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DLN: 93493134001014

2012

OMB No 1545-0047

Form 990

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

Open to Public Inspection

A F	or the	2012 cal	endar year, or tax year beginning 07-01-2012 , 2012, and ending 06-3	0-2013			
B Cł	neck if a	pplicable	C Name of organization GOOD SAMARITAN HOSPITAL		D Emplo	yer ide	ntification number
Ad	ldress cl	hange			47-0	37975	5
∏ Na	ame cha	inge	Doing Business As				
┌ In	ıtıal retu	ırn	Number and street (or P O box if mail is not delivered to street address) Room/su	te	E Teleph	one num	ıber
ΓTe	erminate	ed	PO Box 1990				
┌ Ar	nended	return	City or town, state or country, and ZIP + 4		(308)	865-7	7900
	plicatio	n pending	Kearney, NE 68848		G Gross	receipts s	\$ 227,988,202
			F Name and address of principal officer	H(a) Is th	nis a group	return	for
			MICHAEL SCHNIEDERS 10 East 31st Street		ates?		┌ Yes ┌ No
			Kearney, NE 68848	H(b) Ara	all affiliate	se inclu	ded? TYes TNo
							(see instructions)
I Ta	ax-exen	npt status	▼ 501(c)(3)				
J W	/ebsite	e:► WV	VW GSHS ORG	H(c) Gro	up exemp	LION NUI	mber ► 0928
 К Foi	m of or	ganızatıon	Corporation Trust Association Other ►	L Year of f	ormation 19	924 M	State of legal domicile NE
	art I		nmary	1 - 1001 011			otato en logar dell'ille
			escribe the organization's mission or most significant activities				
		TO NUR	TURE THE HEALING MINISTRY OF THE CHURCH BY BRINGING IT I				
		PRO MO BENEFI	TE AND PROVIDE HEALTH CARE SERVICES TO THE NEEDS OF TH	E COMMUN:	ITY IN TH	E ABS	ENCE OF PRIVATE
Governance							
Ē							
ş	,	Chack ti	his box ┡─ if the organization discontinued its operations or disposed o	f more than	25% of its	netac	e e e t e
	-	CHECK	ins box Fig. In the organization discontinued its operations of disposed to	i illore tilali	23 70 01103	ilet as	55615
Activities &	3	Number	of voting members of the governing body (Part VI, line 1a)			3	16
Ě	4	Number	of independent voting members of the governing body (Part VI, line 1b)			4	12
ş	5	Total nu	mber of individuals employed in calendar year 2012 (Part V, line 2a)			5	1,740
Q.	6	Total nu	mber of volunteers (estimate if necessary)			6	715
			related business revenue from Part VIII, column (C), line 12			7a	112,456
	b	Net unre	elated business taxable income from Form 990-T, line 34			7b	72,304
				Pri	or Year		Current Year
a)	8		ibutions and grants (Part VIII, line 1h)		1,392,		3,037,646
Ravenue	9		am service revenue (Part VIII, line 2g)		214,955,	-	210,414,933
歪	10 11		tment income (Part VIII, column (A), lines 3, 4, and 7d) revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,716, 4,603,		10,339,862
	12		revenue—add lines 8 through 11 (must equal Part VIII, column (A), line	<u>,</u>	4,003,	707	3,934,031
	<u> </u>				226,668,	565	227,726,472
	13		s and similar amounts paid (Part IX, column (A), lines 1–3)		14,649,	021	553,988
	14		its paid to or for members (Part IX, column (A), line 4)			0	0
ss.	15	Saları 5–10	es, other compensation, employee benefits (Part IX, column (A), lines		77,875,	595	75,045,752
Expenses	16a		, ssional fundraising fees (Part IX, column (A), line 11e)			0	0
₹	Ь		undraising expenses (Part IX, column (D), line 25) ▶0				
ш	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		110,725,	401	132,117,856
	18		expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		203,250,		207,717,596
	19	Reven	nue less expenses Subtract line 18 from line 12		23,418,	548	20,008,876
হ <u>পূ</u>					ng of Curre	nt	End of Year
e de la companya de l		T.L.	pageta (Part V. line 15)		Year	0 - 1	
Net Assets or Fund Balances	20 21		assets (Part X, line 16)		352,550, 54,264,		368,225,432 43,638,201
発展	21 22		liabilities (Part X, line 26)	· 	298,286,	-	324,587,231
	rt III		nature Block		,		321,307,231
Unde my k	er pena (nowle	alties of dge and	perjury, I declare that I have examined this return, including accompan belief, it is true, correct, and complete Declaration of preparer (other the nowledge				
		T _k			2014-05-15		
Sig	n	Signa	ature of officer		Date		
Her		JEAN	IETTE WOJTALEWICZ CHI NE CFO				
		Туре	e or print name and title				
			Print/Type preparer's name Preparer's signature D		eck lf	PTIN P01210	0500
Pai			Firm's name CATHOLIC HEALTH INITIATIVES		lf-employed m's EIN 🟲 4		
	pare		5 1 11 b 400 YM/FD 2500 DD 25 WF-			N 25-	100
Us	e On	ly	Firm's address ► 198 INVERNESS DRIVE WEST	Ph	one no (303	3) 298-9	100

May the IRS discuss this return with the preparer shown above? (see instructions) $\,$.

✓ Yes ☐ No

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \(\begin{array}{c} 162,399,858 \end{array} \)

Part TV	Chec	klist of	Required	Schedules

	•			
	To the constraint described in cashing FO4/2/20 on 40.47/2/40 / albertal and approximate foundation 22.75 W4.		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	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 and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? 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 hospital facilities? If "Yes," complete Schedule H	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20h	Vac	

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			1
		28a		No
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		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? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, 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 11b and 19?	38	Yes	

аI	Statements Regarding Other 1RS Fillings and Tax Compliance			-
	Check if Schedule O contains a response to any question in this Part V	•	Yes	No
1	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 6		1 05	
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
3	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
)	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	32	Voc	
	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3a 3b	Yes Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30	1 65	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
	If "Yes," enter the name of the foreign country 🕨			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N (
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
	Does the organization have applied gross rescarts that are normally greater than \$100,000, and did the	5c		N I
•	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		N
,	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).		1	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		N
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		N
	If "Yes," indicate the number of Forms 8282 filed during the year			
	74 1 1 1 1 1 1 1 1 1			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		N e
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	 7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.	_		
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
)	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	ļ		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N
	If "Yes " has it filed a Form 720 to report these payments? If "No" provide an explanation in Schedule 0	14h		

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

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

Se	ection A. Governing Body and Management					
					Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year	1a		16		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent	1b		12		
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?			y 2		No
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co			3		No
4	Did the organization make any significant changes to its governing documents since filed?			4		No
5	Did the organization become aware during the year of a significant diversion of the oi			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 pow more members of the governing body?				Yes	
b	Are any governance decisions of the organization reserved to (or subject to approva or persons other than the governing body?			ers, 7b	Yes	
8	Did the organization contemporaneously document the meetings held or written active year by the following	ons ui	ndertaken during the			
а	The governing body?			. 8a	Yes	
b	Each committee with authority to act on behalf of the governing body?			. 8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A,					No
	organization's mailing address? If "Yes," provide the names and addresses in Schedule			9		NO
Se	ection B. Policies (This Section B requests information about policies not				ue Cod	
Se					ue Cod Yes	
		requi				e.)
10a	ection B. Policies (This Section B requests information about policies not	requi	ired by the Internation of the such chapters,	al Reven		e.) No
10a b	Did the organization have local chapters, branches, or affiliates?	requi	of such chapters, exempt purposes?	10a		e.) No
10a b 11a	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization has the organization provided a complete copy of this Form 990 to all members of its	requi	s of such chapters, exempt purposes? erning body before fi	10a 10b	Yes	e.) No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	requi	ered by the Internation of such chapters, empt purposes? erning body before fire the control of	10a 10b	Yes	e.) No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization has the organization provided a complete copy of this Form 990 to all members of it the form?	requi	s of such chapters, exempt purposes? erning body before fi	10a 10b 11a	Yes	e.) No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization has the organization provided a complete copy of this Form 990 to all members of it the form?	requi	s of such chapters, exempt purposes? erning body before find the control of the c	10a 10b 11a . 12a	Yes	e.) No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	requi	s of such chapters, exempt purposes? erning body before find the control of the c	10a 10b 11a . 12a 12b	Yes Yes Yes	e.) No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	requi	s of such chapters, exempt purposes? erning body before find the second	10a 10b 11a . 12a 12b	Yes Yes Yes Yes	e.) No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	requi	s of such chapters, exempt purposes? erning body before find the second give t	10a 10b 11a . 12a . 12b . 12c . 13	Yes Yes Yes Yes Yes Yes	e.) No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	requi	s of such chapters, exempt purposes? erning body before find the second gives a second give a second	10a 10b 11a . 12a 12b 12c 13 . 14	Yes Yes Yes Yes Yes Yes	e.) No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	requi	s of such chapters, exempt purposes? erning body before find the could give the c	10a 10b 11a . 12a 12b 12c 13 . 14	Yes Yes Yes Yes Yes Yes	e.) No No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	requi	s of such chapters, exempt purposes? erning body before find the could give the c	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	e.) No No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	requi	s of such chapters, exempt purposes? erning body before find the second gives that could give the second approval by beration and decision.	10a 10b 11a . 12a 2 12b 12c 13 . 14	Yes Yes Yes Yes Yes Yes Yes	e.) No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	required in the property of th	s of such chapters, exempt purposes? erning body before find the second gives and approval by beration and decision to evaluate its is to safeguard the	10a 10b 11a . 12a 2 12b 12c 13 . 14	Yes Yes Yes Yes Yes Yes Yes	e.) No No

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed►NE
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - Own website Another's website Upon request Other (explain in Schedule O)
- 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 during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶Jeanette Wojtalewicz 12809 West Dodge Road Omaha, NE (402) 343-4671

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

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

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

(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot ect	not box h an or/tr	offic	ess er e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) BEN HIRSCHFELD	3 00	Х		х				0	0	(
SECRETARY / TREASURER	0 00	X		_ ^				0	U	(
(2) DAN BAHENSKY	5 00	х		Х				3,644	0	(
CHAIR	0							3,644		
(3) MICHAEL SCHNIEDERS	55 00	х		Х				0	567,145	73,910
PRESIDENT GSH	5 00	^		^				Ü	307,143	73,910
(4) THOMAS TYE II	5 00	х		х				3,123	0	(
VICE CHAIR	1 00	^		^				3,123	Ŭ	
(5) CLINT JONES MD	2 00	x						1,939	0	(
BOARD MEMBER	0	^						1,555	Ŭ	
(6) DALE POHLMANN	3 00	x						2,198	0	(
Board Member	0	^						2,130	Ŭ	
(7) DAVID HUEBNER MD	55 00	x						350,701	0	(
PRESIDENT MEDICAL STAFF	0	^						330,701	Ŭ	
(8) DEB SCHROEDER	2 00	x						0	0	(
BOARD MEMBER	0	^						Ŭ	Ü	
(9) GARY STEFFENSMEIER	2 00	х						1,423	0	(
BOARD MEMBER	0 00	^						1,423	Ü	
(10) JANICE WIEBUSCH	2 00	х						2,942	0	(
BOARD MEMBER	0							2,342		
(11) KENT BARNEY	2 00	х						0	0	(
BOARD MEMBER	1 00									
(12) MARY HENNING	2 00	х						0	0	(
BOARD MEMBER/ CHAIR GSH FOUNDATION BOARD	5 00									
(13) MICHAEL MORGAN	2 00	х						0	0	(
BOARD MEMBER	0									
(14) RICHARD HRANAC	2 00	х						35,420	0	(
BOARD MEMBER	0							35,420		
(15) RICHARD PILAKOWSKI	4 00							022	0	(
BOARD MEMBER	0	Х						932		
(16) ROBERT LANIK	2 00	· ·							1 024 255	A7 440
BOARD MEMBER/CHI SVP	58 00	Х						0	1,024,255	47,149
						1				
(17) GEORGE HARMS	55 00			х				263,268	0	42,558

