING 11 THE CATHOLIC HEALTH INITIA TIVES- COLORADO ("CHIC") COMPLANCE DEPARTMENT ADMINISTERS AN ANNUAL CONFLICT OF INTEREST PROCESS (USUALLY STARTING IN NOVEMBER) COLLECTING AND ASSESSING AND POTENTIAL CONFLICTS DO A RD MEMBERS AND RELATED BOARD COMMITTEE MEMBERS, MATERIALS MANAGEMENTSUPPLY CHAIN AS WELL AS CHIC MANAGEMENT MAY HAVE THE FOLLOWING PROCESS IS FOLLOWED 111 A COVER LETTER ALON G WITH THE CONFLICTS OF INTEREST FOLICY AND THE CONFLICTS OF INTEREST DISCLOSLES STATEMENT ARE ALTOMATICALLY GENERATED AND DISTRIPLIED VIA BHAIL UTILIZING THE COMPLY TRACK SURVEY MANAGER TOOL FOR THOSE WITHOUT BHAIL ADDRESSES, THE DOCUMENTS ARE SENT VIA US MAIL 112 A REQUEST IS MADE TO COMPLETE THE DISCLOSLIRE STATEMENT FROM ONLINE AND SUBMIT AN ELECTRON IC SIGNATURE USING THE SURVEY TOOL FOR THOSE WITHOUT AN EMBLI ADDRESS, A REQUEST IS MADE TO FAX OR MAIL CRIGINALS TO THE COMPLIANCE DEPARTMENT 113 A REPORT IS COMPLED BHIT YING ALL REPORTED POTENTIAL CONFLICTS AND CATEGORIZED BY TYPE OF CONFLICTS 114 THE REPORTS REVIEWED FOR POTENTIAL CONFLICTS AND CATEGORIZED BY TYPE OF CONFLICT SIT A HEREPORT IS REVIEWED FOR POTENTIAL CONFLICTS AND CATEGORIZED BY TYPE OF CONFLICTS TO THE REPORTED TO EACH FACILITY CES OND CO'D ALONG WITH REPORTED CONFLICTS FOR PROCESSING AND RELEVANT EQUANT FOLLOW UP THE CES OR CFG. ON BEHALF OF THE CES, WILL DISTRIBUTE IN FORMATION IS PECIFIC CONFLICTS TO RELEVANT DEPARTMENT MANAGEMENT FOR CONSIDERATION IN FUTURE BUSINESS CEALINSSINGGOTATIONS 116 THE REPORT IS SHARED WITH THE CHIC BOARD FOR INFORMATION DISCUSSION, AND POSSIBLE CATION RELATIVE TO SPECIFIC CONFLICTS OF STRUCTS IN ADDRESS PROCEDURE FOR DISCLOSION OF AND THE WORLD AND AND THE PROCEDURES SHALL APPLY 211 AN INTERESTED P ERSON MAY MAKE A PRESENTATION AT THE BOARD, COMMITTEE MEETING OR THE BROAD OR COMMITTEE HAVINGEMENT OR MATAGEMENT TO A THE REPORT OF THE MEMBERS OF THE PROFINED THE PROPOSED THE RESONATION OF AND THE WORLD ON THE PROPOSED OR THE PROFINED THAT THE MEETING OR PROFINED THAT THAT RES
		VIOLATIONS OF THE CONFLICTS OF INTEREST POLICY 3 1 IF THE BOA RD, COMMITTEE OR CHIC MANAGEMENT HAS REASONABLE CAUSE TO BELIEVE THAT AN INTERESTED PERSON HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, IT SHALL INFORM THE INTE RESTED PERSON TO DISCLOSE 3 2 IF, AFTER HEARING THE RESPONSE OF THE INTERESTED PERSON AN D MAKING SUCH FURTHER INVESTIGATION AS MAY BE WARRANTED IN THE CIRCUMSTANCES, THE BOARD, C OMMITTEE OR CHIC MANAGEMENT DETERMINES THAT THE INTERESTED PERSON HAS IN FACT FAILED TO DI SCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT SHALL TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION 4 RECORDS OF PROCEEDINGS 4 1 THE MINUTES OF THE BOARD AND ANY COM MITTEES WITH BOARD DELEGATED POWERS SHALL CONTAIN 4 1 1 THE NAMES OF THE PERSONS WHO DIS CLOSED OR OTHERWISE WERE FOUND TO HAVE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, THE NAT URE OF THE CONFLICT, ANY ACTION TAKEN TO DETERMINE WHETHER A CONFLICT OF INTEREST WAS PRES ENT, AND THE BOARD OR COMMITTEES DECISION AS TO WHETHER A CONFLICT OF INTEREST, IN FACT, EXISTED 4 1 2 THE NAMES OF THE PERSONS WHO WERE PRESENT FOR DISCUSSIONS RELATING TO THE TRANSACTION OR ARRANGEMENT, THE CONTENT OF THE DISCUSSION,

Line 12c POTENTIAL CONFLICT RELATIVE TO MANAGEMENT AND MATERIALS MANAGEMENT/SUPPLY CHAIN ASSOCIA	ldentifier	Return Reference	Explanation
BOARD COMMITTEE WHO RECEIVES COMPENSATION, DIRECTLY OR INDIRECTLY, FROM CHIC FOR SERV ICES I PRECLUDED FROM VOTING ON MATTERS PERTAINING TO THAT MEMBER'S COMPENSATION 5.2 A PHYSICIAN WHO IS A VOTING MEMBER OF A BOARD OR BOARD COMMITTEE AND RECEIVES COMPENSATION, DIRECTLY INDIRECTLY, FROM CHIC FOR SERVICES IS PRECLUDED FROM DISCUSSING AND VOTING ON MATTERS PERTAINING TO THAT MEMBER AND OTHER PHYSICIANS' COMPENSATION NO PHYSICIAN OR PHYS ICIAN BOARD MEMBER OR COMMITTEE MEMBER, EITHER INDIVIDUALLY OR COLLECTIVELY, IS PROHIBITED FROM PROVIDING INFORMATION TO THE BOARD OR BOARD COMMITTEE REGARDING PHYSICIAN COMPENSATION OF ANNUAL STATEMENTS 6.1 ALL INTERESTED PERSONS MUST COMPLETE A DISCLOSURE STATEMENT ANNUALLY. THIS DISCLOSURE STATEMENT MAY BE MODIFIED FROM TIME TO TIME AS DEEMED APPROPRIATED THE VICE PRESIDENT OF CHIC COMPLIANCE IS RESPONSIBLE FOR CIRCULATING, ENSURING COMPLETION OF THE CHECK OF CHICOSURE STATEMENT BY ALL INTERESTED PERSONS OF CHIC, AND REPORTING THE RESULT S TO THE CHECK OF CHICOSURE STATEMENT BY ALL INTERESTED PERSONS OF CHIC, AND REPORTING THE RESULT S TO THE CHECK OF CHICOSURE STATEMENT BY ALL INTERESTED PERSONS OF CHIC, AND REPORTING THE RESULT S TO THE CHECK OF CHICOSURE STATEMENT BY ALL INTERESTED PERSONS OF CHIC, AND REPORTING THE RESULT S TO THE CHECK OF CHICOSURE STATEMENT BY ALL INTERESTED PERSONS OF CHIC, AND REPORTING THE RESULT S TO THE CHECK OF CHICOSURE STATEMENT BY ALL INTERESTED PERSONS OF CHIC, AND REPORTING THE RESULT S TO THE CHECK OF CHICOSURE STATEMENT BY ALL INTERESTED PERSONS OF CHIC, AND REPORTING THE RESULT S TO THE CHECK OF CHICOSURE STATEMENT BY ALL INTERESTED PERSONS OF CHIC, AND REPORTING THE RESULT S TO THE CHECK OF CHICOSURE STATEMENT BY ALL INTERESTED PERSONS OF CHIC, AND REPORTING THE RESULT S TO THE CHECK OF CHICOSURE STATEMENT BY ALL INTERESTED PERSONS OF CHIC, AND REPORTING THE RESULT S TO THE CHECK OF CHICOSURE STATEMENT BY ALL INTERESTED PERSONS OF CHICOSURE STATEMENT BY ALL INTERESTED PERSONS OF CHICOSURE STATEMENT BY ALL INTERESTED PERSONS OF CHICOSURE ST	ınterest	Part VI, Section B,	OUTSIDE OF THOSE REQUIRED TO BE REPORTED TO THE BOARD AND ANY COMMITTEES, THE COMPLIA NCE DEPARTMENT SHALL MAINTAIN DOCUMENTATION AS TO THE RESOLUTION AND APPROPRIATENESS OF AN Y POTENTIAL CONFLICT RELATIVE TO MANAGEMENT AND MATERIALS MANAGEMENT/SUPPLY CHAIN ASSOCIAT ES CONDUCTING BUSINESS ON BEHALF OF CHIC 5 COMPENSATION 5 1 A VOTING MEMBER OF A BOARD OR A BOARD COMMITTEE WHO RECEIVES COMPENSATION, DIRECTLY OR INDIRECTLY, FROM CHIC FOR SERV ICES IS PRECLUDED FROM VOTING ON MATTERS PERTAINING TO THAT MEMBER'S COMPENSATION 5 2 A PHY SICIAN WHO IS A VOTING MEMBER OF A BOARD OR BOARD COMMITTEE AND RECEIVES COMPENSATION, DIRECTLY OR INDIRECTLY, FROM CHIC FOR SERVICES IS PRECLUDED FROM DISCUSSING AND VOTING ON MATTERS PERTAINING TO THAT MEMBER AND OTHER PHY SICIANS' COMPENSATION NO PHY SICIAN OR PHYS ICIAN BOARD MEMBER OR COMMITTEE MEMBER, EITHER INDIVIDUALLY OR COLLECTIVELY, IS PROHIBITED FROM PROVIDING INFORMATION TO THE BOARD OR BOARD COMMITTEE REGARDING PHY SICIAN COMPENSATI ON 6 ANNUAL STATEMENTS 6 1 ALL INTERESTED PERSONS MUST COMPLETE A DISCLOSURE STATEMENT ANNUALLY THIS DISCLOSURE STATEMENT MAY BE MODIFIED FROM TIME TO TIME AS DEEMED APPROPRIAT E THE VICE PRESIDENT OF CHIC COMPLIANCE IS RESPONSIBLE FOR CIRCULATING, ENSURING COMPLETI ON OF THE DISCLOSURE STATEMENT BY ALL INTERESTED PERSONS OF CHIC, AND REPORTING THE RESULT S TO THE CHIC HEALTH BOARD 7 PERIODIC REVIEWS 7 1 ANNUALLY, INTERNAL AUDIT WILL REVIEW COMPENSATION AND

ldentifier	Return Reference	Explanation
PROCESS USED TO ESTABLISH COMPENSATION OF TOP MANAGEMENT/OFFICERS/KEY EMPLOYEES	FORM 990, PART VI, LINE 15	THE ORGANIZATION'S CEO AND OFFICERS ARE EMPLOYED BY CENTURA HEALTH CORPORATION ("CENTURA") OUTSIDE CONSULTANTS ARE ENGAGED TO PROVIDE RECOMMENDATIONS TO CENTURA'S COMPENSATION COMMITTEE REGARDING THE COMPENSATION OF FACILITY CEOS AND CENTURA SENIOR EXECUTIVES THE CONSULTANT'S RECOMMENDATIONS ARE THEN PRESENTED TO AND APPROVED BY THE COMPENSATION COMMITTEE CENTURA'S HUMAN RESOURCES DEPARTMENT PERFORMS ANALYSES OF THE MARKET TO DETERMINE COMPENSATION RANGES FOR THE REMAINDER OF CENTURA EXECUTIVES WHICH ARE REVIEWED AND APPROVED BY CENTURA'S SENIOR LEADERSHIP FOR THOSE REPORTABLE INDIVIDUALS (I E BOARD MEMBERS) WHOSE COMPENSATION IS PAID BY CATHOLIC HEALTH INITIATIVES ("CHI"), THEIR COMPENSATION WAS SET BY A COMPENSATION COMMITTEE UTILIZING AN INDEPENDENT CONSULTANT AND COMPARABILITY STUDIES TO DETERMINE COMPENSATION AMOUNTS THAT WERE BOARD APPROVED AND PAID TO THEM IN ACCORDANCE WITH A WRITTEN CONTRACT

ldentifier	Return Reference	Explanation
Process used to establish compensation of other officers/key employees	Form 990, Part VI, Section B, Line 15b	SEE ABOVE

ldentifier	Return Reference	Explanation
PARTICIPATION IN	FORM 990, PART VI, LINE 16B	CATHOLIC HEALTH INITIATIVES-COLORADO HAS NOT FORMALLY ADOPTED A WRITTEN POLICY OR WRITTEN PROCEDURE REGARDING JOINT VENTURES HOWEVER, CATHOLIC HEALTH INITIATIVES' ("CHI") SYSTEM-WIDE JOINT VENTURE MODEL OPERATING AGREEMENT INCORPORATES CONTROLS OVER THE VENTURE SUFFICIENT TO ENSURE THAT (1) THE EXEMPT ORGANIZATION AT ALL TIMES RETAINS CONTROL OVER THE VENTURE SUFFICIENT TO ENSURE THAT THE PARTNERSHIP FURTHERS THE EXEMPT PURPOSE OF THE ORGANIZATION, (2) IN ANY PARTNERSHIP IN WHICH THE EXEMPT ORGANIZATION IS A PARTNER, ACHIEVEMENT OF EXEMPT PURPOSES IS PRIORITIZED OVER MAXIMIZATION OF PROFITS FOR THE PARTNERS, (3) THE PARTNERSHIP DOES NOT ENGAGE IN ANY ACTIVITIES THAT WOULD JEOPARDIZE THE EXEMPT ORGANIZATION'S EXEMPTION, (4) RETURNS OF CAPITAL, ALLOCATIONS, AND DISTRIBUTIONS MUST BE MADE IN PROPORTION TO THE PARTNERS' RESPECTIVE OWNERSHIP INTERESTS, AND (5) ALL CONTRACTS ENTERED INTO BY THE PARTNERSHIP WITH THE EXEMPT ORGANIZATION MUST BE AT ARM'S-LENGTH, WITH PRICES SET AT FAIR MARKET VALUE ANY JOINT VENTURE AGREEMENTS THAT DO NOT CONFORM TO THE MODEL AGREEMENT ARE GENERALLY REVIEWED BY COUNSEL

ldentifier	Return Reference	Explanation
Governing documents, conflict of interest policy and financial statements available to the public	VI, Section C,	THE ORGANIZATION'S GOVERNING DOCUMENTS ARE AVAILABLE ON THE COLORADO SECRETARY OF STATE'S WEBSITE. THE ORGANIZATION'S FINANCIAL STATEMENTS ARE INCLUDED IN THE CATHOLIC HEALTH INITIATIVES CONSOLIDATED AUDITED FINANCIAL STATEMENTS THAT ARE AVAILABLE AT WWW CATHOLICHEALTHINIT ORG OR AT WWW DACBOND COM THE ORGANIZATION'S CONFLICT OF INTEREST POLICY IS NOT PUBLICLY AVAILABLE

ldentifier	Return Reference	Explanation
ESTIMATE OF HOURS DEVOTED TO RELATED ORGANIZATIONS	FORM 990, PART VII, SECTION A, LINE 1A, COLUMN (B)	COMPENSATION REPORTED ON FORM 990, PART VII AS PAID BY RELATED ORGANIZATIONS WAS PAID TO THESE INDIVIDUALS FOR THE FULFILLMENT OF THEIR DUTIES AS FULL-TIME, 60 HOUR-PER-WEEK EMPLOYEES

Identifier	Return Reference	Explanation
Other changes in net assets or fund balances	Form 990, Part XI, Line 5	NET UNREALIZED GAINS (LOSSES) ON INVESTMENTS942836, CAPITAL RESOURCE POOL CONTRIBUTION6919596, TRANSFERS FROM AFFILIATES - 7856542,

efile GRAPHIC print - DO NOT PROCESS | As Filed Data SCHEDULE R
(Form 990) | Related Or

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

DLN: 93493133025573

pen to Public

Department of the Internal Revenue S	· .							Inspection	on
Name of the CATHOLIC HEA	e organization LTH INITIATIVES-COLORA	DO				Employer i 84-04052	dentification num	nber	
Part I	Identification o	of Disregarded Entities (Comple	te if the organization	on answered "Yes	" on Form 990, P	'	.57		
	(a) Name, address, and EIN of disregarded entity		(b) Primary activity	(b) Primary activity Legal domicile (state or foreign country)		(e) End-of-year assets	(f) Direct control entity	ling	
Part II		of Related Tax-Exempt Organiz tax-exempt organizations during th		If the organization	n answered "Yes	on Form 990, F	Part IV, line 34		
	(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 statu (if section 501(c)(3	(f) Direct contr entity	orga col	(g) 512(b)(13 ntrolled nnization
See Additional	Data Table							Yes	No
For Privacy	Act and Paperwork R	Reduction Act Notice, see the Instruction	ns for Form 990.	Cat No 5	0135Y		Sched	ule R (Form 99	2011

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)	,	(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 Disprop allocat	rtionate	te Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)) ral or iging ner?	(k) Percentage ownership
							Yes	No		Yes	No	
See Additional Data Table												
											, in the second	_

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
See Additional Data Table							

Note. Complete line 1 if any entity is listed in Parts II, III or IV				Y	'es	No						
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related orga	anızatıons lısted ın Part	s II-IV?	Γ									
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity b. Gift, grant, or capital contribution to related organization(s)												
b Gift, grant, or capital contribution to related organization(s)												
c Gift, grant, or capital contribution from related organization(s)												
d Loans or loan guarantees to or for related organization(s)												
e Loans or loan guarantees by related organization(s)												
f Sale of assets to related organization(s)												
g Purchase of assets from related organization(s)			[1	1g		No						
h Exchange of assets with related organization(s)			[3	1h		No						
i Lease of facilities, equipment, or other assets to related organization(s)			Ţ:	1i		No						
j Lease of facilities, equipment, or other assets from related organization(s)			<u> </u>	1j		No						
k Performance of services or membership or fundraising solicitations for related organization(s)			[3	1k		No						
l Performance of services or membership or fundraising solicitations by related organization(s)												
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)												
n Sharing of paid employees with related organization(s)			[3	1n		No						
• Reimbursement paid to related organization(s) for expenses			ļ.	lo Y	es							
p Reimbursement paid by related organization(s) for expenses			[3	lp Y	es							
q Other transfer of cash or property to related organization(s)			1	1q		No						
r Other transfer of cash or property from related organization(s)			[:	1r Y	es							
			_	•								
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line,	ıncludıng covered relat	ionships and transacti	on thresholds									
(a)	(b)	(c)	(d	l)								
Name of other organization	Transaction type(a-r)	Amount involved	Method of deter	mınıng Ived	amoi	unt						
(1) ORTHOCOLORADO LLC	R	580,800	FMV									
(2) ST FRANCIS LAND COMPANY		·										
	R	137,700	FMV									
(3) CATHOLIC HEALTH INITIATIVES COLORADO FOUNDATION	С	8,897,889	FMV									
(4) CATHOLIC HEALTH INITIATIVES COLORADO FOUNDATION B 4,498,698 FMV												
(5)												
(6)												

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

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)	ed, partners section m 501(c)(3) organizations?		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)			(k) Percentage ownership
			,	Yes	No			Yes	No		Yes	No			

Part VII Supplemental Information

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

Identifier Return Reference Explanation

 Software ID:
 11000230

 Software Version:
 v2011.1.0

 EIN:
 84-0405257

Name: CATHOLIC HEALTH INITIATIVES-COLORADO

(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 501(c) (3))	(f) Direct Controlling Entity	g Section 512 (b)(13) controlled organization	
ALEGENT HEALTH - BERGAN MERCY HEALTH SYS							
7500 MERCY ROAD OMAHA, NE 68124 47-0484764 ALEGENT HEALTH - MERCY HOSPITAL	HEALTHCARE	NE	501(C) (3)	3	СНІ	Yes	
CORNING IOWA PO BOX 368 CORNING, IA 50841 42-0782518	HEALTHCARE	IA	501(C) (3)	3	AHBMHS	Yes	
ALVERNA APARTMENTS 300 SE 8TH AVENUE LITTLE FALLS, MN 56345 41-1351177	LTERM CARE	MN	501(C) (3)	9	СНІ	Yes	
APPLETREE COURT 601 OAK STREET BRECKENRIDGE, MN 56520 41-1850500	SENIOR HOMES	MN	501(C) (3)	9	SFH	Yes	
BISHOP DRUMM RETIREMENT CENTER 1111 6TH AVENUE DES MOINES, IA 50314 42-0725196	LTERM CARE	IA	501(C) (3)	9	CHI-IA CORP	Yes	
BORNEMANN HEALTHCARE CORPORATION 2500 BERNVILLE RD PO BOX 316 READING, PA 19603 23-2187242	HEALTHCARE	PA	501(C) (3)	11 - Type I	CHI	Yes	
CARRINGTON HEALTH CENTER 800 NORTH 4TH STREET CARRINGTON, ND 58421 45-0227311	HEALTHCARE	ND	501(C) (3)	3	СНІ	Yes	
CATHOLIC HEALTH INITIATIVES 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 47-0617373	HEALTHCARE	со	501(C) (3)	9	NA	Yes	
CATHOLIC HEALTH INITIATIVES COLORADO FOUNDATION 6385 CORPORATE DRIVE COLORADO SPRINGS, CO 80919 84-0902211	FUNDRAISING	со	501(C) (3)	7	CHIC	Yes	
CATHOLIC HEALTH INITIATIVES INSTITUTE FOR RESEARCH AND INNOVATION 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112	HEALTHCARE	со	501(C) (3)	11 - Type I	СНІ	Yes	
27-1050565 CATHOLIC HEALTH INITIATIVES NATIONAL FOUNDATION 6385 CORPORATE DRIVE COLORADO SPRINGS, CO 80919 27-0930004	FUNDRAISING	СО	501(C) (3)	9	СНІ	Yes	
CATHOLIC HEALTH INITIATIVES- COLORADO 188 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112	HEALTHCARE	со	501(C) (3)	3	СНІ	Yes	
CENTENNIAL MEDICAL GROUP INC 2700 STEWART PARKWAY ROSEBURG, OR 97470 26-3946191	PHYSICIANS	OR	501(C) (3)	9	ммс	Yes	
CENTRAL KANSAS MEDICAL CENTER 3515 BROADWAY GREAT BEND, KS 67530 48-0543724	SURGERY CNTR	KS	501(C) (3)	3	СНІ	Yes	
CHI HEALTH CONNECT AT HOME - FARGO 4816 AMBER VALLEY PARKWAY FARGO, ND 58104 27-1966847	HEALTHCARE	ND	501(C) (3)	3	СНІ	Yes	
CHI KENTUCKY INC 3900 OLYMPIC BLVD SUITE 400 ERLANGER, KY 41018 20-2741651	HEALTHCARE	KY	501(C) (3)	11 - Type I	СНІ	Yes	
CHI NATIONAL HOME CARE 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 45-1261716	HEALTHCARE	со	501(C) (3)	11 - Type I	CHI NHC	Yes	
CHI NATIONAL SERVICES 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 45-2532084	HEALTHCARE	со	501(C) (3)	9	СНІ	Yes	
CHI NEBRASKA 6940 O STREET SUITE 200 LINCOLN, NE 68510 36-3233121	HEALTHCARE	NE	501(C) (3)	11 - Type I	СНІ	Yes	
CONTINUING CARE HOSPITAL 150 NORTH EAGLE CREEK DRIVE LEXINGTON, KY 40509 61-1400619	LTACH	KY	501(C) (3)	3	SJHS	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations												
(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 501(c) (3))	(f) Direct Controlling Entity	g Section 512 (b)(13) controlled organization						
COVENANT HOME CARE 1223 POTTSVILLE PIKE SHOEMAKERSVILLE, PA 19555 23-2018429	HOME HEALTH	PA	501(C) (3)	11 - Type II	NA	Yes						
ENUMCLAW REGIONAL HOSPITAL ASSOCIATION 1450 BATTERSBY AVENUE ENUMCLAW, WA 98022 91-0715805	HEALTHCARE	WA	501(C) (3)	3	FHS	Yes						
FLAGET HEALTHCARE DBA FLAGET MEMORIAL HOSPITAL 4305 NEW SHEPHERDSVILLE ROAD BARDSTOWN, KY 40004 61-1345363	HEALTHCARE	кү	501(C) (3)	3	кон	Yes						
FLAGET MEMORIAL HOSPITAL FOUNDATION INC 4305 NEW SHEPHERDSVILLE ROAD BARDSTOWN, KY 40004 56-2351341	FUNDRAISING	кү	501(C) (3)	11 - Type I	FH	Yes						
FRANCISCAN FOUNDATION 1717 SOUTH J STREET TACOMA, WA 98405 91-1145592	FUNDRAISING	WA	501(C) (3)	9	FHS	Yes						
FRANCISCAN HEALTH SYSTEM FKA FRANCISCAN HEALTH SYSTEM WEST 1717 SOUTH J STREET TACOMA, WA 98405 91-0564491	HEALTHCARE	WA	501(C) (3)	3	СНІ	Yes						
FRANCISCAN MEDICAL GROUP 1708 SOUTH YAKIMA AVENUE TACOMA, WA 98405 91-1939739 FRANCISCAN VILLA OF SOUTH	HEALTHCARE	WA	501(C) (3)	9	FHS	Yes						
MILWAUKEE INC 3601 SOUTH CHICAGO AVENUE SOUTH MILWAUKEE, WI 53172 39-1093829 GETTYSBURG MEDICAL CENTER	HEALTHCARE	WI	501(C) (3)	9	СНІ	Yes						
606 EAST GARFIELD AVENUE GETTYSBURG, SD 57442 46-0234354 GLOBAL HEALTH INITIATIVES	HEALTHCARE	SD	501(C) (3)	3	SMHC	Yes						
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 20-1536108 GOOD SAMARITAN COLLEGE OF	MINISTRIES	СО	501(C) (3)	11 - Type I	СНІ	Yes						
NURSING & HEALTH SCIENCE 375 DIXMYTH AVE CINCINNATI, OH 45220 31-1778403 GOOD SAMARITAN FOUNDATION OF	EDUCATION	он	501(C) (3)	2	GSH	Yes						
CINCINNATI INC 619 OAK STREET ACCOUNTING-3 W CINCINNATI, OH 45206 31-1206047	FUNDRAISING	он	501(C) (3)	11 - Type I	GSН	Yes						
GOOD SAMARITAN HOSPITAL PO BOX 1990 KEARNEY, NE 68848 47-0379755	HEALTHCARE	NE	501(C) (3)	3	CHI NEBRASKA	Yes						
GOOD SAMARITAN HOSPITAL FOUNDATION 111 W 31ST STREET KEARNEY, NE 68847 47-0659443	FUNDRAISING	ΝE	501(C) (3)	7	GSH	Yes						
HEALTH SET 4200 WEST CONEJOS PLACE 436 DENVER, CO 80204 84-1102943	LOWINC CARE	со	501(C) (3)	7	CHIC	Yes						
HEALTHCARE AND WELLNESS FOUNDATION 2400 ST FRANCIS DRIVE BRECKENRIDGE, MN 56520 76-0761782	FUNDRAISING	MN	501(C) (3)	11 - Type I	SFMC	Yes						
HOSPITAL ASSOCIATION FOR ST JOSEPH HOSPITAL 7601 OSLER DRIVE TOWSON, MD 21204 52-6050777	HEALTHCARE	MD	501(C) (3)	9	SJMC	Yes						
HOUSE OF MERCY 1111 6TH AVENUE DES MOINES, IA 50314 42-1323808	SHELTER	IA	501(C) (3)	7	CHI-IA CORP	Yes						
JEWISH HOSPITAL AND ST MARY'S HEALTHCARE 200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 61-1029768	HEALTHCARE	кү	501(C) (3)	3	кон	Yes						
JEWISH PHYSICIAN GROUP INC 200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40215 61-1352729	HEALTHCARE	КҮ	501(C) (3)	9	ЈНЅМН	Yes						