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

DIRECTOR FACILITY OPERATIONS 0 X 145,053 0 27,444 C24) NICKI L BOHL 45 00 X 145,053 0 27,444 DIRECTOR PHARMACY 0 X 161,493 0 36,639 DIRECTOR PERFUSION 0 X 161,493 0 36,639 C26) FISHEL LIBERMAN 0 00 X 0 720,026 41,218 FORMER PHYSICIAN 60 00 X 0 297,864 38,160 FORMER PHYSICIAN 60 00 X 0 297,864 38,160 (28) LEIGH BERTHOLF 0 00 0 0 0 0 0	(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than son is	one bot	not box h ar	chec x, unle n offic rustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F Estim amount comper from	iated of other isation the
VP PATIENT SERVICES 0 X 250,028 0 35,84* (19) KENNETH SMOOT 45 00 X 151,465 0 19,14* VP MISSION INTEGRATION 0 X 234,375 0 39,95* (20) ROBERT COLUMINGHAM 60 00 X 234,375 0 39,95* (21) CLARESSA L MILSAP 45 00 X 124,393 0 33,18* DIRECTOR CARDIOVASCUUAR 0 X 122,359 0 29,42* DIRECTOR ACADIOVASCUUAR 0 X 122,359 0 29,42* C22) ELIZABETH TAYLOR-TRUILLO 45 00 X 122,359 0 29,42* DIRECTOR ACADIOVASCUUAR 0 X 122,359 0 29,42* C23) LAWRENCE A SURMETER 45 00 X 122,359 0 29,42* C23) LAWRENCE A SURMETER 45 00 X 145,053 0 227,644 C23) LAWRENCE A SURMETER 45 00 X 145,053 0 27,444 DIR		organizations below	Individual trustee or director	Truste	Officei	Key employee	Highest compensated employee	Former			and re	lated
VP PATIENT SERVICES 0 4500 X 151,465 0 19,14* (19) KEINETH SMOOT 4500 X 151,465 0 19,14* (20) ROBERT CUNNINGHAM 60 00 X 234,375 0 39,95* VP ANCILLARY SUPPORT 0 X 124,393 0 33,18* DIRECTOR CARDIOVASCULAR 0 X 124,393 0 33,18* DIRECTOR EDHAVIORAL HEALTH 0 X 122,359 0 29,42* UZ2) LUXBERTH TAYLOR-TRUJILLO 45 00 X 124,312 0 22,92* DIRECTOR FACILITY OPERATIONS 0 X 124,312 0 22,59* DIRECTOR FACILITY OPERATIONS 0 X 145,053 0 27,44* Q23) TODO STOVER 45 00 X 161,493 0 36,63* DIRECTOR PREFUSION 0 X 161,493 0 36,63* DIRECTOR PREFUSION 0 X 0 720,026 41,21* (26)	(18) CAROL WAHL	60 00				×			250.028	0		35.844
VM MISSION INTEGRATION 0 X 151,465 0 19,14* (20) ROBERT CUNNINGHAM 60 00 X 234,375 0 39,95* VP ANCILLARY SUPPORT 0 X 124,375 0 39,95* VP ANCILLARY SUPPORT 0 X 124,393 0 33,18* DIRECTOR CARDIOWASCULAR 0 X 122,359 0 29,42* (22) ELIZABETH TAYLOR-TRUJILLO 45 00 X 122,359 0 29,42* DIRECTOR REHAVIORAL HEALTH 0 X 122,359 0 29,42* (23) LAWRENCE A SURMEIER 45 00 X 124,312 0 22,59* (24) NICKI L BOHL 45 00 X 145,053 0 27,44* DIRECTOR PERATIONS 0 X 161,493 0 36,63* DIRECTOR PERATIONS 0 X 161,493 0 36,63* DIRECTOR PERATIONS 0 X 161,493 0 36,63* OBJUSTICAL SUPPORT	VP PATIENT SERVICES	0							250,020	ŭ		33,01
VP MISSION INTEGRATION (20) ROBERT CUNNINGHAM (20) 00 (21) CLARESSA L MILLSAP (22) LIZABESSA L MILLSAP (23) LIZABESSA L MILLSAP (24) NOBERT CUNNINGHAM (25) CLIZABESSA L MILLSAP (26) MILLSAP (27) CLARESSA L MILLSAP (28) ELIGH BERNYLORAL HEALTH (18) MILLSAP (29) LIZABESTH TAYLOR-TRUJILLO (29) ASSEMBLY ASS	(19) KENNETH SMOOT	45 00							151 465	0		10 14
VP ANCILIARY SUPPORT 0 X 234,375 0 39,95: (21) CLARESSA L MILISAP 45 00 X 124,393 0 23,18 DIRECTOR CARDIOVASCULAR 0 X 124,393 0 23,18 DIRECTOR BEHAVIORAL HEALTH 0 X 122,359 0 29,42* (23) LAWRENCE A SURMEIER 45 00 X 124,312 0 22,59* DIRECTOR FACILITY OPERATIONS 0 X 145,053 0 27,44* DIRECTOR PHARMACY 0 X 161,493 0 36,63* DIRECTOR PERFUSION 0 X 161,493 0 36,63* DIRECTOR PERFUSION 0 X 0 720,026 41,21* OBJECTOR PERFUSION 0 X 0 720,026 41,21* OBJECTOR PERFUSICIAN 60 00 X 0 720,026 41,21* FORMER PHYSICIAN 60 00 X 0 297,864 38,16* OBMERITOR PHYSICIAN 60 0	VP MISSION INTEGRATION	0				^			151,465	١		19,143
VP ANCILIARY SUPPORT 0	(20) ROBERT CUNNINGHAM	60 00				Ī						
DIRECTOR CARDIOVASCULAR 0	VP ANCILLARY SUPPORT	0				X			234,375	0		39,953
DIRECTOR CARDIOVASCULAR	(21) CLARESSA L MILLSAP	45 00										
222 ELIZABETH TAYLOR-TRUJILLO	DIRECTOR CARDIOVASCULAR	0					X		124,393	0		33,181
DIRECTOR BEHAVIORAL HEALTH												
23 LAWRENCE A SURMEIER	DIRECTOR BEHAVIORAL HEALTH	0					X		122,359	0		29,424
DIRECTOR FACILITY OPERATIONS 0												
240 NICKI L BOHL	DIRECTOR FACILITY OPERATIONS	0					Х		124,312	0		22,594
DIRECTOR PHARMACY 0 45 00 X 161,493 0 36,63° DIRECTOR PERFUSION 0 X 161,493 0 36,63° C26) FISHEL LIBERMAN 0 00 X 0 720,026 41,21° FORMER PHYSICIAN 60 00 X 0 297,864 38,16° C29) HIGH BERTHOLF 0 00 X 0 227,591 44,18° Former VP & CRO 60 00 X 0 227,591 44,18° FORMER INTERIM CAO 40 00 X 0 333,676 0 1b Sub-Total c Total from continuation sheets to Part VII, Section A 												
25) TODD STOVER	DIRECTOR PHARMACY	0					X		145,053	0		27,444
DIRECTOR PERFUSION 0 0								\vdash				
Case Fishel Liberman Case Ca	DIRECTOR PERFUSION	0					Х		161,493	0		36,639
FORMER PHYSICIAN (27) HUGO GONZALEZ NIETO 0 00 X 0 297,864 38,166 FORMER PHYSICIAN 60 00 (28) LEIGH BERTHOLF 0 00 X 0 227,591 44,186 FORMER INTERIM CAO 10 10 10 10 11 11 12 13 14 15 15 16 16 17 17 17 17 17 17 17 17												
C27) HUGO GONZALEZ NIETO	FORMER PHYSICIAN	60.00						X	0	720,026		41,218
FORMER PHYSICIAN (28) LEIGH BERTHOLF 0 00 Tomer VP & CRO (29) STEPHEN LEURCK FORMER INTERIM CAO 10 11 12 Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c) 10 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 33			1									
Cas LEIGH BERTHOLF	EODMED DHYSICIAN	60.00						X	0	297,864		38,166
Former VP & CRO (29) STEPHEN LEURCK FORMER INTERIM CAO 1b Sub-Total			1									
(29) STEPHEN LEURCK FORMER INTERIM CAO 1b Sub-Total								X	0	227,591		44,188
FORMER INTERIM CAO 40 00 X 0 333,676 C Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 33			1									
1b Sub-Total								X	0	333,676		(
c Total from continuation sheets to Part VII, Section A	FORMER INTERIM CAO	40 00						\vdash				
c Total from continuation sheets to Part VII, Section A												
d Total (add lines 1b and 1c)				•	•							
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization►33	c Total from continuation sheets to Par	t VII, Section A		-	•							
\$100,000 of reportable compensation from the organization 33	d Total (add lines 1b and 1c)						•		1,979,067	3,170,557		531,411
Ves No	•				ed al	bove	e) who	rec	eived more than			
											Vac	No

			•	.,
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> "Yes," complete Schedule J for such individual	3	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
AECOM TECHNICAL SERVICES INC 555 S FLOWER ST 4TH FL LOS ANGELES CA 900712201	CONSTRUCTION CONTRACTOR	19,820,644
MCKAY CONSULTING 8590 BUSINESS PARK DR SHREVEPORT LA 71005	CONSULTANT	2,281,582
RODGERS HELICOPTER SERVICES 4965 AIRPORT ROAD KEARNEY NE 688473372	AIRCARE FLIGHT SERVICES	1,614,501
SENTINEL HEALTH CARE 2605 2ND AVE KEARNEY NE 68847	PHO	888,966
KEARNEY PHYSICIAN MGMT GRP LLC PO BOX 1990 KEARNEY NE 688481990	PHYSICIAN CO-MANAGEMENT	805,490

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►35

Form 99							Page S
Part V		Statement of Revenue Check if Schedule O contains a respo	nse to any question	ın thıs Part VIII	<u> </u>	<u></u>	
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
र ह	1a	Federated campaigns 1a					
rant	ь	Membership dues 1b					
ا آي ن	С	Fundraising events 10	:				
iifts ar/	d	Related organizations 1d	2,032,620				
⊒	e	Government grants (contributions) 1e	81,260				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants, and similar amounts not included above	923,766				
중	g	Noncash contributions included in lines 1a-1f \$					
Sugar	h	Total. Add lines 1a-1f		3,037,646			
			Business Code				
III e	2a	PATIENT SERVICES	900099	208,385,228	208,385,228		
e E	b	EQUITY CHANGES OF UNCONSOLIDATED	900099	898,291	849,788	48,503	
Se F	С	ORGS RENTAL INCOME	900099	849,909	849,909		
je Z	d	OTHER PROGRAM SERVICE REVENUE	900099	126,119	126,119		
S =	e	EDUCATION	611710	42,686	42,686		
Program Service Revenue	f	All other program service revenue		112,700	112,700	0	
	g	Total. Add lines 2a-2f		210,414,933			
	3	Investment income (including divider		3,789,351		-949	3,790,30
	4	and other similar amounts) Income from investment of tax-exempt bond		3,709,331		- 545	3,790,30
	5	Royalties	•	0			
		(ı) Real	(II) Personal				
	6a	Gross rents 347,900	, ,				
	ь	Less rental expenses					
	С	Rental income 347,900	0				
	d	or (loss) Net rental income or (loss)	· · · · >	347,900			347,900
		(ı) Securities	(II) O ther				
	7a	Gross amount from sales of 5,831,220 assets other than inventory	981,021				
	ь	Less cost or other basis and	261,730				
		sales expenses	· ·				
	C	Gain or (loss) 5,831,220	719,291	6,550,511			6,550,51
	d 8a	Net gain or (loss) Gross income from fundraising	· · · · •	0,330,311			0,330,31
enne		events (not including \$ of contributions reported on line 1c)					
Other Revenue		See Part IV, line 18					
Ě	b	Less direct expenses b					
J	9a	Net income or (loss) from fundraising Gross income from gaming activities See Part IV, line 19		0			
	ь	Less direct expenses b Net income or (loss) from gaming act		n			
	10a	Gross sales of inventory, less returns and allowances .		, , ,			
	b	Less cost of goods sold b Net income or (loss) from sales of inv	ventory	0			
	С	Miscellaneous Revenue	Business Code				
	11a	SERVICES SOLD	900099	1,381,803			1,381,80
	ь	CAFETERIA	722100	945,407		2,010	
	С	CHILD CARE	624410	455,129			455,129
	d	All other revenue		803,792	0	62,892	740,90
	e	Total. Add lines 11a-11d		3,586,131			
	12	Total revenue. See Instructions .		227,726,472	210,366,430	112,456	14,209,940

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)

	Check if Schedule O contains a response to any question in this Pa	art IX			<u> </u>
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	526,337	526,337		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	27,651	27,651		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,257,160	373,895	883,265	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	55,901,855	49,769,395	6,132,460	
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	3,220,656	2,422,328	798,328	
9	Other employee benefits	10,574,174	8,243,460	2,330,714	
10	Payroll taxes	4,091,907	3,534,804	557,103	
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	370,560		370,560	
C	Accounting	0			
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	31,195,628	19,405,987	11,789,641	C
12	Advertising and promotion	652,959	63,165	589,794	
13	Office expenses	6,314,847	4,354,177	1,960,670	
14	Information technology	9,163,397	6,912,746	2,250,651	
15	Royalties	0	0,512,710	2,230,031	
16	Occupancy	3,308,591	2,014,766	1,293,825	
17	Travel	560,321	358,250	202,071	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	555,255	232,512	
19	Conferences, conventions, and meetings	66,552	9,496	57,056	
20	Interest	442,340	442,340		
21	Payments to affiliates	14,790,648	3,025,386	11,765,262	
22	Depreciation, depletion, and amortization	12,685,474	10,098,933	2,586,541	
23	Insurance	725,677	580,542	145,135	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	BAD DEBTS	8,376,906	8,376,906		
b	MEDICAL SUPPLIES	37,943,768	37,925,574	18,194	
c	REPAIRS AND MAINTENANCE	3,793,544	3,086,246	707,298	
d	UNRELATED BUSINESS TAXES	60,081	60,081		
e	All other expenses	1,666,563	787,393	879,170	C
25	Total functional expenses. Add lines 1 through 24e	207,717,596	162,399,858	45,317,738	C
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

Pai	rt X	Balance Sheet Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	4,551	1	4,950
	2	Savings and temporary cash investments	13,528,737	2	17,677,778
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	31,570,749	4	29,972,633
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			
ts	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		5	0
Se	_		4 0 44 00 4	6	0
Assets	7	Notes and loans receivable, net	1,041,804	7	87,755
	8	Inventories for sale or use	7,033,096	8	7,293,623
	9	Prepaid expenses and deferred charges	289,557	9	334,670
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 272,242,921			
	Ь	Less accumulated depreciation	· · ·		129,982,925
	11	Investments—publicly traded securities	271	11	710
	12	Investments—other securities See Part IV, line 11	160,905,737	12	173,091,551
	13	Investments—program-related See Part IV, line 11	0	13	0
	14	Intangible assets	2,301,156		2,301,156
	15	Other assets See Part IV, line 11	8,667,635	15	7,477,681
	16	Total assets. Add lines 1 through 15 (must equal line 34)	352,550,852	16	368,225,432
	17	Accounts payable and accrued expenses	23,972,237	17	15,006,987
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
<u>\$6</u>	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilitie	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
<u> </u>		persons Complete Part II of Schedule L		22	0
	23	Secured mortgages and notes payable to unrelated third parties	20,354	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	00.070.400		22 224 244
		D	30,272,132 54,264,723	25	28,631,214
	26	Total liabilities. Add lines 17 through 25	54,264,723	26	43,638,201
ф S		Organizations that follow SFAS 117 (ASC 958), check here ▶ ▽ and complete lines 27 through 29, and lines 33 and 34.			
ä	27	Unrestricted net assets	298,286,129	27	324,587,231
<u>6</u>	28	Temporarily restricted net assets	0	28	0
豆	29	Permanently restricted net assets	0	29	0
· Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
9	30	Capital stock or trust principal, or current funds		30	
ets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
Assets	32	Retained earnings, endowment, accumulated income, or other funds		32	
7 ₩	33	Total net assets or fund balances	298,286,129	33	324,587,231
Net	34	Total liabilities and net assets/fund balances	352,550,852	34	368,225,432
		rotal naphities and het assets/fulla palalices	332,330,632	54	

Par	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				৮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		227,	726,472
2	Total expenses (must equal Part IX, column (A), line 25)	2		207.	717,596
3	Revenue less expenses Subtract line 2 from line 1	3			008,876
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))				
5	Net unrealized gains (losses) on investments	5			286,129 129,406
6	Donated services and use of facilities	6		•	
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		:	162,820
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			
Par	t XII Financial Statements and Reporting			•	•
	Check if Schedule O contains a response to any question in this Part XII				. $ abla$
				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
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revi a separate basis, consolidated basis, or both	ewed oi	۱		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both	arate			
	☐ Separate basis ☐ Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of th	e 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t Single Audit Act and OMB Circular A-133?	he	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	require	:d 3b		

Software ID: 12000266 **Software Version:** v2012.1.0

EIN: 47-0379755 Name: GOOD SAMARITAN HOSPITAL

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any	Positio more unless an dire	than pers office ctor/i	not one on i r an trust	box s bo d a tee)	, th	_	(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
	hours for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			organizations
BEN HIRSCHFELD SECRETARY / TREASURER	3 00	х		Х				0	0	0
DAN BAHENSKY CHAIR	5 00 0	х		х				3,644	0	0
MICHAEL SCHNIEDERS PRESIDENT GSH	55 00 5 00	х		х				0	567,145	73,910
THOMAS TYE II VICE CHAIR	5 00 1 00	х		х				3,123	0	0
CLINT JONES MD BOARD MEMBER	2 00	х						1,939	0	0
DALE POHLMANN Board Member	3 00	х						2,198	0	0
DAVID HUEBNER MD PRESIDENT MEDICAL STAFF	55 00 0	х						350,701	0	0
DEB SCHROEDER BOARD MEMBER	2 00 0	х						0	0	0
GARY STEFFENSMEIER BOARD MEMBER	2 00 0 00	×						1,423	0	0
JANICE WIEBUSCH BOARD MEMBER	2 00	x						2,942	0	0
KENT BARNEY BOARD MEMBER	2 00	х						0	0	0
MARY HENNING BOARD MEMBER/ CHAIR GSH FOUNDATION BOARD	2 00 5 00	х						0	0	0
MICHAEL MORGAN BOARD MEMBER	2 00 0	х						0	0	0
RICHARD HRANAC BOARD MEMBER	2 00	х						35,420	0	0
RICHARD PILAKOWSKI BOARD MEMBER	4 00 0	х						932	0	0
ROBERT LANIK BOARD MEMBER/CHI SVP	2 00 58 00	х						0	1,024,255	47,149
GEORGE HARMS VICE PRESIDENT OF FINANCE	55 00 5 00			х				263,268	0	42,558
CAROL WAHL VP PATIENT SERVICES	60 00 0				х			250,028	0	35,844
KENNETH SMOOT VP MISSION INTEGRATION	45 00 0				х			151,465	0	19,143
ROBERT CUNNINGHAM VP ANCILLARY SUPPORT	60 00 0				х			234,375	0	39,953
CLARESSA L MILLSAP DIRECTOR CARDIOVASCULAR	45 00 0					х		124,393	0	33,181
ELIZABETH TAYLOR-TRUJILLO DIRECTOR BEHAVIORAL HEALTH	45 00 0					х		122,359	0	29,424
LAWRENCE A SURMEIER DIRECTOR FACILITY OPERATIONS	45 00 0					х		124,312	0	22,594
NICKI L BOHL DIRECTOR PHARMACY	45 00 0					х		145,053	0	27,444
TODD STOVER DIRECTOR PERFUSION	45 00 0					x		161,493	0	36,639