Form 990, Schedule R, Part II - Id	lentification of Re	lated Tax-E	xempt Orga	nizations			
(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 501(c) (3))	(f) Direct Controlling Entity	g Section (b)(1 control organiza	3) lled
KENTUCKYONE HEALTH INC FKA JH PROPERTIES INC 200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 61-1029769	HEALTHCARE	кү	501(C) (3)	9	СНІ	Yes	
LAKEWOOD HEALTH CENTER 600 MAIN AVENUE SOUTH BAUDETTE, MN 56623 41-0758434	HEALTHCARE	MN	501(C) (3)	3	СНІ	Yes	
LINUS OAKES INC 2700 STEWART PARKWAY ROSEBURG, OR 97470 93-0821381	SENIOR LIVING	OR	501(C) (3)	9	ммс	Yes	
LISBON AREA HEALTH SERVICES 905 MAIN STREET LISBON, ND 58054 82-0558836	HEALTHCARE	ND	501(C) (3)	3	СНІ	Yes	
MEMORIAL HEALTH CARE SYSTEM FOUNDATION 2525 DE SALES AVENUE CHATTANOOGA, TN 37404 62-1839548	FUNDRAISING	TN	501(C) (3)	7	MHCS	Yes	
MEMORIAL HEALTH CARE SYSTEM INC 2525 DE SALES AVENUE CHATTANOOGA, TN 37404 62-0532345	HEALTHCARE	TN	501(C) (3)	3	СНІ	Yes	
MEMORIAL HEALTH PARTNERS FOUNDATION INC 6028 SHALLOWFORD ROAD CHATTANOOGA, TN 37421 03-0417049	HEALTHCARE	TN	501(C) (3)	9	MHCS	Yes	
MERCY AUXILIARY OF CENTRAL IOWA 1111 6TH AVENUE DES MOINES, IA 50314 42-6076069	AUXILIARY	IA	501(C) (3)	11 - Type I	CHI-IA CORP	Yes	
MERCY CLINICS INC 1111 6TH AVENUE DES MOINES, IA 50314 42-1193699	PHYSICIAN	IA	501(C) (3)	9	CHI-IA CORP	Yes	
MERCY COLLEGE OF HEALTH SCIENCES 1111 6TH AVENUE DES MOINES, IA 50314 42-1511682	EDUCATION	IA	501(C) (3)	2	CHI-IA CORP	Yes	
MERCY FOUNDATION OF DES MOINES IA 1111 6TH AVENUE DES MOINES, IA 50314 23-7358794	FUNDRAISING	IA	501(C) (3)	7	CHI-IA CORP	Yes	
MERCY FOUNDATION INC 2700 STEWART PARKWAY ROSEBURG, OR 97470 93-6088946	FUNDRAISING	OR	501(C) (3)	7	ммс	Yes	
MERCY HEALTH CARE FOUNDATION PO BOX 368 CORNING, IA 50841 42-1461064	FUNDRAISING	NE	501(C) (3)	11 - Type I	АНМН	Yes	
MERCY HEALTHCARE FOUNDATION 570 CHAUTAUQUA BOULEVARD VALLEY CITY, ND 58072 45-0226553	FUNDRAISING	ND	501(C) (3)	11 - Type I	MHVC	Yes	
MERCY HOSPITAL FOUNDATION COUNCIL BLUFFS 800 MERCY DRIVE COUNCIL BLUFFS, IA 51503 42-1178204	FUNDRAISING	IA	501(C) (3)	11 - Type I	АНВМНS	Yes	
MERCY HOSPITAL OF DEVILS LAKE 1031 SEVENTH STREET NE DEVILS LAKE, ND 58301 45-0227012	HEALTHCARE	ND	501(C) (3)	3	СНІ	Yes	
MERCY HOSPITAL OF VALLEY CITY 570 CHAUTAUQUA BOULEVARD VALLEY CITY, ND 58072 45-0226553	HEALTHCARE	ND	501(C) (3)	3	СНІ	Yes	
MERCY MEDICAL CENTER 2700 STEWART PARKWAY ROSEBURG, OR 97470 93-0386868	HEALTHCARE	O R	501(C) (3)	3	СНІ	Yes	
MERCY MEDICAL CENTER 1301 15TH AVENUE WEST WILLISTON, ND 58801 45-0231183 CATHOLIC HEALTH INITIATIVES-	HEALTHCARE	ND	501(C) (3)	3	СНІ	Yes	
CATHOLIC HEALTH INITIATIVES- IOWA CORP DBA MERCY MEDICAL CENTER-DES MOINES 1111 6TH AVENUE DES MOINES, IA 50314	HEALTHCARE	IA	501(C) (3)	3	СНІ	Yes	
42-0680448							

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations									
(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 501(c) (3))	(f) Direct Controlling Entity	g Section (b)(1: control organiza	3) lled		
MERCY MEDICAL FOUNDATION 1301 15TH AVENUE WEST WILLISTON, ND 58801 45-0381803	FUNDRAISING	ND	501(C) (3)	11 - Type I	ммс	Yes			
MERCY PROFESSIONAL PRACTICE ASSOCIATES INC 1111 6TH AVENUE DES MOINES, IA 50314 42-1470935	PHYSICIAN	IA	501(C) (3)	9	CHI-IA CORP	Yes			
MLIFECARES 2727 MCCLELLAND BLVD JOPLIN, MO 64804 43-1305163	PROPERTY MGMT	МО	501(C) (3)	11 - Type I	SJRMC	Yes			
COLUMBUS, KS 66725 48-1216238	HEALTHCARE	KS	501(C) (3)	3	SJRMC	Yes			
PORTLAND, OR 97214 93-0386870	NURSING CARE	O R	501(C) (3)	9	CHI	Yes			
NEBRASKA HEART HOSPITAL 7500 SOUTH 91ST STREET LINCOLN, NE 68526 39-2031968 OAKES COMMUNITY HOSPITAL	HEALTHCARE	NE	501(C) (3)	3	CHI NEBRASKA	Yes			
	HEALTHCARE	ND	501(C) (3)	3	СНІ	Yes			
OAKES COMMUNITY HOSPITAL FOUNDATION 1200 N 7TH STREET OAKES, ND 58474 71-0966606	FUNDRAISING	ND	501(C) (3)	11 - Type I	осн	Yes			
PUEBLO STEPUP 1925 EAST ORMAN AVE SUITE G52 PUEBLO, CO 81004 84-1234295	COMMUNITY	со	501(C) (3)	7	CHIC	Yes			
COLORADO SPRINGS, CO 80903 84-1183335	LTERM CARE	СО	501(C) (3)	7	СНІС	Yes			
DENVILLE, NJ 07834 22-2876836	HEALTHCARE	NJ	501(C) (3)	11 - Type II	SCHS	Yes			
SAINT CLARE'S FOUNDATION INC 25 POCONO ROAD DENVILLE, NJ 07834 22-2502997 SAINT CLARE'S HEALTH SERVICES	FUNDRAISING	NJ	501(C) (3)	7	SCHS	Yes			
INC	MANAGEMENT	NJ	501(C) (3)	7	CHI	Yes			
SAINT CLARE'S HOSPITAL 25 POCONO ROAD DENVILLE, NJ 07834 22-3319886	HEALTHCARE	NJ	501(C) (3)	3	schs	Yes			
SAINT ELIZABETH FOUNDATION 555 SOUTH 70TH STREET LINCOLN, NE 68510 47-0625523	FUNDRAISING	NE	501(C) (3)	7	SERMC	Yes			
LINCOLN, NE 68510 36-3233120	HEALTHCARE	NE	501(C) (3)	3	SERMC	Yes			
SAINT ELIZABETH REGIONAL MEDICAL CENTER 555 SOUTH 70TH STREET LINCOLN, NE 68510 47-0379836	HEALTHCARE	NE	501(C) (3)	3	CHI NEBRASKA	Yes			
SAINT FRANCIS MEDICAL CENTER	HEALTHCARE	NE	501(C) (3)	3	CHI NEBRASKA	Yes			
SAINT FRANCIS MEDICAL CENTER FOUNDATION PO BOX 9804 GRAND ISLAND, NE 68802	FUNDRAISING	NE	501(C) (3)	7	SFMC	Yes			
47-0630267 SAINT JOSEPH BEREA HOSPITAL FOUNDATION INC 305 ESTILL STREET	FUNDRAISING	KY	501(C) (3)	7	SJHS	Yes			
BEREA, KY 40403 26-0152877									

Form 990, Schedule R, Part II - Id	lentification of Re	lated Tax-E	xempt Orga	nizations			
(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 501(c) (3))	(f) Direct Controlling Entity	g Section (b)(13 control organiza	3) led
LEXINGTON, KY 40509 61-1334601	HEALTHCARE	кү	501(C) (3)	3	СНІ	Yes	
SAINT JOSEPH LONDON FOUNDATION INC	FUNDRAISING	кү	501(C) (3)	11 - Type I	SJHS	Yes	
SAINT JOSEPH MEDICAL FOUNDATION INC	PHY PRACTICES	кү	501(C) (3)	3	SJHS	Yes	
SAINT JOSEPH MOUNT STERLING FOUNDATION INC	FUNDRAISING	кү	501(C) (3)	7	SJHS	Yes	
SAINT JOSEPH'S HOSPITAL FOUNDATION	FUNDRAISING	ND	501(C) (3)	11 - Type I	SJHHC	Yes	
SAMARITAN BEHAVIORAL HEALTH 601 S EDWIN C MOSES BLVD DAYTON, OH 45408 02-0633634	HEALTHCARE	ОН	501(C) (3)	3	SHP	Yes	
SAMARITAN HEALTH FOUNDATION 2222 PHILADELPHIA DRIVE DAYTON, OH 45406 23-7296923	FUNDRAISING	он	501(C) (3)	7	SHP	Yes	
SAMARITAN HEALTH PARTNERS 2222 PHILADELPHIA DRIVE DAYTON, OH 45406 31-1107411 SJMGROUP	HEALTHCARE	ОН	501(C) (3)	11 - Type I	СНІ	Yes	
	PHYS PRACTICE	МО	501(C) (3)	9	SJRMC	Yes	
	HEALTHCARE	МО	501(C) (3)	3	СНІ	Yes	
	HEALTH	РΑ	501(C) (3)	11 - Type I	СНІ	Yes	
1601 SE COURT AVENUE PENDLETON, OR 97801 93-0391614 ST ANTHONY HOSPITAL	HEALTHCARE	OR	501(C) (3)	3	СНІ	Yes	
FOUNDATION 1601 SE COURT AVENUE PENDLETON, OR 97801 93-0992727	FUNDRAISING	OR	501(C) (3)	11 - Type I	SA HOSPITAL	Yes	
MORRILTON, AR 72110 71-0245507	HEALTHCARE	AR	501(C) (3)	3	SVIMC	Yes	
ST CATHERINE HOSPITAL 401 EAST SPRUCE STREET GARDEN CITY, KS 67846 48-0543721	HEALTHCARE	KS	501(C) (3)	3	СНІ	Yes	
ST CATHERINE HOSPITAL DEVELOPMENT FOUNDATION 401 EAST SPRUCE STREET GARDEN CITY, KS 67846 20-0598702	FUNDRAISING	KS	501(C) (3)	11 - Type I	SCH	Yes	
ST DOMINIC OF ONTARIO OREGON 351 SW 9TH STREET ONTARIO, OR 97914 93-0433692	HEALTHCARE	OR	501(C) (3)	3	СНІ	Yes	
ST FRANCIS HOME	LTERM CARE	MN	501(C) (3)	9	СНІ	Yes	
CORPORATION	ELDERLY CARE	ĹИ	501(C) (3)	9	SCHS	Yes	
ST FRANCIS MEDICAL CENTER	HEALTHCARE	MN	501(C) (3)	3	СНІ	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations								
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ST FRANCIS OF BAKER CITY 3325 POCAHONTAS ROAD BAKER CITY, OR 97814 93-0412495 ST JOHN'S MERCY REGIONAL	HEALTHCARE	OR	501(C) (3)	3	СНІ	Yes		
FOUNDATION 2727 MCCLELLAND BLVD JOPLIN, MO 64804 43-1308084	FUNDRAISING	МО	501(C) (3)	7	SJRMC	Yes		
ST JOSEPH COMMUNITY HEALTH 300 CENTRAL AVE SW SUITE 3000 ALBUQUERQUE, NM 87102 71-0897107	COMMUNITY	NM	501(C) (3)	11 - Type I	CHI	Yes		
ST JOSEPH HOSPITAL FOUNDATION INC 305 ESTILL STREET LEXINGTON, KY 40504 61-1159649	FUNDRAISING	КҮ	501(C) (3)	11 - Type I	SJHS	Yes		
ST JOSEPH MEDICAL CENTER FOUNDATION 2500 BERNVILLE ROAD PO BOX 316 READING, PA 19603 23-2649362	FUNDRAISING	PA	501(C) (3)	11 - Type I	SJRHN	Yes		
ST JOSEPH MEDICAL CENTER FOUNDATION INC 7601 OSLER DRIVE TOWSON, MD 21204	FUNDRAISING	MD	501(C) (3)	7	SJMC	Yes		
52-1681044 ST JOSEPH MEDICAL CENTER INC 7601 OSLER DRIVE TOWSON, MD 21204 52-0591461	HEALTHCARE	MD	501(C) (3)	3	СНІ	Yes		
READING, PA 19603 20-8544021	HEALTHCARE	РА	501(C) (3)	9	внс	Yes		
ST JOSEPH PHYSICIAN ENTERPRISES 7601 OSLER DRIVE TOWSON, MD 21204 52-1311775	PHYSICIANS	MD	501(C) (3)	11 - Type I	SJMC	Yes		
ST JOSEPH REGIONAL HEALTH NETWORK 2500 BERNVILLE ROAD PO BOX 316 READING, PA 19603 23-1352211	HEALTHCARE	РА	501(C) (3)	3	СНІ	Yes		
ST JOSEPH'S AREA HEALTH SERVICES 600 PLEASANT AVENUE PARK RAPIDS, MN 56470 41-0695603	HEALTHCARE	MN	501(C) (3)	3	CHI	Yes		
ST JOSEPH'S HOSPITAL AND HEALTH CENTER 30 WEST 7TH STREET DICKINSON, ND 58601 45-0226429	HEALTHCARE	ND	501(C) (3)	3	СНІ	Yes		
MERCY MEDICAL CENTER - CENTERVILLE ONE ST JOSEPHS DRIVE CENTERVILLE, IA 52544 42-0680308	HEALTHCARE	IA	501(C) (3)	3	CHI-IA CORP	Yes		
ST MARY'S COMMUNITY HOSPITAL 1314 3RD AVENUE NEBRASKA CITY, NE 68410 47-0443636	HEALTHCARE	NE	501(C) (3)	3	CHI NEBRASKA	Yes		
ST MARY'S HEALTHCARE CENTER 801 EAST SIOUX AVENUE PIERRE, SD 57501 46-0230199	HEALTHCARE	SD	501(C) (3)	3	СНІ	Yes		
ST MARY'S HOSPITAL FOUNDATION 1314 3RD AVENUE NEBRASKA CITY, NE 68410 47-0707604 ST VINCENT FOUNDATION	FUNDRAISING	NE	501(C) (3)	7	SMH	Yes		
ST VINCENT FOUNDATION TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 51-0169537 ST VINCENT INFIRMARY MEDICAL	FUNDRAISING	AR	501(C) (3)	11 - Type I	SVIMC	Yes		
CENTER TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 71-0236917	HEALTHCARE	AR	501(C) (3)	3	СНІ	Yes		
ST VINCENT MEDICAL GROUP TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 71-0830696	HEALTHCARE	AR	501(C) (3)	9	SVIMC	Yes		
THE COMMUNITY LIMITED CARE DIALYSIS CENTER 619 OAK STREET ACCOUNTING-3 W CINCINNATI, OH 45206 23-7419853	DIALYSIS	он	501(C) (2)	N/A	GSH	Yes		
	'							

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(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 501(c) (3))	(f) Direct Controlling Entity	g Section (b)(13 controll organiza	3) led
THE GOOD SAMARITAN HOSPITAL OF CINCINNATI OH 619 OAK STREET ACCOUNTING-3 W CINCINNATI, OH 45206 31-0537486	HEALTHCARE	ОН	501(C) (3)	3	СНІ	Yes	
THE MERCY HOSPITAL OF DEVILS LAKE FDN 1031 SEVENTH STREET NE DEVILS LAKE, ND 58301 35-2367360	FUNDRAISING	ND	501(C) (3)	7	MHDL	Yes	
LINCOLN, NE 68503 47-0780857	PHYS PRACTICE	NE	501(C) (3)	11 - Type I	CHI NEBRASKA	Yes	
500 ENGLEWOOD, CO 80112 84-0927232	HEALTHCARE	co	501(C) (3)	3	CHIC	Yes	
LITTLE FALLS, MN 56345 41-0721642	HEALTHCARE	MN	501(C) (3)	3	СНІ	Yes	
FARGO, ND 58103 45-0226714	LT CARE	ND	501(C) (3)	9	СНІ	Yes	
VISITING NURSE ASSOCIATION OF SAINT CLARE'S 191 WOODPORT ROAD SPARTA, NJ 07871 22-1768334	HOME HEALTH	ι	501(C) (3)	9	SCHS	Yes	

Form 990, Schedu	ule R, Part II	. <mark>I - Ide</mark> r	ntification of		rganizations Ta	axable as a Parti	nershi	ip				
(a) Name, address, and EIN of related organization		(c) Legal Domicile (State or Foreign Country)	e Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total		allocati	oprtionate tions?	I	Gen o Mana Part	ner?	(k) Percentage ownership
AUDUBON LAND COMPANY LLC				512-514)			Yes	No		Yes	No	
5390 N ACADEMY	REAL ESTATE	со	СНІС	RELATED	34,991	-694,032		No			No	50 1 %
OMAHA, NE 68137 39-2045003 BERYWOOD	HEALTHCARE	NE	AHBMHS	RELATED	-2,862,040	-2,537,888		No			No	95 %
OFFICE PROPERTIES LLC 400 BERYWOOD TRAIL CLEVELAND, TN 37312 62-1875199	PHYS OFFICE	TN	мнсѕ	RELATED	57,545	1,013,237		No		Yes		63 %
BLUEGRASS REGIONAL IMAGING CENTER	1	'	1		1							
1218 SOUTH BROADWAY SUITE 310 LEXINGTON, KY 40504 61-1386736 CENTRAL NEBRASKA HOME	DIAGNOSTIC	кү	SJHS	RELATED				No			No	65 %
4510 SECOND AVENUE KEARNEY, NE 68848	HEALTHCARE SRVC	NE	NA	RELATED	-92,336	745,068		No		Yes		1 00 %
47-0692112 CENTRAL NEBRASKA REHAB SERVICE	PHYSICAL THERAPY	NE	SFMC	RELATED	1,835,812	2,199,571		No			No	51 %
81-0653461 CHI OPERATING INVESTMENT PROGRAM LP 198 INVERNESS DRIVE WEST	INVESTMENTS	S CO	СНІ	UNRELATED	397,241,271	. 6,272,650,880		No		Yes		1 00 %
ENGLEWOOD, CO 80112 47-0727942 HEALTHCARE SUPPORT												
PO BOX 9804 GRAND ISLAND, NE 68802 72-1546196 MRI AT ST JOESPH MEDICAL CENTER LLC	LAUNDRY	NE	NA	RELATED	-11,179	3,069,835		No			No	1 00 %
7253 AMBASSADOR ROAD BALTIMORE, MD 21244 52-1958002 NORTH RIVER SURGERY CENTER	MEDICAL IMAGING	MD	SJMC	RELATED	423,167	2,174,155		No		Yes		51 %
LLC	AMBUL SURG CTR	AR	SVIMC	RELATED	81,071	1,077,536		No			Νo	57 44 %
O'DEA MEDICAL ARTS LIMITED PARTNERSHIP 7601 OSLER DRIVE TOWSON, MD 21204 52-1682964 ORTHOCOLORADO	REAL ESTATE	MD	TOWSON MANAGEMENT INC	RELATED	111,933	5,418,117		No			No	65 122 %
	ORTHO HOSPITAL	со	CHIC	RELATED	-3,249,434	-2,760,206		No			No	60 %
ONCOLOGY 315 MARTIN	HEALTHCARE SRVC	WA	FHS	RELATED	135,014	85,985		No			No	60 %
1390 KELLY JOHNSON BLVD COLORADO SPRINGS, CO 80920 84-1072619 RUXTON	MEDICAL IMAGING	со	СНІС	RELATED	715,094	2,397,488		No			No	70 %
SURGICENTER LLC	SURGERY CENTER	MD	SJMC	RELATED	-69,345	2,802,932		No		Yes		51 %