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

STEPHEN LEURCK

FORMER INTERIM CAO

(A) Name and Title	(B) Average hours per week (list	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	any hours for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	10	Key employee	Highest compensated employee	Former			related organizations
FISHEL LIBERMAN FORMER PHYSICIAN	0 00 60 00						х	0	720,026	41,218
HUGO GONZALEZ NIETO FORMER PHYSICIAN	0 00 60 00						х	0	297,864	38,166
LEIGH BERTHOLF Former VP & CRO	0 00 60 00						х	0	227,591	44,188
	0.00									

333,676

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As Filed Data -

DLN: 93493134001014

Employer identification number

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Name of the organization GOOD SAMARITAN HOSPITAL

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

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

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

Open to Public Inspection

										+			
					res	No	Yes	IAO	res	INO			
org	ja NIZā	ation		(described on lines 1-9 above or IRC section (see instructions))	your gove	col (i) listed in your governing document?		t?	col (i) ordinated the last column the last col	-		su	oport
S	Nam uppor	ted	(ii) EIN	(iii) Type of organization	(iv) Is to organizati	on in	(v) Did you the organia	zation	(vi) Is	tion in		mor	mount of letary
			: the following	ig information about	• •		· <i>'</i>		T				
h				lled entity of a perso ng information about							11g(ii	リ	
			•	er of a person descri	• •		nhowo?				11g(i	-	+
		•		governing body of th		-	n /				11g(i		_
				rectly or indirectly o	•		•	persons de	escribed in (ii)	44	Yes	No
9		followir	ng persons?	_									
g			this box August 17-2	2006, has the organi	zation accer	ted any dift	or contributi	on from any	of the				J
f		If the o	rganization	received a written de	etermination	from the IR	S that it is a	Type I, Typ	oe II, or Type	e III su	pportin	g organ	ızatıo <u>n,</u>
e	ı	other tl	_	ox, I certify that the on managers and otl	_							-	
		the box	that descri	ly supported organız bes the type of supp b Type II c	orting organ Type II	ızatıon and (I - Functıon	complete line ally integrate	s 11e throi	ugh 11h Type III - N	on-fund	tionall	y ıntegi	ated
11	Γ			ganized and operated									
10	Γ	An organization organized and operated exclusively to test for public safety See section 509(a)(4).											
		its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)											
					•	-			` '				;
,	'	_		ities related to its ex	7 7				· ·			_	33
9	<u>'</u>	An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross											
8		described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)											
7	<u>'</u>		•	at normally receives	=					from the	e aener	al publi	С
6	_			local government or		al unit desc	rihed in secti	on 170(h)(1)(A)(v)				
5	1	_	•	(A)(iv). (Complete P	_	or universi	ty owned or o	perated by	a governmer	itai unit	descri	bea in	
5	_			ty, and state erated for the benefi	t of a collogo	or linuvorci	ty owned or o	norated by	2 governmen	tal unit	docer	had in	
4		A medi	cal research	n organızatıon operat	ed in conjun	ction with a	hospital des	cribed in se	ction 170(b)	(1)(A)	(iii). En	ter the	
3	<u></u>			perative hospital se	,, ,, ,		•	n 170(b)(1)(A)(iii).				
2	<u></u>		-	in section 170(b)(1									
1			•	on of churches, or as	,			•	•				
Par				blic Charity Starte foundation because						nstruc	uons.		
Dov		D	an fan Du	hlia Chavity Cta	h / A II			-1-4- 46	47-0379		L		

Sch	edule A (Form 990 or 990-EZ) 2012							Page 2
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation faile	ed to q	
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	iplete Pa	rt III.)	
	ection A. Public Support endar year (or fiscal year beginning					1		
	in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2	312	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not include any "unusual							
	grants ")							
2	Tax revenues levied for the							
	organization's benefit and either							
	paid to or expended on its behalf							
3	The value of services or facilities							
•	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions by each person (other than a							
	governmental unit or publicly							
	supported organization) included on							
	line 1 that exceeds 2% of the							
	amount shown on line 11, column							
6	(f) Public support. Subtract line 5 from							
	line 4							
S	ection B. Total Support							
Cal	endar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 20)12	(f) Total
_	in) ► A mounts from line 4		. ,		. ,	, ,		. ,
7 8	Gross income from interest,							
0	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar							
9	sources Net income from unrelated							
9	business activities, whether or not							
	the business is regularly carried							
	on							
10	Other income Do not include gain or loss from the sale of capital							
	assets (Explain in Part IV)							
11	Total support (Add lines 7 through							
4.0	10)		<u> </u>					
12	Gross receipts from related activitie					12		
13	First five years. If the Form 990 is this box and stop here							ization, check
	ection C. Computation of Pub				<u> </u>	<u> </u>		
14	Public support percentage for 2012			11, column (f))		14		
15	Public support percentage for 2011			, , , , , , ,		15		
	33 1/3% support test—2012. If the o	· ·	•	on line 13 and l	ine 14 is 33 1/20%		chack ti	nie hov
104	and stop here. The organization qua				me 1 1 13 33 1/3/0	or more,	JIICCK CI	► □
b	33 1/3% support test—2011. If the				and line 15 is 33	3 1/3% or n	nore, ch	eck this
	box and stop here. The organization						. 4 4	▶□
1/a	10%-facts-and-circumstances test- is 10% or more, and if the organizat							•
	in Part IV how the organization mee							
	organization				4	r	,	▶ □
b	10%-facts-and-circumstances test-							
	15 is 10% or more, and if the organ Explain in Part IV how the organizat							lv
	supported organization	ion meets the T	acts-ana-cncum:	stances test III	ic organization qu	uiiiiE5 45 i	a public	·y ▶□
18	Private foundation. If the organizat	on did not check	c a box on line 13	, 16a, 16b, 17a,	or 17b, check thi	s box and	see	·
	instructions							▶ ┌

Schedule A (Form 990 or 990-EZ) 2012 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 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						
3	Gross receipts from activities that						
	are not an unrelated trade or						
	business under section 513			-			
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2,						
/a	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and 3						
_	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6)						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	Unrelated business taxable income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated						
11	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					
	ction C. Computation of Public			12		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,		
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

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

Schedule A (Form 990 or 990-EZ) 2012

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DLN: 93493134001014

OMB No 1545-0047

47-0379755

\$

SCHEDULE C (Form 990 or 990-EZ)

Political expenditures

Department of the Treasury Internal Revenue Service

1

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.

Inspection

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

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

Provide a description of the organization's direct and indirect political campaign activities in Part IV

◆ Section 527 organizations Complete Part I-A only

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

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

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

 Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** GOOD SAMARITAN HOSPITAL

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

3	Volunteer hours				
Par	t I-B Complete if the or	ganization is exempt under	section 501(c)(3).	
1		e tax incurred by the organization und			\$
2	Enter the amount of any excise	e tax incurred by organization manag	ers under sectio	n 4955 🕨	\$
3	If the organization incurred a s	ection 4955 tax, did it file Form 472	O for this year?		☐ Yes ☐ No
4a	Was a correction made?				┌ Yes ┌ No
ь	If "Yes," describe in Part IV				
Par		ganization is exempt under	section 501(c), except section 50	1(c)(3).
1	Enter the amount directly expe	ended by the filing organization for se	ction 527 exem	pt function activities 🕨	\$
2	Enter the amount of the filing of exempt function activities	rganization's funds contributed to ot	her organization:	s for section 527 ▶-	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here	and on Form 112	20-POI line 17h ►	
	·			10 1 0 L, IIII 2 1 B	\$
4	Did the filing organization file F	,		537	•
5	organization made payments famount of political contribution	nd employer identification number (E For each organization listed, enter th ns received that were promptly and d political action committee (PAC) If	e amount paid fro irectly delivered	om the filing organization's f to a separate political orga	unds Also enter the nization, such as a
	(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 -
For P	aperwork Reduction Act Notice, se	e the instructions for Form 990 or 990	-EZ. (Cat No 50084S Schedule C (I	Form 990 or 990-EZ) 2012

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Sch	nedule C (Form 990 or 990-EZ) 2012					Page 2
Pa	art II-A Complete if the organization	is exempt under	section 501(c)(3) and fil	ed Form 5768	(election
_	under section 501(h)). Check ► if the filing organization belongs to a	an affiliated group (and	lict in Part IV os	ach affiliated are	un mambar's nam	o addross EIN
	expenses, and share of excess lobb	ying expenditures)		_	up member s nam	e, address, LTN
<u>B</u>	Check Frifthe filing organization checked box	x A and "limited contro	ıl" provisions apı	oly		
	Limits on Lobbying E (The term "expenditures" means an		l .)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pınıon (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla					
c	Total lobbying expenditures (add lines 1a and 1b	o)				
d	O ther exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1c					
f	Lobbying nontaxable amount Enter the amount fo					
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on li	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	0,000		
	Over \$1,500,000 but not over \$17,000,000					
	Over \$17,000,000	\$1,000,000				
	Grassroots nontaxable amount (enter 25% of lin	e 1f)				
_	Subtract line 1g from line 1a If zero or less, ente	•		-		
i	Subtract line 1f from line 1c If zero or less, ente			-		
_	If there is an amount other than zero on either lin		organization file	Form 4720 rep	ortina	1
-	section 4911 tax for this year?					┌ Yes ┌ No
_	4-Voor Av	veraging Period U	Inder Section	F01/b)		
	(Some organizations that made a scolumns below. See the	section 501(h) el	ection do not	have to cor		ne five
	Lobbying Expe	enditures During	4-Year Avera	ging Period		1
	Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontavable amount					

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

		<u>(</u> a	(a) Yes No	(b)
For e activ	ach "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying ity.	Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?		Νo	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νo	
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		9,65
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo	
i	O ther activities?		Νo	
j	Total Add lines 1c through 1i			9,65
2a	Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$?		Νo	
b	If "Yes," enter the amount of any tax incurred under section 4912			
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Par	t III-A Complete if the organization is exempt under section $501(c)(4)$, section	501(c)(5), c	r section

			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 carry over lobbying and political expenditures from the prior year?	3		

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members

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

Part IV Supplemental Information

5 Taxable amount of lobbying and political expenditures (see instructions)

political expenditure next year?

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 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 PORTION OF ORGANIZATION DUES THAT ARE RELATED TO LOBBYING ARE AS FOLLOWS, NEBRASKA HOSPITAL ASSOCIATION \$6,132, CATHOLIC HEALTH ASSOCIATION \$984 AND AMERICAN HOSPITAL ASSOCIATION \$2,537

1

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DLN: 93493134001014

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No. Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of fand for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of open space Complete lines 2 a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Total number of conservation easements Total acreage restricted by conservation easements Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it hold? Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements and accounting the year Solution of the year such as a conservation easement is not be organization and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial stateme	itciriai	F Attacil to For	ili 990. F See separate ilistructions.	Inspection
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. 1 Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate greats from (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization for property, subject to the organization's exclusive legal control? 6 Did the organization inform all greates, donors, and donor advisors in writing that great funds can be used only for cheritable purposes and not for the benefit of the donor advisor or any other purpose was donor of the donor advisor or any other purpose. 6 Did the organization inform all greates, donors, and donor advisors in writing that great funds can be used only for cheritable purposes and more for the benefit of the donor or donor advisor, or for any other purpose was donor of the donor advisor or any other purpose. 7 Port II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. 8 Part II Conservation easements held by the organization (check all that apply) 9 Preservation of land for public use (e.g., recreation or education) 9 Preservation of on fault all habitat 9 Protection of natural habitat 9 Preservation of open space 10 Complete lines 2 at through 2 at fithe organization held a qualified conservation contribution in the form of a conservation easement in the last day of the tax year 10 Total number of conservation easements 11 Total number of conservation easements 12 Total number of conservation easements in certified histonic structure included in (a) 12 Total number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 12 Total number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Re				Employer identification number
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Protection of natural habitat	1		<u> </u>	historically important land area
Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year		· · · · · · · · · · · · · · · · · · ·	·	
Complete lines 2 a through 2 d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a			,	
easement on the last day of the tax year A Total number of conservation easements 2a 2b 2b 2c 2d 2d 2d 2d 2d 2d 2d	,		a gualified concentration contribution in th	he form of a concentration
a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year	2		a quaimed conservation contribution in ti	ne form of a conservation
b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 4 Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 5 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 4 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 5 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(ii)? 1 Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements 2 If the organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public		,		Held at the End of the Year
the tax year ▶	а	Total number of conservation easements		2a
Mumber of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	b	Total acreage restricted by conservation easements		2b
Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	c	Number of conservation easements on a certified histo	oric structure included in (a)	2c
Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year \$\$\$\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public	d		quired after 8/17/06, and not on a	2d
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enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year	4	Number of states where property subject to conservat	ion easement is located 🛌	<u> </u>
Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year \$	5		the periodic monitoring, inspection, hand	
Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 1 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1 If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public	6	Staff and volunteer hours devoted to monitoring, inspe	ecting, and enforcing conservation easem	nents during the year
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works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public	Par			or Other Similar Assets.
	1a	works of art, historical treasures, or other similar asse	ets held for public exhibition, education, o	or research in furtherance of public
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items	b	works of art, historical treasures, or other similar asse	ets held for public exhibition, education, o	
(i) Revenues included in Form 990, Part VIII, line 1		(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
		(ii) Assets included in Form 990. Part X		▶ \$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	2	If the organization received or held works of art, histor		
a Revenues included in Form 990, Part VIII, line 1 ► \$	а			► \$

b Assets included in Form 990, Part X

Part	•••• Organizations Maintaining Co	<u>llections of Art</u>	<u>, His</u>	<u>stori</u>	<u>cal Tı</u>	<u>reasur</u>	<u>es, or O</u>	<u>the</u>	<u>r Similar As</u>	<u>sets (cc</u>	ontinued)		
3	Using the organization's acquisition, access collection items (check all that apply)	on, and other recor	ds, cl	heck	any of	the follo	wing that a	re a	significant use	of its			
а	Public exhibition		d	Γ	Loan	or excha	ange progr	ams					
b	Scholarly research		e	Γ	Othe	r							
c	c Preservation for future generations												
4	Provide a description of the organization's co Part XIII	ollections and expla	ın hov	w the	y furthe	er the or	ganızatıon	's ex	empt purpose i	n			
5	During the year, did the organization solicit									┌ Yes	□ No		
Par	assets to be sold to raise funds rather than t t IV Escrow and Custodial Arrang		•								1 110		
	Part IV, line 9, or reported an an												
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	ediary	for c	ontribu	itions or	other ass	ets i		┌ Yes	┌ No		
b	If "Yes," explain the arrangement in Part XII	I and complete the	follo	wing t	able		_						
							-	_	An	nount			
C	Beginning balance						F	1c					
d	Additions during the year						-	1d					
e	Distributions during the year						-	1e					
f	Ending balance						L	1f					
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	e 21?)						│ Yes	Г No —		
_ь	If "Yes," explain the arrangement in Part XII									<u></u>	<u> </u>		
Pa	rt V Endowment Funds. Complete	f the organizatioi (a)Current year		Swer Prior					t IV, line 10. Three years back	(e)Four v	ears back		
1a	Beginning of year balance	(a)curient year	(,,	y i 1101	ycui	D (c) w	years back	(4)	Tillee years back	(C) our y	Cars back		
 b	Contributions							l					
c	Net investment earnings, gains, and losses							T			_		
								\vdash					
d	Grants or scholarships							┢					
е	Other expenditures for facilities and programs												
f	Administrative expenses												
g	End of year balance												
2	Provide the estimated percentage of the curr	ent year end baland	ce (lır	ne 1g	, colum	ın (a)) he	eld as						
а	Board designated or quasi-endowment ►												
b	Permanent endowment ►												
c	Temporarily restricted endowment ►												
	The percentages in lines 2a, 2b, and 2c show	uld equal 100%											
За	Are there endowment funds not in the posses	ssion of the organiz	atıon	that	are hel	d and ad	mınıstered	for	the				
	organization by (i) unrelated organizations								3a(Yes	No		
	(ii) related organizations								3a(_	 		
b	If "Yes" to 3a(II), are the related organization								3t	,	<u> </u>		
4	Describe in Part XIII the intended uses of th	ie organization's en	dowm	ent f	unds								
Par	t VI Land, Buildings, and Equipme	nt. See Form 99	0, Pa	_			L.) C t t		(-) A	T (4) B:	-1		
	Description of property				Cost or (Invest		b) Cost or ot basis (other		(c) Accumulated depreciation	(a) bo	ok value		
	Land						8,318	,547			8,318,547		
	Buildings		•				112,283	,528	39,952,743	; 7	2,330,785		
	Leasehold improvements		•								0		
	Equipment		•				139,083		96,240,934	+	2,842,540		
	Other		V 001:	<u> </u>	D) l.=-	10(2)	12,557		6,066,319	+	6,491,053		
iota	i. Aud lines 1a through 1e (C <i>olumn (a) must e</i>	quai rorm 990, Part /	л, coil	ımn (.	o), iine	10(C).)		•	🟲	I 12	9,982,925		