BALTIMORE, MD 21204 52-2095835

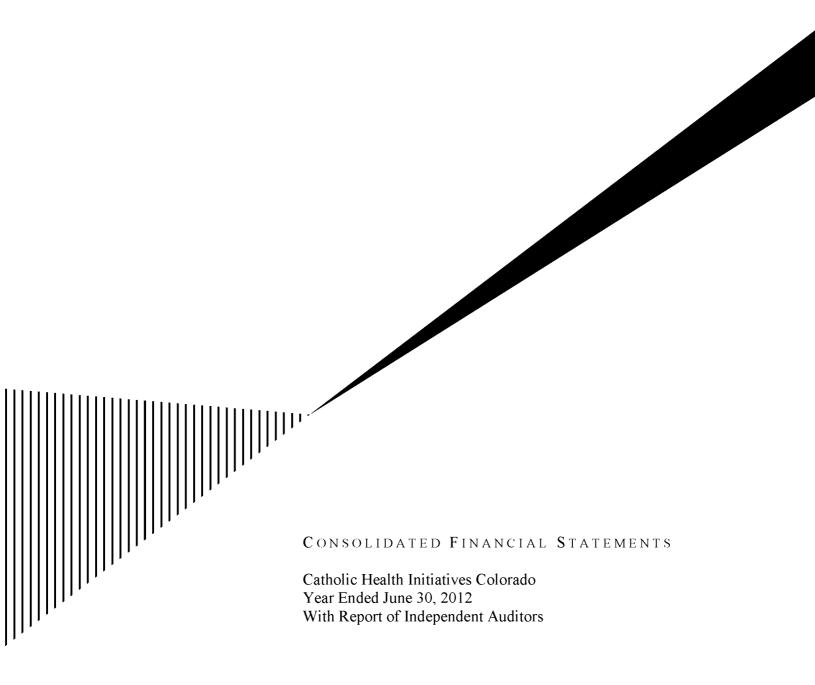
Form 990, S	chedule R, Pa	rt III -	Identific		Related Orga	anizations Ta	xable	asal		hip		1
(a) Name, address, and EIN of related organization	Primary activity	(c) Legal Domicile (State or Foreign Country)	(d)	(e) Predominant income (related, unrelated, excluded from tax under sections	(f) Share of total Income (\$)		(h) Dısprop allocatı	ortionate ons?		Gen o Mana Dart		(k) Percentage ownership
SAINT JOSEPH - SCA HOLDINGS LLC				512-514)			Yes	No		Yes	No	
HARGETT CIRCLE STE 160 LEXINGTON, KY 40503 45-3801157	OP SURGERY	DE	SJHS	RELATED				No		Yes		51 %
200 ABRAHAM	SURGERY CENTER	KY	ιн	RELATED	68,676	446,063		No		Yes		51 %
FLEXNER WAY LOUISVILLE, KY 40202 72-1386840 ST FRANCIS LAND												
COMPANY 5390 N ACADEMY BLVD SUITE 300 COLORADO SPRINGS, CO 80918	REAL ESTATE	со	СНІС	RELATED	- 130,967	408,090		Νo			Νo	51 %
26-3134100 ST FRANCIS MEDICAL CENTER ASSOCIATES 1717 SOUTH J STREET TACOMA, WA 98405 91-1352698	MED OFFICE	WA	FHS	RELATED	110,986	1,672,098		No			Νo	54 21 %
ST JOSEPH-PAML LLC 424 LEWIS HARGETT CIRCLE STE 160 LEXINGTON, KY 40503 45-2116736	MGMT SVCS	KY	SJHS	RELATED				No		Yes		62 5 %
26TH STREET LINCOLN, NE 68521 26-2884555	OP DIAGNOSTICS		SERMC	RELATED	- 254,775	796,941		Νo	0		Νo	51 %
HARGETT CIRCLE STE 160 LEXINGTON, KY 40503	SURGERY CENTER	DE	SJHS	RELATED	393,519	2,214,599		No		Yes		51 %
	SURGERY CENTER	KY	JН	RELATED	-3,676	395,845		No		Yes		51 %
62-1179537												

(a) Name address and FIN of	4.5	(c)	(d)	d Organization (e)	(f)	(g)	(h)
Name, address, and EIN of related organization	Primary activity	Legal Domicile (State or Foreign	Direct Controlling Entity	Type of entity (C corp, S corp, or trust)	Share of total income (\$)	Share of end-of-year assets (\$)	Percentage ownership
ALTERNATIVE		Country)				(4)	
INSURANCE MANAGEMENT SERVICE	MANAGEMENT		CHI				
3900 OLYMPIC BOULEVARD SUITE 400	MANAGEMENT SERVICES	СО	СНІ	C CORPORATION	0	3,267,441	1 00 %
ERLANGER, KY 41018							
84-1112049 AMERICAN NURSING							
CARE 1700 EDISON DRIVE	HOME HEALTH	он	снѕ	С	4,648,726	44,654,199	1 00 %
MILFORD, OH 45150				CORPORATION	1,010,720	11,031,133	1 00 70
31-1085414 AMERIMED INC							
1700 EDISON DRIVE MILFORD, OH 45150	HOME HEALTH	он	ANC	C CORPORATION	662,062	11,666,874	1 00 %
31-1158699 BC HOLDING COMPANY							
INC	ELTNESS SLUB	100	JН	C			1 00 0/
1850 BLUEGRASS AVE LOUISVILLE, KY 40215	FITNESS CLUB	KY		CORPORATION	0	0	1 00 %
31-1542851 CADUCEUS MEDICAL							
ASSOCIATES INC 5600 BRAINERD ROAD							
SUITE 500	HEALTHCARE	ΤN	MHCS	C CORPORATION	0	1,008	1 00 %
CHATTANOOGA, TN 37411							
62-1570736 CAPTIVE MANAGEMENT							
INITIATIVES							
GEORGETOWN, GRAND	CAPTIVE MANAGEMENT	CJ	СНІ	C CORPORATION	0	0	1 00 %
CAYMAN KY1-1001 CJ							
98-0663022 CATHOLIC HEALTH							
INITIATIVES CENTER FOR TRANSLATIONAL							
RESEARCH	D=G=4 D G U		CIRI		2 254 525	2 2 2 2 2 2 2 2	4 00 0/
198 INVERNESS DRIVE WEST	RESEARCH	СО		TRUST	-2,864,605	2,809,707	1 00 %
ENGLEWOOD, CO 80112							
27-2269511							
CGH REALTY COMPANY INC			SJHM	c			
215 N 12TH ST READING, PA 19603	REAL ESTATE	PA	331111	CORPORATION			1 00 %
23-2326801 COMCARE SERVICES							
4231 W 16TH AVENUE	INACTIVE	со	сніс	C	О	0	1 00 %
DENVER, CO 80204 84-0904813				CORPORATION			
CONSOLIDATED HEALTH SERVICES							
1700 EDISON DRIVE MILFORD, OH 45150	HOME HEALTH	ОН	СНІ	CORPORATION	-1,525,246	65,844,862	1 00 %
31-1378212							
DAVID DEYLE CHARITABLE							
REMAINDER UNITRUST PO BOX 1810	INVESTMENTS	NE	GSHF	TRUST			1 00 %
KEARNEY, NE 68848 47-6192395							
DES MOINES MEDICAL							
CENTER INC 1111 6TH AVENUE	REAL ESTATE	IΑ	CHI-IA CORP	C CORPORATION	71,497	1,221,667	92 98 %
DES MOINES, IA 50314 42-0837382				CORFORATION			
FIRST INITIATIVES INSURANCE LTD							
PO BOX 10073 APO			СНІ	c			
CAYMAN KY1-1001	INSURANCE	CJ		CORPORATION	0	0	100%
CJ 98-0203038							
FRANCISCAN SERVICES							
INC 198 INVERNESS DRIVE			СНІ	c		<u> </u>	
ENGLEWOOD, CO	HEALTHCARE	СО		CORPORATION	-5,719	5,837,142	1 00 %
80112 23-2487967							
GOOD SAMARITAN			СНІ				
PO BOX 1990	MEDICAL CLINIC	NE	NEBRASKA	C CORPORATION	-165,666	355,110	1 00 %
KEARNEY, NE 68848 47-0659440			<u>L</u>				
HAROLD W RASE 1995 CHARITABLE UNITRUST 30 WEST 7TH STREET							
	µNVESTMENTS	ND	SJHHC	TRUST	1,240	22,148	1 00 %
DICKINSON, ND 58601 45-6090420							
HAROLD W RASE 1996 CHARITABLE UNITRUST 30 WEST 7TH STREET	TNI\/CCT**C:==		CIUUC				
30 WEST 7TH STREET DICKINSON, ND 58601	µNVESIMENTS	ND	SJHHC	TRUST	1,057	15,462	1 00 %
20-6037112							
HAROLD W RASE 1997 CHARITABLE UNITRUST 30 WEST 7TH STREET	INVESTMENTS		C1HHC				
30 WEST 7TH STREET DICKINSON, ND 58601	INVESIMENTS	ND	SJHHC	TRUST	0	20,520	1 00 %
20-6037104							
HAROLD W RASE 1999 CHARITABLE UNITRUST 30 WEST 7TH STREET	INVESTMENTS		SJHHC				
30 WEST 7TH STREET DICKINSON, ND 58601	TIVVESTPIENTS	ND	2311110	TRUST	0	25,036	1 00 %
20-6037099							
HEALTH SYSTEMS ENTERPRISES INC			GSH	c			
PO BOX 1990 KEARNEY, NE 68848	MANAGEMENT	NE	[CORPORATION	102,136	1,443,049	1 00 %
	ı	I	1	1	1		1

Form 990, Schedule R	, Part IV - Idei		of Related	Organizations		Corporation	or Trust
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income (\$)	(g) Share of end-of-year assets (\$)	(h) Percentage ownership
HEALTHCARE MGMT SERVICES ORG INC 1149 MARKET ST TACOMA, WA 98402 91-1865474	HEALTH ORG		FHS	C CORPORATION	0	0	1 00 %
JAMES & HENRIETTA NISTLER UNITRUST 30 WEST 7TH STREET DICKINSON, ND 58601 20-6021899	INVESTMENTS	ND	sjннс	TRUST	692	39,075	1 00 %
JEANNE DEYLE CHARITABLE REMAINDER UNITRUST PO BOX 1810 KEARNEY, NE 68848	INVESTMENTS	NE	GSHF	TRUST			1 00 %
47-6192398 JOSEPH A SCHUSTER ANNUITY TRUST #1 400 UNIVERSITY AVENUE DES MOINES, IA 50314 42-1195122	INVESTMENTS	IA	MFDM	TRUST	7,834	416,349	1 00 %
LODESCA MILLER CHARITABLE	INVESTMENTS	NE	GSHF	TRUST			1 00 %
MEDQUEST 1301 15TH AVENUE WEST WILLISTON, ND 58801 45-0392137	SALE OF DME	ND	MMC WILLISTON	C CORPORATION	151,498	962,554	1 00 %
MERCY PARK APARTMENTS LTD 1111 6TH AVENUE DES MOINES, IA 50314 42-1202422 MERCY SERVICES CORP	HOUSING	IA	CHI-IA CORP	C CORPORATION	369,905	1,937,220	1 00 %
2700 STEWART	RETAIL SALES	OR	ммс	C CORPORATION	0	956,003	1 00 %
CORPORATION 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 43-1457881	DME	МО	SJRMC	C CORPORATION	-4,061	0	1 00 %
MOUNTAIN MANAGEMENT SERVICES INC 5600 BRAINERD ROAD SUITE 500 CHATTANOOGA, TN 37411	MGMT SVC ORG	TN	MHCS	C CORPORATION	-33,152	4,679,435	1 00 %
62-1570739 NAZARETH ASSURANCE COMPANY PO BOX 10073 APO GEORGETOWN, GRAND CAYMAN KY1-1001 CJ 03-0304831	INSURANCE	CJ	СНІ	C CORPORATION	0	0	1 00 %
PATIENT TRANSPORT SERVICES INC 1700 EDISON DRIVE MILFORD, OH 45150 31-1100798	HOME HEALTH	ОН	ANC	C CORPORATION	479,940		1 00 %
PHYSICIAN HEALTH SYSTEM NETWORK 1149 MARKET ST TACOMA, WA 98402 91-1746721	HEALTH ORG	WA	FHS	C CORPORATION	0	0	1 00 %
DICKINSON, ND 58601 20-6037077	INVESTMENTS	ND	SJHHC	TRUST	0	26,110	1 00 %
ROBERT & WANDA CHARITABLE REMAINDER UNITRUST PO BOX 1810 KEARNEY, NE 68848 26-6191916	INVESTMENTS	NE	GSHF	TRUST			1 00 %
SAINT CLARE''S PRIMARY CARE INC 66 FORD ROAD DENVILLE, NJ 07834 22-2441202	BILLING SERVICES	NJ	sccc	C CORPORATION	-469,962	1,772,016	1 00 %
DAYTON, OH 45402 31-1299450	HEALTHCARE	ОН	SHP	C CORPORATION			1 00 %
SJH SERVICES CORPORATION 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 23-2307408	HEALTHCARE	CO	FSI	C CORPORATION	-192,777	2,973,858	1 00 %
SJL PHYSICIAN MANAGEMENT SERVICES INC 424 LEWIS HARGETT CR 160 LEXINGTON, KY 40503	MANAGEMENT	KY	SJHS	C CORPORATION	0	0	1 00 %
27-0164198 ST ANTHONY DEVELOPMENT COMPANY 1415 SOUTHGATE PENDLETON, OR 97801 93-1216943	ATHLETIC CLUB	OR	SAH	C CORPORATION	92,139	3,007,550	1 00 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income (\$)	(g) Share of end-of-year assets (\$)	(h) Percentage ownership
ST VINCENT COMMUNITY HEALTH SERVICES INC TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 71-0710785	HEALTHCARE	AR	SVIMC	C CORPORATION	2,804,485	14,049,374	1 00 %
ST JOSEPH DEVELOPMENT COMPANY INC 1717 SOUTH J STREET TACOMA, WA 98405 91-1480569	RENTAL	WA	FSI	C CORPORATION	63,164	11,845,439	1 00 %
ST JOSEPH OFFICE PARK ASSOCIATION 1401 HARRODSBURG ROAD BLDG B70 LEXINGTON, KY 40504 61-1079899	MANAGEMENT	KY	SJHS	C CORPORATION		882,139	85 %
TOM DEYLE CHARITABLE REMAINDER UNITRUST PO BOX 1810 KEARNEY, NE 68848 47-6192393	INVESTMENTS	ΝE	GSHF	TRUST			1 00 %
TOWSON MANAGEMENT INC 7601 OSLER DRIVE TOWSON, MD 21204 52-1710750	MANAGEMENT SERVICES	MD	FSI	C CORPORATION		266,960	1 00 %



Ernst & Young LLP



Catholic Health Initiatives Colorado Consolidated Financial Statements Year Ended June 30, 2012

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Ernst & Young LLP

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Report of Independent Auditors

The Board of Directors
Catholic Health Initiatives Colorado

We have audited the accompanying consolidated balance sheet of Catholic Health Initiatives Colorado (CHIC) as of June 30, 2012, and the related consolidated statement of operations, changes in net assets and cash flows for the year then ended These financial statements are the responsibility of CHIC's management. Our responsibility is to express an opinion on these financial statements based on our audit

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

In our opinion, the financial statements referred to above present fairly, in all material respects, the consolidated financial position of Catholic Health Initiatives Colorado as of June 30, 2012, and the consolidated results of its operations and its cash flows for the year then ended, in conformity with accounting principles generally accepted in the United States

In accordance with *Government Auditing Standards*, we have also issued our report dated November 19, 2012 on our consideration of CHIC's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* and should be considered in assessing the results of our audit

November 19, 2012

1207-1373168

Ernst + Young LLP

Catholic Health Initiatives Colorado Consolidated Balance Sheet

June 30, 2012 (In Thousands)

Assets

Current assets	
Cash and equivalents	\$ 66,709
Net patient accounts receivable, less allowances of \$179,279	195,738
Other accounts receivable	7,011
Receivables from affiliates	3,984
Inventories	29,423
Assets held for sale	7,925
Prepaid and other	5,844
Total current assets	 316,634
Investments and assets limited as to use:	
Internally designated for capital and other funds	99,072
Held for insurance purposes	4,167
Restricted by donors	 30,493
Total investments and assets limited as to use	133,732
Property and equipment, net	1,098,950
Investments in unconsolidated organizations	91,230
Intangible assets and goodwill	12,128
Other	84,120
Total assets	\$ 1,736,794

Continued on following page

Catholic Health Initiatives Colorado Consolidated Balance Sheet (continued)

June 30, 2012 (In Thousands)

Liabilities and net assets

Current liabilities	
Compensation and benefits	\$ 34,893
Third-party liabilities	41,839
Accounts payable and accrued expenses	82,067
Payable to affiliates	25,369
Current portion of long-term debt	4,495
Total current liabilities	188,663
Other liabilities	94,628
Long-term debt	231,598
Total liabilities	514,889
Net assets	
Net assets attributable to CHIC	1,190,396
Net assets attributable to noncontrolling interests	1,015
Unrestricted	1,191,411
Temporarily restricted	22,292
Permanently restricted	8,202
Total net assets	1,221,905
Total liabilities and net assets	\$ 1,736,794

See accompanying notes.

Catholic Health Initiatives Colorado Consolidated Statement of Operations

June 30, 2012 (In Thousands)

K	ev	en	ues	:
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Net patient services	\$ 1,512,590
Nonpatient	
Donations	4,017
Changes in equity of unconsolidated organizations	10,698
Other	 40,265
Total nonpatient revenues	54,980
Total operating revenues	1,567,570
Expenses:	
Salaries and wages	471,199
Employ ee benefits	110,157
Purchased services, medical professional fees, consulting and legal	250,654
Supplies	210,035
Bad debts	89,727
Utilities	19,886
Rentals, leases, maintenance and insurance	47,200
Depreciation and amortization	70,567
Interest	13,110
Management fees, provider tax assessments and other	 217,744
Total operating expenses	1,500,279
Income from operations	 67,291
Investment income, net	 2,163
Excess of revenues over expenses	\$ 69,454
Excess of revenues over expenses attributable to noncontrolling interest	 2,528
Excess of revenues over expenses attributable to CHIC	 66,926

Community benefit provided to the poor and broader community and the unpaid cost of Medicare (unaudited) was \$251 million in 2012 (see Note 2 of the accompanying notes)

See accompanying notes

Catholic Health Initiatives Colorado Consolidated Statement of Changes in Net Assets

(In Thousands)

	Unrestricted Net Assets											
	Attributable to						Temporarily		Permanently			
	A	ttributable	ble Noncontrolling			Restricted Net Assets		Restricted Net Assets		Total Net Assets		
		to CHIC		CHIC Interests								Total
Balances, June 30, 2011	\$	1,125,219	\$	1,101	\$	1,126,320	\$	20,486	\$	8,155	\$	1.154.961
Excess of revenues over expenses		66,926		2.528		69,454		_		_		69,454
Transfers to CHI		(6,703)		_		(6,703)		_		_		(6,703)
Temporarily and permanently restricted contributions		_		_		_		9.846		12		9.858
Net assets released from restriction for capital		4,954		_		4.954		(4.954)		_		_
Net assets released from restriction for operations		_		_		_		(3.480)		_		(3.480)
Investment income		_		_		_		(32)		35		3
Other changes in net assets		_		(2.614)		(2.614)		426		_		(2.188)
Net increase in net assets		65,177		(86)		65.091		1.806		47		66,944
Balances, June 30, 2012	\$	1,190,396	\$	1,015	\$	1,191,411	\$	22,292	\$	8,202	\$	1,221,905

See accompanying notes

Catholic Health Initiatives Colorado Consolidated Statement of Cash Flows

June 30, 2012 (In Thousands)

Operating activities	
Increase in net assets	\$ 66,944
Adjustments to reconcile increase in net assets to net cash provided	
by operating activities	
Depreciation and amortization	70,567
Provision for bad debts	89,727
Changes in equity of unconsolidated organizations	(10,698)
Net gains on sales of property and equipment	(832)
Net transfers to CHI	6,703
Restricted contributions	(3,272)
Net changes in current assets and liabilities	
Receivables	(102,922)
Other current assets	(2,685)
Current liabilities	609
Other changes	 (3,644)
Net cash provided by operating activities, before net change in	
investments and assets limited as to use	110,497
Net increase in investments and assets limited as to use	 (27,664)
Net cash provided by operating activities	82,833
Investing activities	
Purchases of property, equipment and other capital assets	(77,967)
Net cash proceeds from asset sales	2,856
Distributions from investments in unconsolidated organizations	 9,027
Net cash used in investing activities	(66,084)
Financing activities	
Proceeds related to loan from CHI	25,000
Repayment of long-term debt	(13,759)
Net transfers to CHI	(6,703)
Restricted contributions	 3,272
Net cash provided by financing activities	 7,810
Increase in cash and equivalents	24,559
Cash and equivalents at beginning of year	 42,150
Cash and equivalents at end of year	 66,709

See accompanying notes

June 30, 2012

1. Summary of Significant Accounting Policies

Organization

Catholic Health Initiatives Colorado (CHIC) is a tax-exempt corporation serving residents across the entire state of Colorado CHIC is a direct affiliate of Catholic Health Initiatives (CHI), established in 1996 as a tax-exempt Colorado corporation, and has been granted an exemption from federal income tax under Section 501(c)(3) of the Internal Revenue Code (Code) CHI sponsors market-based organizations in 18 states, including 74 acute-care hospitals, of which 21 are designated as critical access hospitals by the Medicare program, two community health service organizations, two accredited nursing colleges, home health agencies, and 40 other sites including long-term care, assisted living and residential facilities CHI also has an offshore captive insurance company, First Initiatives Insurance, Ltd (FIIL)

CHIC sponsors and consolidates the following organizations

CHIC operates eight acute hospital campuses in Colorado, including a level one trauma center and two sole community providers, providing a complete range of inpatient and outpatient services to the communities it serves

CHIC has a majority interest in, and controls Ortho Colorado LLC, an orthopedic specialty hospital

Goldenridge Surgery Center is an outpatient, freestanding, ambulatory surgery center in which CHIC has a 51% interest and corresponding control

CHIC is also the sole corporate member of CHI Colorado Foundation The Foundation exists to raise funds and provide support for all CHIC hospitals and other ancillary entities

CHIC also has interests in a number of other entities that are accounted for using the equity method of accounting These include outpatient services centers and several real estate entities that own land and/or buildings, primarily on CHIC's campuses

CHIC also participates in two joint ventures with PorterCare Adventist Health System (PAHS), an unrelated entity CHIC and PAHS are the sponsors of Centura Health Corporation (CHC) and Centura Home Care, LLC (CHCLLC) both of which are exempt from Federal income taxes under Section 501(c)(3) of the Internal Revenue Code CHC provides administrative and management services to virtually all CHIC and PAHS facilities CHCLLC provides a number of services including home care, outreach laboratory services and occupational health CHCLLC

1. Summary of Significant Accounting Policies (continued)

and CHC are accounted for using the equity method of accounting. The costs of CHC are fully allocated to its two sponsors, CHC charged CHIC \$127.2 million during the year for management fees and laboratory services.

Basis of Presentation

CHIC consolidates all direct affiliates in which it has sole corporate membership or ownership and all entities in which it has greater than 50% equity interest with commensurate control All significant intercompany accounts and transactions have been eliminated in consolidation

Fair Value of Financial Instruments

Financial instruments consist primarily of cash and equivalents, patient accounts receivable, investments and assets limited as to use, accounts payable and other accrued expenses, and long-term debt. The carrying amounts reported in the consolidated balance sheet for financial instruments approximates fair value.

Cash and Equivalents

Cash and equivalents include all deposits with banks and investments in interest-bearing securities with maturity dates of 90 days or less from the date of purchase Substantially all of CHIC's cash and equivalents are held by the CHI cash management program. The CHI cash management program invests in high-quality, short-term debt securities, including US government securities, securities issued by domestic and foreign banks such as certificates of deposit and bankers' acceptances, repurchase agreements, asset-backed securities, high-grade commercial paper, and corporate short-term obligations

Net Patient Accounts Receivable and Net Patient Service Revenues

Net patient accounts receivable and net patient services revenues have been adjusted to the estimated amounts expected to be received. These amounts are subject to further adjustments upon review by third-party payors

The provision for bad debts is based upon management's assessment of historical and expected net collections considering historical business and economic conditions, trends in health care coverage, and other collection indicators Management periodically assesses the adequacy of the allowances for uncollectible accounts based upon historical write-off experience by

1. Summary of Significant Accounting Policies (continued)

payor category. The results of this review are then used to make any modifications to the provision for bad debts to establish an appropriate allowance for uncollectible net patient accounts receivable. After satisfaction of amounts due from insurance, CHIC follows established guidelines for placing certain patient balances with collection agencies, subject to the terms of certain restrictions on collection efforts as determined by CHIC

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

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

Investments and Assets Limited as to Use

Investments and assets limited as to use include assets set aside for future long-term purposes, including capital improvements and amounts contributed by donors with stipulated restrictions

Substantially all of CHIC's investments and assets limited as to use are held in the CHI Investment Program (the Program) CHIC's investments are represented by pool units rather than specific securities. Investment in the Program is recorded using the equity method of accounting (which approximates fair value as determined by the net asset values of the related unitized interests) with the related changes in value in earnings reported as investment income in the accompanying consolidated financial statements. CHIC's investments have been designated at trading securities.

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

1. Summary of Significant Accounting Policies (continued)

Inventories

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

Assets Held for Sale

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

Property and Equipment

Property and equipment are stated at historical cost or, if donated or impaired, at fair market value at the date of receipt or impairment Depreciation is provided over the estimated useful life of each class of depreciable asset and is computed using the straight-line method. For property and equipment under capital lease, amortization is determined over the shorter period of the lease term or the estimated useful life of the property and equipment. Interest cost incurred during the period of construction of major capital projects is capitalized as a component of the cost of acquiring those assets. No interest was capitalized during 2012.