(a) Description of security or category (including name of security)	e Form 990, Part X, line 12.	
(including name of security)	(b)Book value	(c) Method of valuation
		Cost or end-of-year market value
.)Financial derivatives	0	
2)Closely-held equity interests	0	
3)Other A) CHI OIP - FIXED INCOME	85,456,499	F
.,,		· ·
B) CHI OIP - EQUITY SECURITIES	87,635,051	F
S) CTO CK		-
C)STOCK	1	F
	1-0-04	
otal. (Column (b) must equal Form 990, Part X, col (B) line 12)	173,091,551	
art VIII Investments—Program Related. Se		Cal Markland a Complement
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		cost of cha of year market value
-		
	+	
otal. (Column (b) must equal Form 990, Part X, col (B) line 13)	F	
Part IX Other Assets. See Form 990, Part X,		405
(a) Descr	ription	(b) Book value
Part X Other Liabilities. See Form 990, Part	X, line 25.	
Part X Other Liabilities. See Form 990, Part		
Part X Other Liabilities. See Form 990, Part (a) Description of liability	X, line 25.	
Part X Other Liabilities. See Form 990, Part (a) Description of liability ederal income taxes	X, line 25. (b) Book value	, , , , , -
Part X Other Liabilities. See Form 990, Part (a) Description of liability ederal income taxes NTERCOMPANY PAYABLES	X, line 25. (b) Book value 0	
Part X Other Liabilities. See Form 990, Part (a) Description of liability ederal income taxes NTERCOMPANY PAYABLES	X, line 25. (b) Book value 0 28,616,161	
Part X Other Liabilities. See Form 990, Part (a) Description of liability ederal income taxes NTERCOMPANY PAYABLES	X, line 25. (b) Book value 0 28,616,161	
Part X Other Liabilities. See Form 990, Part (a) Description of liability ederal income taxes NTERCOMPANY PAYABLES	X, line 25. (b) Book value 0 28,616,161	, , , , , -
Part X Other Liabilities. See Form 990, Part (a) Description of liability ederal income taxes NTERCOMPANY PAYABLES	X, line 25. (b) Book value 0 28,616,161	
Part X Other Liabilities. See Form 990, Part (a) Description of liability Federal income taxes NTERCOMPANY PAYABLES	X, line 25. (b) Book value 0 28,616,161	
Part X Other Liabilities. See Form 990, Part (a) Description of liability Federal income taxes NTERCOMPANY PAYABLES	X, line 25. (b) Book value 0 28,616,161	
Part X Other Liabilities. See Form 990, Part (a) Description of liability Federal income taxes NTERCOMPANY PAYABLES	X, line 25. (b) Book value 0 28,616,161	
Part X Other Liabilities. See Form 990, Part (a) Description of liability Federal income taxes INTERCOMPANY PAYABLES	X, line 25. (b) Book value 0 28,616,161	
	X, line 25. (b) Book value 0 28,616,161	
Part X Other Liabilities. See Form 990, Part (a) Description of liability Federal income taxes NTERCOMPANY PAYABLES	X, line 25. (b) Book value 0 28,616,161	
Part X Other Liabilities. See Form 990, Part (a) Description of liability Federal income taxes NTERCOMPANY PAYABLES	X, line 25. (b) Book value 0 28,616,161	
Part X Other Liabilities. See Form 990, Part (a) Description of liability Federal income taxes NTERCOMPANY PAYABLES	X, line 25. (b) Book value 0 28,616,161	

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Return
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
а	Net unrealized gains on investments	
b	Donated services and use of facilities	
С	Recoveries of prior year grants]
d	Other (Describe in Part XIII)]
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 XIII)	1
C	Add lines 4a and 4b	4c
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5
Part :	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
а	Donated services and use of facilities	
b	Prior year adjustments	Ī
С	Other losses	1
d	Other (Describe in Part XIII)	Ī
e	Add lines 2a through 2d	
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 XIII)	Ī
C	Add lines 4a and 4b	- 4c
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part 1, line 10)	1 3 1

Part XIII Supplemental Information

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

Identifier	Return Reference	Explanation
FIN 48 (ASC 740) footnote	Schedule D, Part X, Line 2	GOOD SAMARITAN HOSPITAL'S FINANCIAL INFORMATION IS INCLUDED IN THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF CATHOLIC HEALTH INITIATIVES (CHI), A RELATED ORGANIZATION CHI'S FIN 48 (ASC 740) FOOTNOTE FOR THE YEAR ENDED JUNE 30, 2013 READS AS FOLLOWS "CHI IS A TAX-EXEMPT COLORADO CORPORATION AND HAS BEEN GRANTED AN EXEMPTION FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE CHI OWNS CERTAIN TAXABLE SUBSIDIARIES AND ENGAGES IN CERTAIN ACTIVITIES THAT ARE UNRELATED TO ITS EXEMPT PURPOSE AND THEREFORE SUBJECT TO INCOME TAX 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 GOOD SAMARITAN HOSPITAL

Employer identification number

47-0379755

Dэ	rt I Financial Ass	istance an	d Cartain (Other Community I		7-03/9/33							
ΡŒ	rillanciai ASS	istalice and	u certain (Julei Colomunity I	senents at Cost			Yes	No				
1a	a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a												
	If "Yes," was it a written						<u>1a</u> 1b	Yes					
	2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the												
	financial assistance policy to its various hospital facilities during the tax year												
	Applied uniformly to all hospital facilities Applied uniformly to most hospital facilities Generally tailored to individual hospital facilities												
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year												
a	a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care												
		200%	ther		%		3a		No				
ь	Did the organization use	FPG as a facto	or in determir	nina eliaibility for provid	ing <i>discounted</i> care? If	"Yes." indicate							
_	which of the following was						3b		No				
	□ 200% □ 250% □	300%	50% 厂 400)%		%							
С	If the organization used for criteria for determining elused an asset test or oth discounted care	ligibility for fre	e or discoun	ted care Include in the	description whether the	e organization							
4	Did the organization's fin						4	Yes					
provide for free or discounted care to the "medically indigent"?													
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?													
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted													
6a	care to a patient who was eligibile for free or discounted care?												
	If "Yes," did the organiza						6a 6b	Yes					
	Complete the following ta worksheets with the Sche	_	worksheets p	provided in the Schedule	H instructions Do not	: submit these	- 02	100					
7	Financial Assistance	and Certain	Other Comi	munity Benefits at Co	st				<u> </u>				
	ancial Assistance and Means-Tested overnment Programs			(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community ben- expense		(f) Perce cotal exp					
a	Financial Assistance at cost (from Worksheet 1)		3,715	7,372,481		7,372,	481	3 7	00 %				
b	Medicaid (from Worksheet 3,		8,527	14,892,259	5,234,632	9,657,			40 %				
С	column a)		0,327	14,092,239	3,234,032	9,037,0	221	7 0	70 70				
d	Worksheet 3, column b) . Total Financial Assistance						0		0 %				
	and Means-Tested Government Programs .	0	12,242	22,264,740	5,234,632	17,030,:	108	8 5	40 %				
е	Other Benefits												
f	(from Worksheet 4)	46	311,950	1,590,252	189,662	1,400,	590	0 7	00 %				
r g	f Health professions education (from Worksheet 5) 31 3,201 640,756 129,715 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00 511,00												
	(from Worksheet 6)		1 001	202 444		202	0	0.1	0 %				
h I	Research (from Worksheet 7) Cash and in-kind	3	1,901	382,414		382,4	+14	0.1	90 %				
	contributions for community benefit (from Worksheet 8)	19	37,758	296,748		296,	748	Λ 1	50 %				
j	Total. Other Benefits	99	354,810	2,910,170	319,377	2,590,5	-		00 %				
k	Total Add lines 7d and 71	99	367.052	25 174 910	5 554 009	19 620 9	_	0.8	40 %				

(a) Number of record (columns) standards of record (columns) stand		t II Community Building activities during the of the communities i	tax year, an									
2 Economic development 3 Community support 5 Leaderhip development and training 6 Coation building 7 Community Futher improvement independent and training 8 Coation building 8 Wentforce development and training 9 Community Futher improvement independent and training 9 Other 1 1 425,577 420,777 0.20 9 Other 1 1 425,577 0.20 9 Other 1 1 425,577 0.20 9 Other 1 1 425,577 0.20 9 Other 1 0 0 477,400 0 0.37,400 0.20 9 Other 1 0 0 477,400 0 0 37,400 0.20 9 Other 1 0 0 477,400 0 0 37,400 0.20 9 Other 1 0 0 477,400 0 0 37,400 0.20 9 Other 1 0 0 477,400 0 0 37,400 0.20 9 Other 1 0 10 the organization report bid debt expense in accordance with Heathcare Financial Management Association Statements No.15? 1 Other organization for prograzations bid debt expense Explain in Part VI the methodology used by the organization is band debt expense Explain in Part VI the methodology used by the organization is band debt expense Explain in Part VI the methodology used by the organization is band debt expense Explain in Part VI the methodology used by the organization is a formatic bid is manufal statements. That describes bad debt expense or the page number on which this fortioties is community benefit or page number on which this fortioties is continuously benefit and the page number on which this fortioties is continuously benefit association by the page number on which this fortioties is continuously benefit association by the page number on which this fortioties is continuously benefit association by the page number on which this fortioties is continuously benefit association by the page number on which this fortioties is continuously benefit association by the page number on which this fortioties is continuously benefit association by the page number on which this fortioties is continuously benefit association by the page number on which this fortion is continuously benefit association by the page number on which the fortion of the page number on which the fortion of the page number on which the page number on which the page numb		or the communices	(a) Number of activities or programs			y (d) D						
3 Comments support 2 16,466 16,466 16,466 10,00 4 Incommental improvements	1	Physical improvements and housing								0		0 %
Everywhere the improvements	2	Economic development								0		0 %
Environmental improvements	3	Community sunnort	2		16.4	166			16.	466		010 %
5 Endestrating development and teaming for community members. 6 Coalities building 7 Community health impressment above and the state of the state		, ,,			10,				10,			
for community members Consistent building 0 0		·										0 %
7 Community health improvement advances in the state of the footnets of the state o		for community members								0		0 %
advocacy 1 97 97 97 97 97 97 97		-								0		0 %
9 Officer 0 Tests 0 Te			1			97				97		0 %
Total To			1		420,5	577			420,	577	0	200 %
Statement No. 15? Yes The statement of the organization is between the samount and the returnal of the statement of the organization is statement which is not not not set make this amount and the returnal of the statement of the page number on which this flooring to the organizations statements the statement of the page number on which this flooring to the statement of the page number on which this flooring to the statement of the statement of the page number on which this flooring to the statement of the statement of the page number on which this flooring to payments on line 5 Should be treated as community benefit Also describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used Cost accounting system Cost to charge ratio Other section Collection Practices Yes Ye						_						0 %
Section A. Bad Debt Expense Yes			e & Collec	0 tion Practice		.40		0	437,	140	0	210 %
1 Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15? 2 Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount and the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the enthodology used by the organization to estimate this amount and the rationale; if any, for including this portion of bad debt as community benefit			e, & Collec	tion Practic	es						Yes	No
methodology used by the organization to estimate this amount		Did the organization report ba	d debt expense	ın accordance	e with Heathcare F	inancial M	1anage	ment A	ssociation	1		
The trible estimated amount of the organization's bad debt expense attributable to patients alignble under the organization's financial sissistence policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit. 4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements exciton B. Medicare 5 Enter total revenue received from Medicare (including DSH and IME)	2					he • •	2		8,376,906			
Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements section B. Medicare 5	3	patients eligible under the org the methodology used by the o	anızatıon's fina organızatıon to	ncial assistan estimate this a	ce policy Explain amount and the ra	ın Part VI			0			
5 Enter total revenue received from Medicare (including DSH and IME)		Provide in Part VI the text of to or the page number on which t	the footnote to	the organization	on's financial state		at desc	rıbes ba	ad debt expense			
Subtract line 6 from line 5 This is the surplus (or shortfall) Subtract line 6 from line 5 This is the surplus (or shortfall) Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the cost grammation and the containing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used Cost accounting system Cost accounting system Cost accounting system Cost to charge ratio If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI (a) Name of entity (b) Described of primary (b) Described of primary (c) Organization's containing the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI (a) Name of entity (b) Described of primary (c) Described of primary (d) Organization's collection primary (d) Organization's content of primary (d) Organization's content of primary (d) Organization's content of primary (d) Organization's collection primary (d) Organization's content of the section, trustees, or ety- graphywocars—see retructor. Tustees, or ety- graphywocars—s	ecti											
Subtract line 6 from line 5 This is the surplus (or shortfall)					•							
B Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used Cost accounting system Cost to charge ratio Did the organization have a written debt collection policy during the tax year? Did the organization have a written debt collection policy during the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, fusites, key employees, and physicians—estimation (e) Description of primary activity of entity (b) Description of primary activity of entity (c) Organization's functions, function												
Did the organization have a written debt collection policy during the tax year? By Did the organization have a written debt collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI Part IV Management Companies and Joint Ventures (owned 10% or more by effices, directors, trustees, key employees, and physicians—see instruction (d) Officers, directors, trustees, or key employees, and physicians—see instruction (d) Officers, directors, trustees, or key employees profit % or stock ownership % or stock		Describe in Part VI the extent Also describe in Part VI the c	to which any so osting method the method us	shortfall reporte ology or source ed	ed in line 7 should e used to determin		d as co		ty benefit			
Did the organization have a written debt collection policy during the tax year?		Cost accounting system	▽ c∘	st to charge ra	tio Г	O ther						
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructor (a) Name of entity (b) Description of primary activity of entity (c) Organization's profit % or stock ownership % EARARNEY AMBULATORY SURGICAL SURGERY 24 623 % 0 % 75 377	ecti	on C. Collection Practices										
contain provisions on the collection practices to be followed for patients who are known to qualify for financial 9b Yes Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructor (a) Name of entity (b) Description of primary activity of entity (c) Organization's profit % or stock ownership % (d) Officers, directors, trustees, or key employees profit % or stock ownership % or stock ownership % 24 623 % 0 % 75 377	9a	Did the organization have a wr	ıtten debt coll	ection policy du	uring the tax year?				[9a	Yes	
(a) Name of entity (b) Description of primary activity of entity (c) Organization's profit % or stock ownership % (d) Officers, directors, trustees, or key employees' profit % or stock ownership % I. KEARNEY AMBULATORY SURGICAL ENTER SURGERY 24 623 % 0 % 75 377		contain provisions on the colle assistance? Describe in Part	ection practice VI	s to be followed	d for patients who	are knowr	to qua	alıfy for	financial 			
activity of entity profit % or stock ownership % or	Par					by officers, dir	ectors, tr	ustees, ke	y employees, and physicia	ans—se	e instruct	ions)
EENTER 27 0 2 7 3 7 7 3 7 7 3 7 7 3 7 7 3 7 7 3 7 7 3 7 7 3 7 7 3 7 7 3 7 7 3 7 7 3 7 7 3 7 7 3 7 7 3 7 7 3 7 7 3 7 7 3 7 7 3 7 7 3 7 7 3 7 7 3 7 7 3 7 7 3 7 7 3 7 7 3 7 7 3 7 7 3 7 7 3 7 7 3 7 7 3 7 7 3 7 7 3 7 7 3 7 7 3 7 7 3 7 7 3 7 7 3 7 7 3 7 7 3 7 7 3 7 7 3 7 7 3 7 7 3 7 7 3 7 7 3 7 7 3 7 7 3 7 7 3 7 7 3 7 7 3 7 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7		(a) Name of entity	(E			profit % o	or stock	e	trustees, or key mployees' profit %	pro	fit % or	stock
			SURGERY				24 623 ⁰	%	0 %		75 3	377 %
	3											
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Part V	Facility Information										
Section	n A. Hospital Facilities	Licensed	General	Children's	Teaching	Ortical	Resea	ER-24 houre	ER-other		
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 3		sed hospital	al medical & surgical	en's hospital	ing hospital	ป access hospital	Research facility	hours	her		
Name, a	address, and primary website address		2							Other (Describe)	Facility reporting group
1	GOOD SAMARITAN HOSPITAL 10 EAST 31ST STREET PO BOX 1990 KEARNEY,NE 68848 WWW GSHS ORG	Х	х							ACUTE HOSPITAL	А
2	RICHARD YOUNG BEHAVIORAL HEALTH CENTER 1755 PRAIRIE VIEW PL KEARNEY,NE 68847 WWW GSHS ORG	X								PSYCHIATRIC HOSPITAL	А
3	GOOD SAMARITAN HOSPITAL LTC 10 EAST 31ST STREET PO BOX 1990 KEARNEY,NE 68848 WWW GSHS ORG	×								LONG TERM CARE	А

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Α

For	single facility filers only: line Number of Hospital Facility (from Schedule H, Part V, Section A)	_		
			Yes	No
Con	munity Health Needs Assessment (Lines 1 through 8c are optional for tax years begining on or before March 23, 2012)			
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community			
	health needs assessment (CHNA)? If "No," skip to line 9	1	Yes	<u> </u>
	If "Yes," indicate what the CHNA report describes (check all that apply)			
а	A definition of the community served by the hospital facility			
b	Demographics of the community			
С	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			
е	The health needs of the community			
f	Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	▼ The process for consulting with persons representing the community's interests			
i	▼ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a CHNA 20 12			[
3	In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community			
	served by the hospital facility, including those with special knowledge of or expertise in public health? 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	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital			
	facilities in Part VI	4	Yes	<u> </u>
5	Did the hospital facility make its CHNA report widely available to the public?	5	Yes	<u> </u>
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
а	Hospital facility's website			
b	A vailable upon request from the hospital facility			
C	Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply to date)			
а	Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b	Execution of the implementation strategy			
c	▼ Participation in the development of a community-wide plan			
d	▼ Participation in the execution of a community-wide plan			
е	▼ 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 its community			
h	▼ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i	Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7	Yes	
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as			
	required by section 501(r)(3)?	8a	╙	Νo
	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b	╙	<u> </u>
С	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its			1
	hospital facilities? \$			

Part V Facility Information (continued)						
	ancial Assistance Policy		Yes	No		
9	Did the hospital facility have in place during the tax year a written financial assistance policy that					
	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?					
10	0 Used federal poverty guidelines (FPG) to determine eligibility for providing <i>fre</i> e care?					
	If "Yes," indicate the FPG family income limit for eligibility for free care%					
11	If "No," explain in Part VI the criteria the hospital facility used			N		
	Used FPG to determine eligibility for providing <i>discounted</i> care?	11		No		
	If "No," explain in Part VI the criteria the hospital facility used					
12	Explained the basis for calculating amounts charged to patients?	12	Yes			
	If "Yes," indicate the factors used in determining such amounts (check all that apply)					
а	▼ Income level					
b	▼ Asset level					
c	Medical indigency					
d	Insurance status					
е	▼ Uninsured discount					
f	Medicaid/Medicare					
g	State regulation					
h	Other (describe in Part VI)					
13	Explained the method for applying for financial assistance?	13	Yes			
14	Included measures to publicize the policy within the community served by the hospital facility?	14	Yes			
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)					
а	The policy was posted on the hospital facility's website					
b	The policy was attached to 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					
е	The policy was provided, in writing, to patients on admission to the hospital facility					
f	The policy was available upon request					
g	Other (describe in Part VI)					
	ling and Collections		1			
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	15	Yes			
16	Check all of the following 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					
	Reporting to credit agency					
b	Lawsuits					
C	Liens on residences					
d	Body attachments					
е	Other similar actions (describe in Part VI)					
17	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?	17		No		
	If "Yes," check all actions in which the hospital facility or a third party engaged					
а	Reporting to credit agency					
b	Lawsuits					
C	Liens on residences					
d	Body attachments					
_	C Other similar actions (describe in Part VI)	ı	I .	i		

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4	racinty information (continued)			
18	Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)			
а	Notified individuals of the financial assistance policy on admission			
b	Notified individuals of the financial assistance policy prior to discharge			
c	Notified individuals of the financial assistance policy in communications with the patients regarding the patients' bills			
d	financial assistance policy			
е	O ther (describe in Part VI)			
Po	licy Relating to Emergency Medical Care			
			Yes	No
19	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	19	Yes	
	If "No," indicate why			
а	The hospital facility did not provide care for any emergency medical conditions			
b	The hospital facility's policy was not in writing			
C	The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d	Other (describe in Part VI)			
Cha	arges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)			
20	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
а	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 its 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)			
21	During the tax year, did the hospital facility charge any FAP-eligible individuals 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		No
	If "Yes," explain in Part VI			
22	During the tax year, did the hospital facility charge any FAP-eligible individuals an amount equal to the gross charge for any service provided to that individual?	22		Νo
	If "Yes," explain in Part VI			

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Part V Facility Information (continue

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

How	How many non-hospital health care facilities did the organization operate during the tax year?				
Name	e and address	Туре	of Facility (describe)		
1					
2					
3					
4					
5					
6					
7					
8					
9 _					
10		·			

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Part VI Supplemental Information

Complete this part to provide the following information

- 1 Required descriptions. Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part III, Part III, lines 4, 8, and 9b, Part V, Section A, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22
- 2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B
- 3 Patient education of eligibility for assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 Community information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- **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
- **Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1₁, 3, 4, 5c, 6₁, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22

Identifier	ReturnReference	Explanation
Eligibility criteria for free or discounted care COMMUNITY BENEFIT REPORT	Schedule H, Part I, Line 3c	WHEN CATHOLIC HEALTH INITIATIVES (THE ULTIMATE PARENT ORGANIZATION TO GOOD SAMARITAN HOSPITAL) ESTABLISHED ITS CHARITY CARE POLICY IT WAS DETERMINED THAT ESTABLISHING A HOUSEHOLD INCOME SCALE BASED ON THE HUD VERY LOW INCOME GUIDELINES MORE ACCURATELY REFLECTS THE SOCIOECONOMIC DISPERSIONS AMONG URBAN AND RURAL COMMUNITIES IN 17 STATES SERVED BY CHI HOSPITALS AND HEALTH CARE FACILITIES IN COMPARING HUD GUIDELINES TO THE FEDERAL POVERTY GUIDELINES ("FPG"), WE FIND THAT ON AVERAGE HUD GUIDELINES COMPUTE TO APPROXIMATELY 200% TO 250% (AND SOMETIMES 300%) OF FPG ELIGIBILITY FOR CHARITY CARE DISCOUNTS SHALL BE DETERMINED BASED ON 130% OF THE ANNUALLY UPDATED HUD GEOGRAPHIC VERY-LOW INCOME GUIDELINES FOR THE APPLICANT'S COUNTY OF RESIDENCE, (REFERENCED LATER IN THIS DOCUMENT), AVAILABLE ASSETS AND ANY EXTENUATING CIRCUMSTANCES THUS, THE STANDARDS OF ELIGIBILITY FOR THE APPLICATION OF CHARITY DISCOUNTS MUST CONSIDER ASSETS, AS WELL AS INCOME IN ADDITION, THE NEED FOR FUTURE SERVICES REQUIRING FINANCIAL ASSISTANCE SHALL BE ASSESSED SEPARATE DETERMINATIONS OF ELIGIBILITY FOR CHARITY CARE DISCOUNTS SHALL BE MADE FOR EACH DATE OF SERVICE CONFIRMATION OF CONTINUED ELIGIBILITY SHALL BE UPDATED EVERY 90 DAYS FOR PATIENTS WHO REQUIRE ONGOING HEALTH CARE SERVICES AN INDIVIDUAL'S OCCUPATION MAY BE INDICATIVE OF ELIGIBILITY FOR A CHARITY CARE DISCOUNT EXAMPLES OF LOW-PAYING JOBS MIGHT INCLUDE DAY LABORER, FARM WORKER, MIGRANT WORKER AND FOOD SERVICE ASSOCIATE
	, , ,	ANNUAL WRITTEN COMMUNITY BENEFIT REPORT ITS COMMUNITY BENEFIT REPORT IS NOT CONTAINED IN THAT OF A RELATED ORGANIZATION
<u> </u>		

Identifier	ReturnReference	Explanation
Costing Methodology used to calculate financial assistance	Schedule H, Falt I, Lille 7	A COST ACCOUNTING SYSTEM WAS NOT USED TO COMPUTE AMOUNTS IN THE TABLE, RATHER COSTS IN THE TABLE WERE COMPUTED USING THE ORGANIZATION'S COST-TO-CHARGE RATIO THE COST-TO-CHARGE RATIO COVERS ALL PATIENT SEGMENTS THE COST-TO-CHARGE RATIO FOR THE YEAR ENDED 6/30/13 WAS COMPUTED USING THE FOLLOWING FORMULA OPERATING EXPENSE (BEFORE RESTRUCTURING, IMPAIRMENT AND OTHER LOSSES) DIVIDED BY GROSS PATIENT REVENUE BASED ON THAT FORMULA, \$188,178,834 /\$421,480,193 RESULTS IN A 44 65% COST-TO-CHARGE RATIO WORKSHEET 2 WAS NOT USED TO DERIVE THE COST-TO-CHARGE RATIO
Bad Debt Expense excluded from financial assistance calculation	Schedule H, Part I, Line 7, column(f)	8,376,906

Identifier	ReturnReference	Explanation
Subsidized Health Services	Schedule H, Part I, Line 7g	THERE ARE NO PHYSICIAN CLINICS INCLUDED IN SUBSIDIZED HEALTH SERVICES
Bad debt expense - methodology used to estimate amount	Schedule H, Part III, Line 2	COSTING METHODOLOGY FOR AMOUNTS REPORTED ON LINE 2 IS DETERMINED USING THE ORGANIZATION'S COST/CHARGE RATIO OF 44 65% WHEN DISCOUNTS ARE EXTENDED TO SELF-PAY PATIENTS, THESE PATIENT ACCOUNT DISCOUNTS ARE RECORDED AS A REDUCTION IN REVENUE, NOT AS BAD DEBT EXPENSE

Identifier	ReturnReference	Explanation
Bad debt expense - methodology used to estimate amount as community benefit		GOOD SAMARITAN HOSPITAL DOES NOT BELIEVE THAT ANY PORTION OF BAD DEBT EXPENSE COULD REASONABLY BE ATTRIBUTED TO PATIENTS WHO QUALIFY FOR FINANCIAL ASSISTANCE SINCE AMOUNTS DUE FROM THOSE INDIVIDUALS' ACCOUNTS WILL BE RECLASSIFIED FROM BAD DEBT EXPENSE TO CHARITY CARE WITHIN 30 DAYS FOLLOWING THE DATE THAT THE PATIENT IS DETERMINED TO QUALIFY FOR CHARITY CARE
Bad debt expense - financial statement footnote		GOOD SAMARITAN HOSPITAL DOES NOT ISSUE SEPARATE COMPANY AUDITED FINANCIAL STATEMENTS HOWEVER, THE ORGANIZATION IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF CATHOLIC HEALTH INITIATIVES THE CONSOLIDATED FOOTNOTE READS AS FOLLOWS "THE PROVISION FOR BAD DEBTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS, TAKING INTO CONSIDERATION HISTORICAL BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN HEALTH CARE COVERAGE AND OTHER COLLECTION INDICATORS MANAGEMENT ROUTINELY ASSESSES THE ADEQUACY OF THE ALLOWANCES FOR UNCOLLECTIBLE ACCOUNTS BASED UPON HISTORICAL WRITE-OFF EXPERIENCE BY PAYOR CATEGORY THE RESULTS OF THESE REVIEWS ARE USED TO MODIFY, AS NECESSARY, THE PROVISION FOR BAD DEBTS AND TO ESTABLISH APPROPRIATE ALLOWANCES FOR UNCOLLECTIBLE NET PATIENT ACCOUNTS RECEIVABLE AFTER SATISFACTION OF AMOUNTS DUE FROM INSURANCE, CHI FOLLOWS ESTABLISHED GUIDELINES FOR PLACING CERTAIN PATIENT BALANCES WITH COLLECTION AGENCIES, SUBJECT TO THE TERMS OF CERTAIN RESTRICTIONS ON COLLECTION EFFORTS AS DETERMINED BY EACH FACILITY IN ACCORDANCE WITH ACCOUNTING STANDARDS UPDATE (ASU) NO 2011-07, PRESENTATION AND DISCLOSURE OF PATIENT SERVICES REVENUE, PROVISION FOR BAD DEBTS, AND ALLOWANCES FOR DOUBTFUL ACCOUNTS FOR CERTAIN HEALTH ENTITIES, THE PROVISION FOR BAD DEBTS IS PRESENTED ON THE CONSOLIDATED STATEMENT OF OPERATIONS AS A DEDUCTION FROM PATIENT SERVICES REVENUES (NET OF CONTRACTUAL ALLOWANCES AND DISCOUNTS) SINCE CHI ACCEPTS AND TREATS ALL PATIENTS WITHOUT REGARD TO THE ABILITY TO PAY "