Investments in Unconsolidated Organizations

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

Intangible Assets and Goodwill

Goodwill represents the amount of consideration paid in excess of the fair value of assets and liabilities acquired As of June 30, 2012, there were no indicators of impairment and no impairments charges had been taken Intangible assets are amortized over the estimated useful life of each class of amortizable asset using the straight-line method Amortization expense related to intangible assets totaled approximately \$1 2 million

1. Summary of Significant Accounting Policies (continued)

Other Assets

Other assets consist primarily of \$74 million related to malpractice and workers' compensation receivables for claims covered by insurance policies. These receivables are attributed to the adoption of ASU No 2010-24. Other assets also includes receivables related to charitable remainder trusts, parking easements and other miscellaneous items.

Net Assets

Temporarily restricted net assets are those whose use has been limited by donors to a specific time period or purpose Permanently restricted net assets have been restricted by donors to be maintained in perpetuity

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

Performance Indicator

The performance indicator is the excess of revenues over expenses, which includes all changes in unrestricted net assets other than net assets released from restrictions for acquisitions of fixed assets and other changes not required to be included within the performance indicator under generally accepted accounting principles

Operating and Nonoperating Activities

CHIC's primary mission is to meet the health care needs in its market areas through a broad range of general and specialized health care services, including inpatient acute care, outpatient services, physician services, long-term care and other health care services. Activities directly associated with the furtherance of this purpose are considered to be operating activities. Other activities that result in gains or losses peripheral to CHIC's primary mission are considered to be nonoperating, such as investment income

1. Summary of Significant Accounting Policies (continued)

Charity Care

As an integral part of its mission, CHIC accepts and treats all patients without regard to the ability to pay Services to patients are classified as charity care in accordance with established criteria Charity care represents services rendered for which partial or no payment is expected and, as such, is not included in patient services revenues in the consolidated statements of operations and changes in net assets The estimated cost of charity care provided in 2012 was \$63.9 million in 2012. The estimated cost of charity care is determined based on the ratio of total expenses to gross revenue, applied to the charges incurred by patients qualifying for charity care under CHIC's policy

Other Nonpatient Revenues

Other nonpatient revenues include gains and losses on the sale of assets, cafeteria sales, rental income, retail pharmacy and durable medical equipment sales, auxiliary and gift shop revenues, and revenues from other miscellaneous sources

Functional Expenses

CHIC provides inpatient, outpatient, ambulatory, long-term care and community-based services to individuals within the various geographic areas supported by its facilities. Support services include administration, finance and accounting, information technology, public relations, human resources, legal, mission services, and other functions that are partially or fully provided by CHIC by CHC. Support services expenses were approximately 5.9% of total operating expenses in 2012.

Income Taxes

CHIC is a tax-exempt Colorado corporation and has been granted an exemption from federal income tax under Section 501(c)(3) of the Internal Revenue Code CHIC owns certain taxable subsidiaries and engages in certain activities that are unrelated to its exempt purpose and therefore subject to income tax Management reviews its tax positions annually and has determined that there are no material uncertain tax positions that require recognition in the accompanying consolidated financial statements

1. Summary of Significant Accounting Policies (continued)

Use of Estimates

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

New Accounting Pronouncements and Adoption of New Accounting Standards

In August 2010, the Financial Accounting Standards Board (FASB) released Accounting Standards Update (ASU) No 2010-23, *Measuring Charity Care for Disclosure*. ASU 2010-23 requires the disclosure of charity care amounts and requires that cost be used as the measurement basis for charity care The accounting provisions also specifically require that charity care not be reduced by reimbursement for charity care, and that the amount of reimbursements for charity care be disclosed CHIC adopted the disclosure provisions of ASU 2010-23 during 2012

In August 2010, the FASB released ASU No 2010-24, *Presentation of Insurance Claims and Related Insurance Recoveries*. ASU 2010-24 applies to malpractice claims and similar contingent liabilities and requires that such liabilities disregard the effect of any anticipated insurance recoveries in determining the liability amounts. The accounting provisions also provide accounting guidance for recording any insurance recovery receivables. ASU 2010-24 was effective for fiscal years beginning after December 15, 2010, and was adopted by CHIC in fiscal year 2012.

In July 2011, the FASB released ASU No 2011-07, Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Entities ASU 2011-07 requires health care entities to change the presentation of their statement of operations by reclassifying the provision for bad debts associated with patient services revenues from an operating expense to a deduction from patient services revenues (net of contractual allowances and discounts) Additionally, enhanced disclosures will be required surrounding the entity's policies for recognizing revenue and assessing bad debts ASU 2011-07 is effective for fiscal years and interim periods within those fiscal years beginning after December 15, 2011 CHIC does not believe the adoption of ASU 2011-07 will have a material effect on its overall consolidated results of financial position, operations or cash flows

1. Summary of Significant Accounting Policies (continued)

Meaningful Use of Certified Electronic Health Record Technology Incentive Payments

The American Recovery and Reinvestment Act of 2009 provides for Medicare and Medicaid incentive payments beginning in 2011 to certain hospitals and professionals that implement and achieve meaningful use of certified electronic health record (EHR) technology in ways that demonstrate improved quality and effectiveness of care Eligibility for annual Medicare incentive payments is dependent on providers demonstrating meaningful use of EHR technology in each period over a four-year period. An initial Medicaid incentive payment is available to providers that adopt, implement or upgrade certified EHR technology. However, in order to receive additional Medicaid incentive payments in subsequent years, providers must demonstrate continued meaningful use of EHR technology.

CHIC accounts for meaningful use incentive payments under the gain contingency model Medicare EHR incentive payments are recognized as revenues when eligible providers demonstrate meaningful use of certified EHR technology and the cost report information for the full cost report year that will determine the full calculation of the incentive payment is available Medicaid EHR incentive payments are recognized as revenues when an eligible provider demonstrates meaningful use of certified EHR technology Other revenues include \$4 1 million of Medicaid meaningful use revenues

2. Community Benefit (Unaudited)

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

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

2. Community Benefit (Unaudited) (continued)

students and students in allied health professions, and the unpaid portions of testing medical equipment and controlled studies of therapeutic protocols

A summary of the community benefits provided for both the poor and the broader community was as follows (in thousands)

Cost of community benefit provided to the poor	
Cost of charity care provided	\$ 63,874
Unpaid costs of public programs, Medicaid and other indigent care	
programs	56,199
Non-billed services for the poor	2,468
Cash and in-kind donations to the poor	
Other benefits provided to the poor	17
	122,558
Cost of community benefit provided to the broader community	
Non-billed services for the community	4,252
Education and research provided to the community	8,134
Other benefit provided to the community	526
	12,912
Total cost of community benefit	135,470
Unpaid cost of Medicare	115,045
Total cost of community benefit and the unpaid cost of Medicare	\$ 250,515

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

The total cost of community benefit was 9 0% of total operating expenses. The total cost of community benefit and the unpaid cost of Medicare was 16 7% of total operating expenses

3. Investments in Unconsolidated Organizations

Investments in entities where CHIC owns 50% or less of the entity's operations or does not have operating control are recorded under the equity or cost method of accounting. The unaudited summarized financial positions and results of operations for the entities accounted for under the equity method as of and for the year ended June 30, 2012, were as follows

	Outpatient Services	eal Estate nd Other	СНС	CHCLLC	Total
Total assets	\$ 59,079	\$ 17,634 \$	169,924	\$ 14,442	\$ 261,079
Net assets	27,650	(1,295)	105,344	11,001	142,700
Total revenues, net Excess of revenues	135,850	2,874	55,027	27,305	221,056
over expenses	22,275	(329)	476	675	23,097

4. Net Patient Services Revenues

Net patient services revenues are derived from services provided to patients who are directly responsible for payment or are covered by various insurance or managed care programs CHIC receives payments from the federal government on behalf of patients covered by the Medicare program, from state governments for Medicaid and other state-sponsored programs, from certain private insurance companies and managed care programs, and from patients themselves A summary of payment arrangements with major third-party payors follows

Medicare – Inpatient acute care and certain outpatient services rendered to Medicare program beneficiaries are paid at prospectively determined rates per discharge or procedure. These rates vary according to patient classification systems based on clinical, diagnostic and other factors. A facility has been designated as a critical access hospital and, accordingly, is reimbursed based on its cost of providing services to Medicare beneficiaries. Professional fees rendered by physicians are paid based on the Medicare allowable fee schedule.

Medicaid – Inpatient services and certain outpatient services rendered to Medicaid program beneficiaries are primarily paid under the traditional Medicaid plan and are paid at prospectively determined rates per discharge or procedure

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

4. Net Patient Services Revenues (continued)

CHIC's Medicare, Medicaid and other payor utilization percentages, based upon net patient services revenue for the year ended June 30, 2012, are summarized as follows

Managed Care	49%
Medicare	34
Commercial and other	9
Medicaid	6
Self-pay	2
	100%

Laws and regulations governing Medicare and Medicaid programs are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. Estimated settlement payables related to Medicare and Medicaid of \$43.6 million are included in third-party liabilities. Net patient services revenues increased by \$20.6 million due to changes in estimates related to prioryear settlements.

5. Investments and Assets Limited as to Use

A summary of the fair value of investments and assets limited as to use as of June 30, 2012, is as follows

CHI Investment Program	\$ 126,337
Cash and equivalents	2,068
Marketable fixed-income securities	5,320
Marketable equity securities	7
Total investments and assets limited as to use	\$ 133,732

The underlying fair value of all marketable investments, which are traded on national exchanges and in over-the-counter markets, is based on the last reported sales price on the last business day of the year Net unrealized gains included in investments and assets limited as to use at June 30, 2012 were \$3,050,000

Substantially all of CHIC's long-term investments are held in the Program The Program is structured under a limited partnership agreement between CHI, as managing general partner, and each participant All investments in the Program are professionally managed under the administration of CHI

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

The Program's asset allocation at June 30, 2012, was as follows

Marketable equity securities	44%
Marketable fixed-income securities	35
Alternative investments	19
Cash and equivalents	2
	100%

The CHI investment committee of the Board of Stewardship Trustees is responsible for determining asset allocations among fixed-income, equity and alternative investments At least annually, the investment committee reviews targeted allocations and, if necessary, makes adjustments to targeted asset allocations

Investments held in the Program are represented by pool units valued monthly under a custodian accounting system. Investment income from the Program, including interest income, dividends and realized gains or losses from the sale of securities, is distributed to participants based on the earnings per pool unit. Gains or losses are realized by participants when pool units are sold, representing the difference between the cost basis and the market value of the pool units sold. The fair value of the assets held is an allocation of the underlying market value of the assets in the Program, based upon pool units held by the participants

Investment income, net consisted of the following

Dividend and interest income	\$ 4,117
Net realized gains on readily marketable securities	520
Net unrealized losses on readily marketable securities	(2,474)
Total investment income, net	\$ 2,163

6. Fair Value Measurements and Fair Value Hierarchy

ASC 820, Fair Value Measurements and Disclosures, defines fair value, establishes a framework for measuring fair value, establishes a fair value hierarchy based on the quality of inputs used to measure fair value, and enhances disclosure requirements for fair value measurements

CHIC has categorized its financial instruments into a three-level hierarchy that is based on the priority of the inputs to the valuation technique. The fair value hierarchy gives the highest priority to quoted prices in active markets for identical assets or liabilities (Level 1) and the

6. Fair Value Measurements and Fair Value Hierarchy (continued)

lowest priority to unobservable inputs (Level 3) If the inputs used to measure fair value fall within different levels of the hierarchy, the category level is based on the lowest priority level input that is significant to the fair value measurement of the instrument

Financial assets and liabilities recorded at fair value on the balance sheet are categorized as follows

Level 1 Unadjusted quoted prices for identical assets or liabilities in an active market

Level 2 Quoted prices in markets that are not active or inputs that are observable either directly or indirectly for substantially the full term of the asset or liability Level 2 inputs include the following

- a) Quoted prices for similar assets or liabilities in active markets
- b) Quoted prices for identical or similar assets or liabilities in non-active markets
- c) Inputs other than quoted market prices that are observable
- d) Inputs that are derived principally from or corroborated by observable market data through correlation or other means

Level 3 Prices or valuation techniques that require inputs that are both unobservable and significant to the overall fair value measurement. These techniques reflect management's own assumptions about the assumptions a market participant would use in pricing the asset or liability.