Identifier	ReturnReference	Explanation USING ESSENTIALLY THE SAME MEDICARE COST REPORT
Community benefit & methodology for determining medicare costs	0	PRINCIPLES AS TO THE ALLOCATION OF GENERAL SERVICES COSTS AND "APPORTIONMENT" METHODS, THE"CHI WORKBOOK" CALCULATES A PAYERS' GROSS ALLOWABLE COSTS BY SERVICE (SO AS TO FACILITATE A
		CORRESPONDING COMPARISON BETWEEN GROSS ALLOWABLE COSTS AND ULTIMATE PAYMENTS RECEIVED) THE TERM "GROSS ALLOWABLE COSTS" MEANS COSTS BEFORE ANY DEDUCTIBLES OR CO-INSURANCE ARE SUBTRACTED GOOD SAMARITAN HOSPITAL'S ULTIMATE
		REIMBURSEMENT WILL BE REDUCED BY ANY APPLICABLE COPAYMENT/ DEDUCTIBLE WHERE MEDICARE IS THE SECONDARY INSURER, AMOUNTS DUE FROM THE INSURED'S PRIMARY PAYER WERE NOT SUBTRACTED FROM MEDICARE ALLOWABLE COSTS BECAUSE THE AMOUNTS
		ARE TYPICALLY IMMATERIAL ALTHOUGH NOT PRESENTED ON THE MEDICARE COST REPORT, IN ORDER TO FACILITATE A MORE ACCURATE UNDERSTANDING OF THE "TRUE" COST OF SERVICES (FOR "SHORTFALL" PURPOSES) THE CHI WORKBOOK ALLOWS A HEALTH CARE FACILITY
		NOT TO OFFSET COSTS THAT MEDICARE CONSIDERS TO BE NON-ALLOWABLE, BUT FOR WHICH THE FACILITY CAN LEGITIMATELY ARGUE ARE RELATED TO THE CARE OF THE FACILITY'S PATIENTS IN ADDITION, ALTHOUGH NOT
		REPORTABLE ON THE MEDICARE COST REPORT, THE CHI WORKBOOK INCLUDES THE COST OF SERVICES THAT ARE PAID VIA A SET FEE-SCHEDULE RATHER THAN BEING REIMBURSED BASED ON COSTS (E.G. OUTPATIENT CLINICAL LABORATORY) FINALLY, THE CHI WORKBOOK
		ALLOWS A FACILITY TO INCLUDE OTHER HEALTH CARE SERVICES PERFORMED BY A SEPARATE FACILITY (SUCH AS A PHYSICIAN PRACTICE) THAT ARE MAINTAINED ON SEPARATE BOOKS AND RECORDS (AS OPPOSED TO THE MAIN FACILITY'S BOOKS AND RECORDS WHICH HAS ITS
		COSTS OF SERVICE INCLUDED WITHIN A COST REPORT) TRUE COSTS OF MEDICARE COMPUTED USING THIS METHODOLOGY TOTAL MEDICARE REVENUE \$ 64,813,516 TOTAL MEDICARE COSTS \$ 75,906,608 SURPLUS OF SHORTFALL \$(11,093,092) GOOD SAMARITAN HOSPITAL
		BELIEVES THAT ÉXCLUDING MEDICARE LOSSES FROM COMMUNITY BENEFIT MAKES THE OVERALL COMMUNITY BENEFIT REPORT MORE CREDIBLE FOR THESE REASONS UNLIKE SUBSIDIZED AREAS SUCH AS BURN UNITS OR BEHAVIORAL-HEALTH SERVICES, MEDICARE IS NOT A
		DIFFERENTIATING FEATURE OF TAX-EXEMPT HEALTH CARE ORGANIZATIONS IN FACT, FOR-PROFIT HOSPITALS FOCUS ON ATTRACTING PATIENTS WITH MEDICARE COVERAGE, ESPECIALLY IN THE CASE OF WELL-PAID SERVICES THAT INCLUDE CARDIAC AND ORTHOPEDICS SIGNIFICANT
		EFFORT AND RESOURCES ARE DEVOTED TO ENSURING THAT HOSPITALS ARE REIMBURSED APPROPRIATELY BY THE MEDICARE PROGRAM THE MEDICARE PAYMENT ADVISORY COMMISSION (MEDPAC), AN INDEPENDENT CONGRESSIONAL AGENCY, CAREFULLY STUDIES MEDICARE
		PAYMENT AND THE ACCESS TO CARE THAT MEDICARE BENEFICIARIES RECEIVE THE COMMISSION RECOMMENDS PAYMENT ADJUSTMENTS TO CONGRESS ACCORDINGLY THOUGH MEDICARE LOSSES ARE NOT INCLUDED BY
	l .	CATHOLIC HOSPITALS AS COMMUNITY BENEFIT, THE CATHOLIC HEALTH ASSOCIATION GUIDELINES ALLOW HOSPITALS TO COUNT AS COMMUNITY BENEFIT SOME PROGRAMS THAT SPECIFICALLY SERVE THE MEDICARE POPULATION FOR INSTANCE, IF HOSPITALS OPERATE
		PROGRAMS FOR PATIENTS WITH MEDICARE BENEFITS THAT RESPOND TO IDENTIFIED COMMUNITY NEEDS, GENERATE LOSSES FOR THE HOSPITAL, AND MEET OTHER CRITERIA, THESE PROGRAMS CAN BE INCLUDED IN THE CHA FRAMEWORK IN CATEGORY C AS "SUBSIDIZED HEALTH
	l .	SERVICES " MEDICARE LOSSES ARE DIFFERENT FROM MEDICAID LOSSES, WHICH ARE COUNTED IN THE CHA COMMUNITY BENEFIT FRAMEWORK, BECAUSE MEDICAID REIMBURSEMENTS GENERALLY DO NOT RECEIVE THE LEVEL OF ATTENTION PAID TO MEDICARE
Collection practices for	Schedule H, Part III, Line	REIMBURSEMENT MEDICAID PAYMENT IS LARGELY DRIVEN BY WHAT STATES CAN AFFORD TO PAY, AND IS TYPICALLY SUBSTANTIALLY LESS THAN WHAT MEDICARE PAYS GOOD SAMARITAN HOSPITAL ALONG WITH ITS AFFILIATED
patients eligible for financial assistance	19 b	OUTPATIENT FACILITIES ARE PART OF CATHOLIC HEALTH INITIATIVES "CHI" CHI HAS A WRITTEN POLICY (STEWARDSHIP POLICY NO 16) GOVERNING THE PROCEDURES FOR COLLECTIONS OF PAST DUE ACCOUNTS ALL HOSPITAL FACILITIES INCLUDED IN THE FILING
		ORGANIZATION HAVE ADOPTED THIS POLICY AND FOLLOW THESE PRACTICES WITH REGARDS TO COLLECTIONS PROCEDURES CHI ENTITIES WILL FOLLOW STANDARD PROCEDURES IN COLLECTING SELF-PAY BALANCES AS FOLLOWS PERMISSIBLE COLLECTIONS
		ACTIVITY EACH FACILITY MUST ADHERE TO THE FOLLOWING REQUIREMENTS IN RELATION TO THE PURSUIT OF SELF-PAY BALANCES * FAIR PURSUIT EACH FACILITY SHALL ENSURE THAT ALL PATIENT AND PATIENT GUARANTOR ACCOUNTS ARE PURSUED FAIRLY * ETHICS
		AND INTEGRITY EACH FACILITY SHALL ENSURE THAT ALL COLLECTION ACTIVITIES CONSISTENTLY REFLECT THE HIGHEST STANDARDS OF ETHICS AND INTEGRITY * REASONABLE PAYMENT TERMS EACH FACILITY SHALL OFFER REASONABLE PAYMENT SCHEDULES AND TERMS TO
		EACH PATIENT AND PATIENT GUARANTOR WITH SELF-PAY BALANCES ALL COLLECTION ACTIVITIES CONDUCTED BY THE FACILITY OR ITS THIRD-PARTY COLLECTION AGENTS WILL BE IN CONFORMANCE WITH ALL FEDERAL AND STATE LAWS GOVERNING DEBT COLLECTION PRACTICES
		COLLECTION ACTIVITY MAY BE IN THE FORM OF LETTERS, EMAILS, PHONE CALLS, AND/OR CREDIT REPORTING AND MAY ALSO INCLUDE WAGE GARNISHMENTS, PLACING OF LIENS ON BUILDINGS OR RESIDENCES OTHER THAN
		PERSONAL RESIDENCES, INITIATION OF LAWSUIT, AND/OR OTHER ACTIONS AS REQUIRED, EXCEPT AS PROHIBITED BY IMPERMISSIBLE COLLECTIONS ACTIONS BELOW PRE- COLLECTIONS ACTIVITY * TIMING GENERALLY, ACCOUNTS WILL NOT BE REFERRED TO COLLECTIONS
		UNTIL THEY ARE 120 DAYS OLD HOWEVER, IN CIRCUMSTANCES WHERE INVOICES TO NON-MEDICARE PATIENTS ARE RETURNED UNDELIVERED WITH NO KNOWN ADDRESS, THOSE SELF-PAY BALANCES MAY BE REFERRED TO COLLECTIONS PRIOR TO EXPIRATION OF 120 DAYS *
		LIMITATIONS - FINANCIAL ASSISTANCE ELIGIBILITY THE FACILITY SHALL PERFORM A REASONABLE REVIEW OF EACH PATIENT ACCOUNT PRIOR TO TURNING AN ACCOUNT OVER TO A THIRD-PARTY COLLECTION AGENT AND PRIOR TO INSTITUTING ANY LEGAL ACTION FOR NON-
		PAYMENT (INCLUDING, BUT NOT LIMITED TO, REPORTING THE ACCOUNT TO A COLLECTION AGENCY) TO ENSURE THAT THE PATIENT AND PATIENT GUARANTOR ARE NOT ELIGIBLE FOR ANY ASSISTANCE PROGRAM (E G , MEDICAID) AND DO NOT QUALIFY FOR COVERAGE
		THROUGH THE FACILITY'S FINANCIAL ASSISTANCE POLICY THAT REASONABLE REVIEW WILL INCLUDE ONE OR MORE OF THE FOLLOWING * NOTIFICATION TO PATIENT OF THE AVAILABILITY OF FINANCIAL ASSISTANCE ON ADMISSION, PRIOR TO DISCHARGE, AND/OR IN THE
		BILLING PRÓCESS, * REVIEW OF FINANCIAL ASSISTANCE APPLICATION SUBMITTED BY OR ON BEHALF OF THE PATIENT, OR * REVIEW OF THE PATIENT'S ELIGIBILITY USING PATIENT ACCOUNT STATISTICAL SCORING SOFTWARE * COOPERATING EFFORTS NO FACILITY SHALL
		SEND ANY UNPAID SELF-PAY ACCOUNT TO A THIRD-PARTY COLLECTION AGENT AS LONG AS THE PATIENT AND PATIENT GUARANTOR ARE COOPERATING WITH THE FACILITY IN EFFORTS TO SETTLE THE ACCOUNT BALANCE WITHIN A REASONABLE TIME FRAME (GENERALLY 18
		MONTHS) * SUBSEQUENT ASSESSMENT AFTER HAVING BEEN TURNED OVER TO A THIRD-PARTY COLLECTION AGENT, ANY ACCOUNT THAT SUBSEQUENTLY IS DETERMINED TO QUALIFY FOR FINANCIAL ASSISTANCE SHALL BE RETURNED IMMEDIATELY BY THE THIRD-PARTY
		COLLECTION AGENT TO THE FACILITY FOR APPROPRIATE FOLLOW-UP CHI SHALL DIRECT ITS STAFF AND THIRD- PARTY COLLECTION AGENTS TO CONTINUALLY ASSESS EACH PATIENT AND PATIENT GUARANTOR'S ABILITY TO PAY OR TO BE DETERMINED ELIGIBLE FOR FINANCIAL
		ASSISTANCE COLLECTIONS THE FACILITY MAY USE A THIRD-PARTY COLLECTION AGENT AS A REPRESENTATIVE, ACTING IN THE NAME OF THE FACILITY AND ENGAGED ON A CONTRACTUAL BASIS, FOR THE EXPRESS PURPOSES OF
		FOLLOWING-UP ON AND POTENTIALLY COLLECTING ANY PATIENT ACCOUNTS RECEIVABLE BALANCES THE FACILITY SHALL CONTRACTUALLY DEFINE THE STANDARDS AND SCOPE OF PRACTICES TO BE USED BY THIRD-PARTY COLLECTION AGENTS THOSE STANDARDS
		AND SCOPE OF PRACTICES SHALL BE CONSISTENT WITH THIS POLICY AND SHALL, AT A MINIMUM, INCLUDE THE FOLLOWING * STATEMENT MESSAGE THE FACILITY SHALL REQUIRE ITS THIRD-PARTY COLLECTION AGENTS TO INCLUDE A MESSAGE ON ALL STATEMENTS INDICATING
		THAT IF A PATIENT OR PATIENT GUARANTOR MEETS CERTAIN STIPULATED INCOME REQUIREMENTS, THE PATIENT OR PATIENT GUARANTOR MAY BE ELIGIBLE FOR FACILITY OR OTHER FINANCIAL ASSISTANCE PROGRAMS * ADVANCE SETTLEMENT APPROVALS THE FACILITY
		SHALL INSTRUCT ITS THIRD-PARTY COLLECTION AGENTS TO SEEK APPROVAL FROM THE AUTHORIZED AND DESIGNATED FACILITY STAFF MEMBER BEFORE ANY SETTLEMENT, AS A RESULT OF BANKRUPTCY PROCEEDINGS, SHALL BE ACCEPTED * STANDARDS OF
		CONDUCT THE FACILITY SHALL REQUIRE THAT THE THIRD-PARTY COLLECTION AGENTS CONDUCT THEMSELVES IN COMPLIANCE WITH THE HIGHEST STANDARDS OF BUSINESS ETHICS AND INTEGRITY AND APPLICABLE LEGAL REQUIREMENTS, AS REFLECTED IN THE
		CHI STANDARDS OF CONDUCT, AS MAY BE AMENDED BY CHI, AVAILABLE AT THE FOLLOWING WEBSITE HTTP //WWW CATHOLICHEALTHINITIATIVES ORG/CORPORATERESPONSIBILITY * PROHIBITED COLLECTIONS ACTIONS THE FACILITY SHALL PROHIBIT THE THIRD-PARTY COLLECTION AGENTS
		FROM ENGAGING IN PROHIBITED COLLECTION AGENTS FROM ENGAGING IN PROHIBITED COLLECTIONS ACTIONS AS DEFINED IN IMPERMISSIBLE COLLECTIONS ACTIONS BELOW * ANNUAL ADHERENCE AUDIT THE FACILITY OR ITS DESIGNEE SHALL BE PERMITTED TO AUDIT ITS THIRD- PARTY COLLECTION AGENTS AT LEAST ANNUALLY FOR
		ADHERENCE TO THESE STANDARDS IMPERMISSIBLE COLLECTIONS ACTIONS CHI ENTITIES SHALL DIRECT THEIR STAFF AND THIRD-PARTY COLLECTION AGENTS THAT THE FOLLOWING ACTIONS ARE ALWAYS PROHIBITED
		IN RELATION TO THE PURSUIT OF SELF-PAY BALANCES * UNEMPLOYED WITHOUT SIGNIFICANT INCOME/ASSETS NO FACILITY SHALL PURSUE ANY LEGAL ACTION FOR NON- PAYMENT OF ANY BILLS AGAINST ANY PATIENT OR PATIENT GUARANTOR WHO IS KNOWN TO BE UNEMPLOYED
		AND WHO HAS BEEN DETERMINED IN ACCORDANCE WITH CHI STEWARDSHIP POLICY NO 15, HOSPITAL FINANCIAL ASSISTANCE, ON THE BASIS OF A COMPLETED FINANCIAL ASSISTANCE APPLICATION, TO BE WITHOUT SIGNIFICANT INCOME OR ASSETS * PRINCIPAL RESIDENCE NO
		FACILITY SHALL PURSUE ANY LEGAL ACTION AGAINST ANY PATIENT OR PATIENT GUARANTOR BY SEEKING A REMEDY THAT WOULD INVOLVE FORECLOSING UPON THE PRINCIPLE RESIDENCE OF A PATIENT OR PATIENT GUARANTOR, PLACING A LIEN ON THE PRINCIPAL
		RESIDENCE, TAKING ANY OTHER ACTION THAT COULD RESULT IN THE INVOLUNTARY SALE OR TRANSFER OF SUCH RESIDENCE, OR INFORMING ANY PATIENT OR PATIENT GUARANTOR THAT HE/SHE MAY BE SUBJECT TO ANY SUCH ACTION * OTHER IMPERMISSIBLE COLLECTION TACTICS
		* NO FACILITY SHALL CHARGE INTEREST ON OUTSTANDING BALANCES, * NO FACILITY SHALL REQUIRE PATIENTS OR PATIENT GUARANTORS TO INCUR DEBT OR LOANS WITH RECOURSE TO THE PATIENT'S OR
		GUARANTOR'S PERSONAL OR REAL PROPERTY ASSETS ("RECOURSE INDEBTEDNESS"), AND * NO FACILITY SHALL INVOKE SO-CALLED "BODY ATTACHMENTS" (I E , THE ARREST OR JAILING OF PATIENTS IN DEFAULT ON THEIR ACCOUNTS, SUCH AS FOR MISSED COURT APPEARANCES)
		IN ADDITION TO THE WRITTEN POLICY ALL OF CATHOLIC HEALTH INITIATIVES' HOSPITALS' CONTRACTS WITH THIRD PARTY COLLECTION AGENCIES INCLUDE THE FOLLOWING STANDARDS * NEITHER CHI HOSPITALS NOR THEIR COLLECTION AGENCIES WILL REQUEST BENCH OR
		ARREST WARRANTS AS A RESULT OF NON-PAYMENT, * NEITHER CHI HOSPITALS NOR THEIR COLLECTION AGENCIES WILL SEEK LIENS THAT WOULD REQUIRE THE SALE OR FORECLOSURE OF A PRIMARY RESIDENCE, AND * NO CATHOLIC HEALTH INITIATIVES' COLLECTION AGENCY
		MAY SEEK COURT ACTION WITHOUT HOSPITAL APPROVAL FINALLY, COLLECTION AGENCIES ARE TRAINED ON THE CATHOLIC HEALTH INITIATIVES MISSION, CORE VALUES AND STANDARD OF CONDUCT TO MAKE SURE ALL
<u> </u>	l .	PATIENTS ARE TREATED WITH DIGNITY AND RESPECT

Assessment Schedule H, Part V Section B, Line 3 Assessment (1) GOOD SAMARITAN HOSPITAL - GSH HOLDS A PERMANENT SEAT ON THE BOARD OF BUFFALO COU COMMUNITY PARTNERS, PROVIDING SIGNIFICANT FINANCIAL AND IN-KIND SUPPORT, AS WELL AS HOSPITAL STAFF PARTICIPATION ON THE BOARD A VARIOUS COALITIONS AND COMMITTEES THIS ASSESSMENT REPORT IS A SUMMARY OF THE CONTINUOUS ASSESSMENTS AND PRIORITIZATION ACTIVITIES THAT ARE CONDUCTED BY BUFFALO COCOMMUNITY PARTNERS SINCE 2009 THE BOARD OF BUFFALO COUNTY COMMUNITY PARTNERS INCLUDE WIDE RANGE OF INDIVIDUALS REPRESENTING PUBL HEALTH, LOCAL GOVERNMENT, EDUCATION, SOCIA SERVICE AGENCIES, BUSINESS, THE FAITH COMMUNITY HEALTH, LOCAL GOVERNMENT, EDUCATION SOCIA SERVICE AGENCIES, BUSINESS, THE FAITH COMMUNITY HEALTH CARE PROVIDERS ADDITIONALLY THE ARE ISSUE SPECIFIC COALITIONS AND COMMITTEES THAT FURTHER EXPAND COMMUNITY INVOLVEMENT
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OUR ONGOING ASSESSMENT ACTIVITIES SEE APPE
3 FOR A LIST OF BOARD, PLANNING AND MEASUREM
MEMBERSHIP ADDITIONALLY, TOWN HALL MEETING
WERE HELD IN EVERY CITY IN THE COUNTY, FOCUS
GROUPS, DOOR TO DOOR SURVEYS, AS WELL AS
NUMEROUS OTHER SURVEYS CONDUCTED IN THE
SCHOOLS AND WITH THE ADULT POPULATION ,
ther Hospital Facilities included in Schedule H, Part V Section B, Line 4 (1) GOOD SAMARITAN HOSPITAL - GOOD SAMARITA
leeds Assessment Schedule H, Part V Section B, Line 4 HOSPITAL RICHARD YOUNG BEHAVIORAL HEALTH
CENTER GOOD SAMARTIAN HOSPITAL LTC.

Explanation

ReturnReference

Identifier

Identifier	ReturnReference	Explanation
Used federal poverty guidelines (FPG) to determine eligibility	Schedule H, Part V Section B, Line	(1) GOOD SAMARITAN HOSPITAL - HUD LOWINCOME GUIDELINES USED,
Used federal poverty guidelines (FPG) to determine eligibility	Schedule H. Part V Section B. Line	(2) RICHARD YOUNG BEHAVIORAL HEALTH CENTER - HUD LOW INCOME GUIDELINES USED,

Identifier	ReturnReference	Explanation
Used federal poverty guidelines (FPG) to determine eligibility	Schedule n. Part v Section D. Line	(3) GOOD SAMARITAN HOSPITAL LTC - HUD LOW INCOME GUIDELINES USED,
Used FPG to determine eligibility for providing discounted care criteria	Schedule II. Part v Section D. Line	(1) GOOD SAMARITAN HOSPITAL - HUD LOW INCOME GUIDELINES USED,

Identifier	ReturnReference	Explanation
Used FPG to determine eligibility for providing discounted care criteria	11	(2) RICHARD YOUNG BEHAVIORAL HEALTH CENTER - HUD LOW INCOME GUIDELINES USED,
Used FPG to determine eligibility for providing discounted care criteria	Schedule H, Part V Section B, Line 11	(3) GOOD SAMARITAN HOSPITAL LTC - HUD LOW INCOME GUIDELINES USED,

Identifier	ReturnReference	Explanation
Other ways hospital publicized Financial Assistance Policy	11 4 0	(1) GOOD SAMARITAN HOSPITAL - INFORMATION FOR OUR FINANCIAL ASSISTANCE PROGRAM, INCLUDING THE APPLICATION PROCESS, IS PROVIDED TO PATIENTS IN VARYING FORMATS AND PROCESSES (E.G. PATIENT BROCHURES, GUEST INFORMATION GUIDE, SIGNAGE, SELF-PAY PACKETS, COMMUNITY BENEFIT TAB ON WEBSITE, ETC.),
Means used to determine amounts billed		(1) GOOD SAMARITAN HOSPITAL - THE AVERAGE MANAGED CARE CONTRACTUAL ALLOWANCES RATE SHALL BE DEVELOPED ANNUALLY BY GOOD SAMARITAN HOSPITAL AND APPLIED TO ALL UNINSURED PATIENTS DEEMED ELIGIBLE FOR THIS DISCOUNT THE DISCOUNT SHALL BE CALCULATED BY EACH SEPARATE ENTITY WITHIN GOOD SAMARITAN HOSPITAL BY DIVIDING THE TOTAL AMOUNT OF MANAGED CARE CONTRACTUAL ALLOWANCES, FOR THE MOST RECENT FISCAL YEAR, BY THE TOTAL GROSS CHARGES FOR THOSE MANAGED CARE PLANS TO DETERMINE A DISCOUNT RATE THAT SHALL BE USED FOR THE CURRENT FISCAL YEAR, AS FOLLOWS DISCOUNT PERCENTAGE = TOTAL MANAGED CARE CONTRACTUAL ALLOWANCES / TOTAL MANAGED CARE GROSS CHARGES FEDERAL, STATE, LOCAL AND COUNTY ENTITLEMENT PROGRAMS SHALL BE EXCLUDED FROM THE ABOVE CALCULATION (I E , DISREGARD THE DISCOUNTS AND CHARGES FROM SUCH PLANS),

I dentifier	ReturnReference	Explanation
LINES 2,4 AND 5 - NEEDS ASSESSMENT AND COMMUNITY INFORMATION	SCHEDULE H, PART VI	ORGANIZATION'S MISSION, VISION, AND TAX-EXEMPT PURPOSE THE MISSION OF GOOD SAMARITAN HOSPITAL IS TO NURTURE THE HEALING MINISTRY OF THE CHURCH BY BRINGING IT NEW LIFE, ENERGY AND VIABILITY IN THE
		21ST CENTURY FIDELITY TO THE GOSPEL URGES US TO EMPHASIZE HUMAN DIGNITY AND SOCIAL JUSTICE AS WE MOVE TOWARD THE CREATION OF HEALTHIER COMMUNITIES HONORING OUR CATHOLIC HERITAGE,
		GOOD SAMARITAN HOSPITAL IS RECOGNIZED FOR EXCELLENCE IN REGIONAL HEALTHCARE THROUGH VALUES-BASED LEADERSHIP THE PRIMARY TAX-EXEMPT
		PURPOSE IS TO SUPPORT THE COMMUNITY BY PROMOTING AND PROVIDING HEALTH CARE SERVICES IN ACCORDANCE WITH THE NEEDS OF A COMMUNITY IN THE ABSENCE OF PRIVATE BENEFIT GOOD SAMARITAN
		HOSPITAL SERVES BOTH THE UNDERINSURED AND UNINSURED IN KEARNEY, NE AND THE SURROUNDING COMMUNITIES GOOD SAMARITAN HOSPITAL OPERATES A 24-HOUR EMERGENCY ROOM 365 DAYS PER YEAR THAT
		EMERGENCY ROOM IS OPEN TO ALL INDIVIDUALS REGARDLESS OF ABILITY TO PAY GOOD SAMARITAN HOSPITAL HAS AN OPEN MEDICAL STAFF, PARTICIPATES
		IN MEDICARE AND MEDICAID, AND HAS AN ACTIVE CHARITY CARE PROGRAM COMMUNITY SERVICE HAS ALWAYS BEEN AT THE CORE OF GOOD SAMARITAN HOSPITAL'S ACTIVITIES EACH YEAR, SERVICES AND
		PROGRAMS ARE EXPANDED TO PROMOTE A HEALTHY COMMUNITY THE PROGRAMS AND SERVICES DESCRIBED THROUGHOUT THIS REPORT NOT ONLY SERVE THE COMMUNITY, BUT ALSO REDUCE THE BURDENS ON THE
		GOVERNMENT GOOD SAMARITAN HOSPITAL IS INCLUDED IN THE OFFICIAL CATHOLIC DIRECTORY AS A TAX-EXEMPT HOSPITAL GOOD SAMARITAN HOSPITAL IS ALSOCOMMITTED TO THE PROMOTION OF HEALTHIER
		COMMUNITIES GOOD SAMARITAN HOSPITAL IS PROUD OF ITS CATHOLIC HERITAGE AND ITS ABILITY TO PROVIDE DIRECT AND INDIRECT SUPPORT TO THE
		COMMUNITIES IT SERVES COMMUNITY BENEFIT APPROACH LOCATED IN KEARNEY, NEBRASKA, IN BUFFALO COUNTY, GOOD SAMARITAN HOSPITAL SERVES INDIVIDUALS ACROSS CENTRAL NEBRASKA AND BEYOND
		OUR APPROACH IS TO COLLABORATIVELY ASSESS THE HEALTH NEEDS OF THE COMMUNITY AND IMPLEMENT A COMMUNITY BENEFIT PLAN THAT ADDRESSES THOSE NEEDS UNDERSTANDING THE COMMUNITY RURAL STATUS
		THE POPULATION OF BUFFALO COUNTY ACCORDING TO THE 2010 CENSUS IS 46,102, CLASSIFYING BUFFALO COUNTY AS RURAL ECONOMY - MAJOR INDUSTRIES/EMPLOYERS MANUFACTURING, WHOLESALE
		TRADE, RETAIL TRADE, INFORMATION, REAL ESTATE/RENTAL & LEASING, PROFESSIONAL/SCIENTIFIC/TECH SERVICES, ADMINISTRATIVE/SUPPORT & WASTE MANAGEMENT,
		EDUCATION SERVICES, HEALTH CARE & SOCIAL ASSISTANCE, ARTS/ENTERTAINMENT/RECREATION, ACCOMMODATION & FOOD SERVICES, OTHER SERVICES
		(NON-GOVERNMENTAL) MAJOR NON-MANUFACTURING EMPLOYERS INCLUDE GOOD SAMARITAN HOSPITAL 1,000+, UNIVERSITY OF NE AT KEARNEY 1000+, KEARNEY PUBLIC SCHOOLS 750-1000, THE BUCKLE 500-750, WAL-
		MART STORES, INC 500-750, CABELA'S 250-500, CASH- WA 250-500, CITY OF KEARNEY 250-500 MAJOR MANUFACTURING EMPLOYERS INCLUDE BALDWIN FILTERS OIL, AIR, FUEL FILTERS 750-1000, EATON
		CORPORATION AUTO VALVES & FORGED GEARS 250-500, WEST PHARM SERVICES PHARM STOPPERS & CLOSURES 250-500 INCOME LEVELS MEDIAN HOUSEHOLD INCOME IS \$46,762, PER CAPITA INCOME \$22,787
		DEMOGRAPHICS PERSONS UNDER 5 YEARS, PERCENT, 2011 7 1% PERSONS UNDER 18 YEARS, PERCENT, 2011 23 6% PERSONS 65 YEARS AND OVER, PERCENT, 2011
		12 1% FEMALE PERSONS, PERCENT, 2011 50 4% WHITE PERSONS, PERCENT, 2011 (A) 96 1% BLACK PERSONS, PERCENT, 2011 (A) 1 0% AMERICAN INDIAN AND ALASKA NATIVE PERSONS, PERCENT, 2011 (A) 0 4% ASIAN
		PERSONS, PERCENT, 2011 (A) 1 3% NATIVE HAWAIIAN AND OTHER PACIFIC ISLANDER PERSONS, PERCENT, 2011 (A) 0 1% PERSONS REPORTING TWO OR MORE RACES, PERCENT, 2011 1 2% PERSONS OF HISPANIC OR LATINO
		ORIGIN, PERCENT, 2011 (B) 7 6% WHITE PERSONS NOT HISPANIC, PERCENT, 2011 89 1% LIVING IN SAME HOUSE 1 YEAR & OVER, 2006-2010 79 3% FOREIGN BORN PERSONS, PERCENT, 2006-2010 3 7% LANGUAGE OTHER
		THAN ENGLISH SPOKEN AT HOME, PCT AGE 5+, 2006-2010 6 5% HIGH SCHOOL GRADUATES, PERCENT OF PERSONS AGE 25+, 2006-2010 92 1% BACHELOR'S DEGREE OR
		HIGHER, PCT OF PERSONS AGE 25+, 2006-2010 32 0% VETERANS, 2006-2010 3,102 MEAN TRAVEL TIME TO WORK (MINUTES), WORKERS AGE 16+, 2006-2010 14 7 GOOD SAMARITAN HOSPITAL (GSH) HAS ALWAYS BEEN
		INTIMATELY INVOLVED IN COMMUNITY HEALTH COLLABORATION IN THE EARLY 1990S GOOD SAMARITAN HOSPITAL PROVIDED A GRANT TO HELP ESTABLISH WHAT IS TODAY BUFFALO COUNTY COMMUNITY PARTNERS,
		WHOSE MISSION IS TO ASSESS, STRENGTHEN AND PROMOTE THE HEALTH OF BUFFALO COUNTY GSH HOLDS A PERMANENT SEAT ON THE BOARD OF BUFFALO COUNTY COMMUNITY PARTNERS, PROVIDING SIGNIFICANT
		FINANCIAL AND IN-KIND SUPPORT, AS WELL AS HOSPITAL STAFF PARTICIPATION ON THE BOARD AND VARIOUS COALITIONS AND COMMITTEES HOW THE ASSESSMENT WAS CONDUCTED PUBLIC HEALTH DATA REVIEWED THE
		FOLLOWING ASSESSMENTS WERE CONDUCTED AND REVIEWED 2010 BUFFALO COUNTY YOUTH RISK AND PROTECTIVE FACTOR SURVEY 2010 YOUTH BEHAVIORAL
		RISK FACTOR SURVEY 2009 YOUTH BEHAVIORAL RISK FACTOR SURVEY 2007 YOUTH BEHAVIORAL RISK FACTOR SURVEY 2010 ADULT BEHAVIORAL RISK FACTOR SURVEY 2009 MINORITY BEHAVIORAL RISK FACTOR SURVEY 2009
		TOWN HALL MEETINGS REPORT 2007 ADULT BEHAVIORAL RISK FACTOR SURVEY ASSESSMENT PROCESS ASSESSMENTS ARE AN ESSENTIAL PART OF THE MODEL CREATED BY BUFFALO COUNTY COMMUNITY PARTNERS
		BCCP FUNDING REQUIRES THAT PROGRAMS BE EVIDENCE-BASED, MEANING THEY ARE DEPENDENT ON MEASURABLE RESULTS AND OUTCOMES TO DETERMINE THEIR EFFECTIVENESS AND ARE PROVEN EFFECTIVE IN
		COMMUNITIES SIMILAR TO BUFFALO COUNTY THE ASSESSMENT PROCESS IS A FLUID PROCESS THAT IS COORDINATED BY THE BOARD'S PLANNING AND MEASUREMENT COMMITTEE THE COMMITTEE HAS
		OUTLINED STEPS BELOW THAT ARE FOLLOWED TO ENSURE A CONSISTENT AND LIVING ASSESSMENT PROCESS STEP 1 IN 2008-2010, THE COMMUNITY PARTNERS
		CONDUCTED A COUNTYWIDE ASSESSMENT TO DETERMINE WHICH PRIORITY HEALTH GOALS SHOULD BE ATTAINED BY 2020 ASSESSMENT TOOLS USED FOR THE COUNTY WIDE ASSESSMENT INCLUDE, BEHAVIORAL RISK
		FACTOR SURVEYS FOR ADULTS, MINORITY AND YOUTH IN BUFFALO COUNTY (THESE SURVEYS ARE LINKED IN THE SECTION ABOVE) TO SECURE THE QUALITATIVE DATA THE PARTNERS CONDUCTED A FOCUS GROUP PROCESS
		CALLED MINI-TOWN HALL MEETINGS IN EACH BUFFALO COUNTY COMMUNITY NETWORKING WITH 300 RESIDENTS INCLUDING YOUTH AND MINORITIES THE MOST RECENT TOWN HALL MEETING REPORT IS LINKED IN THE SECTION
		ABOVE DURING THIS SAME PROCESS, THE PLANNING AND MEASUREMENT COMMITTEE OVERLAYED DATA TO DETERMINE IF BUFFALO COUNTY 2010 GOALS WERE ATTAINED STEP 2 THE MATRIX FOUND ON PAGE EIGHT
		OF THE TOWN HALL MEETING REPORT LIST THE HEALTH ISSUES PRIORITIZED BY BUFFALO COUNTY COMMUNITIES THE QUALITATIVE DATA WAS PRIORITIZED BY MEMBERS OF EACH COMMUNITY TO
		BEGIN DEVELOPING THE BUFFALO COUNTY 2020 VISION STEP 3 - BUFFALO COUNTY COMMUNITY PARTNERS PLANNING AND MEASUREMENT COMMITTEE ALIGNED THE
		QUALITATIVE PRIORITIES WITH QUANTITATIVE DATA TO DEFINE A LIST OF COUNTY WIDE PRIORITIES THE COMMITTEE UTILIZED HEALTHY PEOPLE 2020 TO SET MEASURABLE TARGETS FOR EACH PRIORITY THE LIST OF
		PRIORITIES WAS DEVELOPED AND PRESENTED TO THE BOARD THE BOARD DEFINED GOALS BY ALIGNING TO THE 'DETERMINANTS OF HEALTH' AND RESOURCES ON HEALTHY PEOPLE 2020 WEBSITE STEP 4 - THE BOARD
		VOTED ON THE TOP TEN ISSUES TO BE ADDRESSED IN BUFFALO COUNTY PLANNING AND MEASUREMENT COMMITTEE PROCESSED THE ISSUES INTO A DASHBOARD OF WELL-BEING INDICATORS WITH MEASURABLE
		OUTCOMES AT THIS TIME, THE BOARD DETERMINED TO ADDRESS THE WELL-BEING INDICATORS IN FIVE STRATEGIC DIRECTIONS TO BE ADOPTED BY THE COMMUNITY FOR ATTAINMENT BY 2020 STEP 5 - THE
		STRATEGIC DIRECTIONS WERE RELEASED TO THE COMMUNITY THROUGH THE 2010 ANNUAL REPORT TO THE COMMUNITY THIS REPORT IS UPDATED ANNUALLY AND FOR 2013 CAN BE ACCESSED HERE 2013 ANNUAL
		REPORT A NEW BUFFALO COUNTY HEALTHY COMMUNITY ADVISORY BOARD WAS LAUNCHED IN JULY 2013 TO ADOPT THE FIVE STRATEGIC DIRECTIONS AND MODEL
		PROGRAMS IN THE COMMUNITY THE ADVISORY BOARD WILL MEET ANNUALLY TO DISCUSS BUSINESS APPROACH TO MOVING THE FIVE STRATEGIC DIRECTIONS FOR BUFFALO COUNTY CONT'D
LINES 2,4 AND 5 - NEEDS ASSESSMENT AND COMMUNITY INFORMATION	SCHEDULE H, PART VI	STEP 6 - THE COLLABORATION COUNCIL WILL BE LAUNCHED FOR MEMBERS OF THE COMMUNITY TO MEET QUARTERLY TO DISCUSS ACTION PLAN PROCESSES AND OBJECTIVES MOVING THE 5 STRATEGIC DIRECTIONS
		TOWARD 2020 TO MEET WELL-BEING INDICATOR TARGETS ONGOING PROCESSES THAT WEAVE THROUGH ALL FIVE STEPS LISTED ABOVE INCLUDE PLANNING AND
		MEASUREMENT'S MONTHLY MEETING TO MARK COMMUNITY WIDE SURVEYING AND FOCUS GROUP PROCESSES, REPORTS TO THE COMMUNITY AND MARKING PROGRESS