The following tables present CHIC's hierarchy for its assets and liabilities measured at fair value on a recurring basis

	M	Assets easured		Hierarch	•	
	at F	'air Value	Level 1	Level 2	I	Level 3
Investments						
Cash and equivalents	\$	2,068	\$ 2,068	\$ _	\$	_
Marketable fixed-income						
securities		5,320	_	5,320		_
Marketable equity securities		7	7	_		_
Total assets	\$	7,395	\$ 2,075	\$ 5,320	\$	_
Marketable fixed-income securities Marketable equity securities	\$	5,320 7	\$ - 7	\$ 		

7. Property and Equipment

A summary of property and equipment is as follows

Land and improvements	\$ 82,992
Buildings and improvements	1,142,319
Equipment	481,067
	1,706,378
Less accumulated depreciation and amortization	634,420
	1,071,958
Construction in progress	26,992
	\$ 1,098,950

ASC 410, Asset Retirement and Environmental Obligations, requires the recognition of a liability for the fair value of asset retirement obligations in instances where there is a legal liability and the amount can be reasonably estimated. The ASC 410 liability recorded at June 30, 2012, was \$7.9 million and is included in other liabilities in the accompanying consolidated balance sheet.

CHIC evaluates whether events and circumstances have occurred that indicate the remaining useful life of property, equipment and certain other intangible assets may not be recoverable in accordance with ASC 360, *Property, Plant, and Equipment* Management has determined there were no material impairment issues at June 30, 2012

8. Long-Term Debt

CHIC participates in a unified CHI credit agreement governed under a Capital Obligation Document (COD) Under the COD, CHI is the sole obligor on all debt Bondholder security resides both in the unsecured promise by CHI to pay its obligations and in its control of direct affiliates Covenants include a minimum CHI debt coverage ratio and certain limitations on secured debt CHIC, as a direct affiliate of CHI, is defined as a participant under the COD and has agreed to certain covenants related to corporate existence, maintenance of insurance, and exempt use of bond-financed facilities Debt under the COD is evidenced by a promissory note between CHIC and CHI, which includes monthly installments at a variable rate of interest and may be repaid in advance without penalty

8. Long-Term Debt (continued)

A summary of long-term debt is as follows

Notes payable to CHI, variable-rate debt, monthly interest rates from

4 75% to 5 00% in 2012	
Due December 1, 2021	\$ 19,347
Due December 1, 2037	145,000
Due December 1, 2047	71,707
Capital leases	39
	236,093
Less current portion	4,495
Total long-term debt	\$ 231,598
•	\$

A summary of scheduled principal repayments on long-term debt and capital leases is as follows

June 30 2013	Amounts Due
	\$ 4,495
2014	3,705
2015	2,406
2016	2,531
2017	2,666
Thereafter	220,290
	\$ 236,093

9. Retirement Plans

CHIC participates in the Catholic Health Initiatives Retirement Plan (the Plan) The Plan is a noncontributory, defined benefit cash balance retirement plan covering substantially all employees Benefits in the Plan are based on compensation, retirement age and years of service The Plan is qualified as a church plan exempt from certain provisions of both the Employees Retirement Income Security Act's and the Pension Benefit Guaranty Corporation's premiums and coverage Funding requirements are determined by consultation with independent actuaries

Under the Plan, CHIC recognized as pension expense \$24.5 million in 2012, based upon an actuarially determined percentage of eligible wages. The Plan does not make separate measurements of assets and pension benefit obligations for individual employers.

10. Concentrations of Credit Risk

Financial instruments that potentially subject CHIC to concentrations of credit risk consist primarily of nongovernmental patient accounts receivable and investments and assets limited as to use CHIC grants credit without collateral to its patients, most of whom are insured under third-party payor agreements. The mix of net receivables from patients and third-party payors at June 30, 2012, approximated the following

Managed care	50%
Medicare	24
Commercial and other	18
Medicaid	4
Self-pay	4
	100%

Substantially all of CHIC's investments and assets limited as to use are held by the Program The Program maintains its investments with various financial institutions and investment management firms, and its policy is designed to limit exposure to any one institution or investor Investments are represented by pool units rather than specific securities Accordingly, management does not believe that there are significant concentrations of credit risk at June 30, 2012 CHIC also holds investments outside of the Program Management does not believe that there is a significant concentration of credit risk for investments held outside of the Program

11. Commitments and Contingencies

Litigation

During the normal course of business, CHIC may become involved in litigation Management assesses the probable outcome of unresolved litigation and records estimated settlements consistent with ASC 450, *Contingencies*. After consultation with legal counsel, management believes that any such matters will be resolved without material adverse impact to the financial position or results of operations of CHIC

Health Care Regulatory Environment

The health care industry is subject to numerous laws and regulations of federal, state, and local governments. These laws and regulations include, but are not limited to, matters such as licensure, accreditation, government health care program participation requirements, reimbursement for patient services, and Medicare and Medicaid fraud and abuse. Management

11. Commitments and Contingencies (continued)

believes that CHIC is in compliance with all applicable laws and regulations of the Medicare and Medicaid programs Compliance with such laws and regulations is complex and can be subject to future governmental interpretation as well as significant regulatory action, including fines, penalties, and exclusion from the Medicare and Medicaid programs

Operating Leases

Future minimum lease payments required for the next five years for all operating leases that have initial or remaining noncancelable lease terms in excess of one year at June 30, 2012, are as follows

Year EndingJune 30	Amounts 1	Amounts Due	
2013	\$ 14,29	99	
2014	12,8	15	
2015	11,83	51	
2016	11,18	32	
2017	10,55	50	
Thereafter	26,69	90	
	\$ 87,38	37	

Lease expense under operating leases for 2012 totaled approximately \$22.6 million

12. Insurance Programs

FIIL, a wholly owned, captive insurance subsidiary of CHI, underwrites the property and casualty risks of CHI CHIC participates in FIIL's comprehensive professional, employment practices, general liability, and workers' compensation coverage. On a first-dollar claims incurred basis, coverage is provided by FIIL either on a directly written basis or through reinsurance relationships with commercial carriers. In addition, CHI purchases excess insurance from commercial carriers. These amounts, including actuarial estimates for incurred but not reported claims, are assessed to all participants. As a result of the adoption of ASU No. 2010-24, insurance reserves of \$74 million are included in other liabilities.

12. Insurance Programs (continued)

Amounts paid by CHIC for professional, employment practices, and general liability coverage were \$11 million and are included in insurance expense in the accompanying consolidated statement of operations Amounts paid by CHIC for workers' compensation coverage were \$6 million and are included in employee benefits expense

Comprehensive health and dental coverage is provided to enrolled employees and dependents of CHIC through a self-insurance program administered by CHC Costs are allocated to each covered entity pro rata based on total salaries expense. The premium equivalent, less employee cost-sharing contributions, is recorded as employee benefit expense. CHC is responsible for the payment of all incurred, but unpaid claims. Assessments paid by CHIC for 2012 were \$43 million and are included in employee benefits expense.

13. Related-Party Transactions

In addition to the related-party transactions described previously in the notes to the financial statements, CHIC recognized expenses of \$19.4 million in 2012 related to allocations from the CHI Corporate Office which is reported for management fees, provider tax assessments and other CHIC also made net contributions of \$6.7 million to the CHI Capital Resource Pool during 2012. These contributions are recorded as direct reductions to unrestricted net assets.

14. Subsequent Events

CHIC evaluated events and transactions occurring subsequent to June 30, 2012, through November 19, 2012, the date of issuance of the consolidated financial statements During this period, there were no subsequent events requiring recognition or disclosure in the consolidated financial statements

Emst & Young LLP

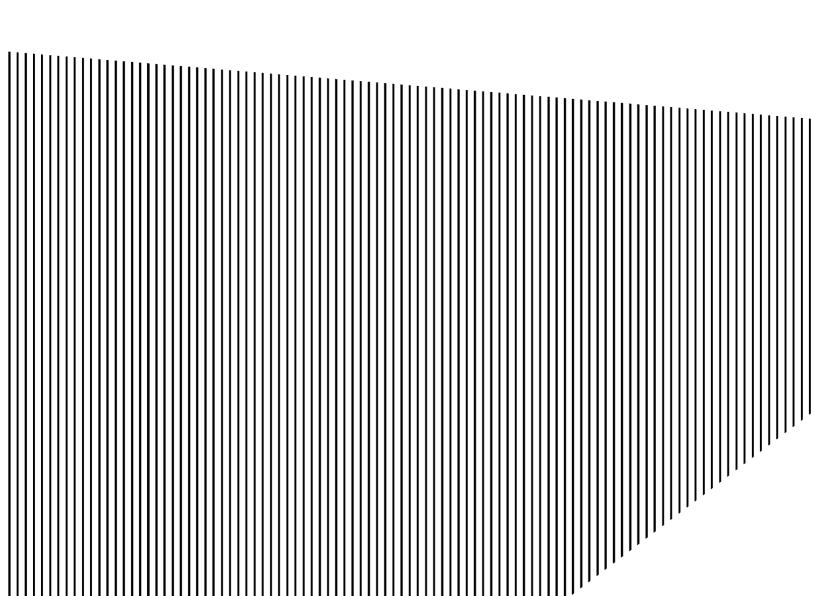
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Software ID: 11000230 Software Version: v2011.1.0

EIN: 84-0405257

Name: CATHOLIC HEALTH INITIATIVES-COLORADO

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

Recognized as a nospital 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? 56	
	Type of Facility
Name and address	(Describe)
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Software ID: 11000230

Software Version: v2011.1.0

EIN: 84-0405257

Name: CATHOLIC HEALTH INITIATIVES-COLORADO

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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CROSSROADS TURNING POINT 590 E 13TH ST PUEBLO,CO 81001	84- 0810723	501(C)(3)	18,200				PROGRAM SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLORADO STATE UNIVERSITY - PUEBLO 2200 BONFORTE BLVD PUEBLO, CO 81001	84- 0517947	501(C)(3)	40,000				SPONSORSHIP
PROJECT CURE 10377 E GEDDAS AVE STE 200 CENTENNIAL,CO 80119	84- 1568566	I 501(C)(3)		415,562	воок	EXPIRED SUPPLIES	PROGRAM SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARRUPE JESUIT HIGH SCHOOL4343 UTICA ST DENVER,CO 80204	02- 0628872	N/A	20,750				PROGRAM SUPPORT
CRAIG HOSPITAL FOUNDATION3425 S CLARKSON ST ENGLEWOOD, CO 80113	84- 0404233	I 501(C)(3)	9,000				SPONSORSHIP

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLORADO WEST REGIONAL MENTAL HEALTH PO BOX 40 GLENWOOD SPRINGS, CO 81602	84- 0625890	501(C)(3)	20,000				PRO GRAM SUPPO RT
GRAND COUNTRY RURAL HEALTH NETWORKPO BOX 95 HOS SULFUR SPRINGS, CO 80451	84- 1587575	501(C)(3)	10,000				PRO GRAM SUPPO RT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN HEART ASSOCIATION415 N TEJON SUITE 201 COLORADO SPRINGS, CO 80903	13- 5613797	501(C)(3)	18,000				PROGRAM SUPPORT
COLORADO SPRINGS SKY SOX 4385 TUTT BLVD COLORADO SPRINGS, CO	99- 9999999	N/A	16,000				SPONSORSHIP

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLORADO SPRINGS WORLD ARENA3185 VENETUCCI BLVD COLORADO SPRINGS, CO 80906	84- 1264465	501(C)(3)	5,500				SPONSORSHIP
FIRST & MAIN TOWNE CENTER 111 S TEJON STREET SUITE 222 COLORADO SPRINGS, CO 80903	84- 1526427	N/A	15,000				PROGRAM SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IMG COLLEGE LLC PO BOX 16533 PALATINE,IL 80055	27- 3646546	Ι Ν/Δ	5,550				SPONSORSHIP
MARCH OF DIMES 421 S TEJON SUITE 311 COLORADO SPRINGS, CO 80903	13- 1846366	1 5017(**)(3)	5,500				PRO GRA M SUPPO RT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					other)	assistance	
NEWBORN HOPE INC310 HIDDEN CREEK DRIVE COLORADO SPRINGS, CO 80906	84- 1093905	501(C)(3)	7,500				SPONSORSHIP
PIKES PEAK COMMUNITY COLLEGE - FOUNDATIONPO BOX 904 COLORADO SPRINGS, CO 80903	84- 1339670	501(C)(3)	6,000				PROGRAM SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RONALD MCDONALD HOUSE311 N LOGAN COLORADO SPRINGS, CO 80909	84- 1013843	501(C)(3)	9,000		33,161)		SPONSORSHIP
HOMEWARD PIKES PEAK518 N NEVADA AVE COLORADO SPRINGS, CO 80903	13- 4242773	501(C)(3)	10,000				PROGRAM SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC HEALTH INITIATIVES COLORADO FOUNDATION6385 CORPORAT DRIVE SUITE 301 COLORADO SPRINGS, CO 80919	84- 0902211	501(C)(3)	4,498,698				PROGRAM SUPPORT