ASSESSMENT AND COMMUNITY JUNE 30, 2013 GOOD SAMARITAN HOSPITAL RICHARD YOUNG BEHAVIORAL HEALTH CENTER KEARNEY, NE)
SECTION 1 - INTRODUCTION THE FIRST COMPONENT THE COMMUNITY BENEFIT REPORT IS TO MEASURE EXPENSES ASSOCIATED WITH SERVICES PROVIDED T THE POOR AND BROADER COMMUNITY THAT ARE FREE NON-BILLED OR UNPAID BY TRADITIONAL PUBLIC PROGRAMS SUCH AS MEDICARE AND MEDICAID	O =,
PROGRAMS FOR THE POOR AND BROADER COMMUNIT FISCAL YEAR 2013, GOOD SAMARITAN HOSPITAL ASSISTED THE POOR AND THE BROADER COMMUNITY THROUGH MULTIPLE PROGRAMS THE POOR ARE DEFI AS THOSE PERSONS WHO CANNOT AFFORD HEALTHCA BECAUSE THEY HAVE INADEQUATE RESOURCES AND ARE UNINSURED OR UNDERINSURED THE BROADER	NED ARE
COMMUNITY WAS SERVED THROUGH PROGRAMS FOR OTHER NEEDY POPULATIONS, WHICH ARE DEFINED AS POPULATIONS THAT MAY NOT ALWAYS QUALIFY AS "POOR" BUT WHO NEED SPECIAL SERVICES AND SUPPORT THE BROADER COMMUNITY WAS ALSO SERV THROUGH PROGRAMS FOR THE GENERAL POPULATION WHICH IS DEFINED AS POPULATIONS WHO BENEFIT F	/ED
SUCH TRADITIONAL CATHOLIC FACILITY SERVICES A HEALTH PROMOTION AND EDUCATION, HEALTH SCREENING, MEDICAL RESEARCH, TRAINING OF HEAL PROFESSIONALS AND COMMITMENT TO A SINGLE LEV OF HEALTHCARE PROGRAMS FOR THE POOR AND BROADER COMMUNITY INCLUDE TOTAL QUANTIFIABLE COMMUNITY BENEFITS THE TOTAL QUANTIFIABLE	TH 'EL
COMMUNITY BENEFITS INCLUDING BENEFITS FOR THE POOR AND BROADER COMMUNITY BUT EXCLUDING THE UNPAID COSTS OF MEDICARE FOR GOOD SAMARITAN HOSPITAL FOR FISCAL YEAR 2013 REPRESENTS \$20,044,124 IN UNSPONSORED BENEFIT EXPENSE WHIS 10 7 PERCENT OF GOOD SAMARITAN HOSPITAL'S TOTAL EXPENSES TOTAL QUANTIFIABLE COMMUNITY	ICH
BENEFITS INCLUDING THE UNPAID COSTS OF MEDICA REPRESENTS \$33,401,552 IN UNSPONSORED EXPENSE WHICH IS 17 8 PERCENT OF GOOD SAMARITAN HOSPITAL'S TOTAL EXPENSES SECTION 2 - UNCOMPENSATED CARE CHARITY CARE AS DESCRIBE IN THE CATHOLIC HEALTH ASSOCIATION'S GUIDE FO PLANNING AND REPORTING COMMUNITY BENEFIT	D
RELEASED IN 2006, CHARITY CARE IS FREE OR DISCOUNTED HEALTH AND HEALTH-RELATED SERVIC PROVIDED TO PERSONS WHO CANNOT AFFORD TO PA AND WHO MEET THE ORGANIZATION'S CRITERIA FOR FINANCIAL ASSISTANCE GENERALLY, A BILL MUST BE GENERATED AND RECORDED AND THE PATIENT MUST MEET THE ORGANIZATION'S CRITERIA FOR CHARITY	Y :
CARE AND DEMONSTRATE AN INABILITY TO PAY CHARITY CARE IS REPORTED IN TERMS OF COSTS, NO CHARGES CHARITY CARE DOES NOT INCLUDE BAD DE AS DESCRIBED IN THE TABLE ON THE PREVIOUS PAGE GOOD SAMARITAN HOSPITAL PROVIDES A SIGNIFICA LEVEL OF FREE CARE EACH YEAR IN FISCAL YEAR 201 THE COST OF CHARITY CARE PROVIDED WAS \$7 4 MILLION GOVERNMENT-SPONSORED HEALTH CARE	EBT E, NT
GOVERNMENT-SPONSORED HEALTH CARE COMMUNIT BENEFIT INCLUDES UNPAID COSTS OF PUBLIC PROGRAMS, THE "SHORTFALL" CREATED WHEN A FACILITY RECEIVES PAYMENTS THAT ARE LESS THAN COSTS FOR CARING FOR PUBLIC PROGRAM BENEFICIARIES THIS "PAYMENT SHORTFALL" IS NOT SAME AS A CONTRACTUAL ALLOWANCE, WHICH IS TH	THE
FULL DIFFERENCE BETWEEN CHARGES AND GOVERNMED PAYMENTS IT DOES NOT INCLUDE ANY SHORTFALL TO RESULTS FROM INEFFICIENCY OR POOR MANAGEMEN'GOOD SAMARITAN HOSPITAL INCURRED \$9.7 MILLION UNREIMBURSED COSTS FOR SERVICES PROVIDED TO MEDICAID PATIENTS AND \$13.4 MILLION IN UNREIMBURSED COSTS FOR SERVICES PROVIDED TO	HAT T
MEDICARE PATIENTS MEDICAID PATIENTS REPRESENTED APPROXIMATELY 14 2 PERCENT OF THE PATIENTS SERVED BY GOOD SAMARITAN HOSPITAL II FISCAL YEAR 2013 AND MEDICARE PATIENTS REPRESENTED APPROXIMATELY 43 7 PERCENT OF THE PATIENTS SERVED FREQUENTLY, THE COST OF PROVIDING SERVICES TO MEDICARE AND MEDICAID	N
PATIENTS IS GREATER THAN THE PAYMENT GOOD SAMARITAN HOSPITAL RECEIVES FROM THE GOVERNMENT SECTION 3 - COMMUNITY OUTREACH F THE POOR IN FISCAL YEAR 2013, GOOD SAMARITAN HOSPITAL PARTNERED WITH OTHER COMMUNITY ORGANIZATIONS TO ENHANCE THE QUALITY OF LIFE THE POOR IN OUR COMMUNITY SUCH PARTNERSHIPS AND SERVICES ARE DESCRIBED IN THIS SECTION	OF
COMMUNITY HEALTH ACCESS TEAM (CHAT) THE COMMUNITY HEALTH ACCESS TEAM IS A TEAM OF INDIVIDUALS REPRESENTING 14 DIFFERENT ORGANIZATIONS AND AGENCIES WHOSE MISSION IS EVERYONE WITH A POINT OF ENTRY TO SERVICE IN BUFFALO COUNTY WILL HAVE ACCESS TO, REGULARLY USE, AND BE SATISFIED WITH COMPREHENSIVE, COST	,
EFFECTIVE, HIGH QUALITY, PRIMARY HEALTH SERVIC THAT SUPPORT OPTIMAL QUALITY OF LIFE CHAT'S GISTO REACH 100 PERCENT ACCESS TO PRIMARY HEALTHCARE SERVICES FOR ALL WITH ZERO RACIAL A ETHNIC DISPARITY DIFFERENCES BETWEEN PEOPLE, SUCH AS CULTURE, CLASS, EDUCATIONAL ATTAINME EMPLOYMENT STATUS AND ABILITY TO PAY, WILL NO	ES OAL AND
LONGER BE ASSOCIATED WITH DIFFERENTIAL HEALTH OUTCOMES CHAT'S PRIMARY TARGET GROUP IS THE UNINSURED AND UNDERINSURED AND THEIR DESIRED OUTCOME IS TO CREATE A NEW MODEL TO REACH 100 PERCENT HEALTH ACCESS AND ZERO HEALTH DISPARITIES IN ADDITION TO GOOD SAMARITAN HOSPITAL, CHAT HAS REPRESENTATIVES FROM THES	0
LOCAL PARTNERS COMMUNITY ACTION PARTNERSHI OF MID-NEBRASKA, NEBRASKA HEALTH AND HUMAN SERVICES OFFICE OF MINORITY HEALTH, REGION 3 BEHAVIORAL HEALTH SERVICES, EDUCATIONAL SERV UNIT #10, UNITED WAY OF KEARNEY AREA, UNIVERSIT OF NEBRASKA AT KEARNEY COUNSELING & STUDENT HEALTH, UNIVERSITY OF NEBRASKA MEDICAL CENTER	YICE TY R-
COLLEGE OF NURSING-KEARNEY DIVISION, TWO RIVE PUBLIC HEALTH DEPARTMENT, GIBBON PUBLIC SCHOOK KEARNEY PUBLIC SCHOOLS, NEBRASKA AIDS PROJECT CENTRAL HEALTH SERVICES, GOODWILL INDUSTRIES BUFFALO COUNTY HEALTH MINISTRY NETWORK, GOOD SAMARITAN HOSPITAL FOUNDATION, KEARNEY HOUS AGENCY, KEARNEY CLINIC, SENTINEL HEALTH CARE,	RS OLS, F,
WALGREENS PHARMACY, AREA HEALTH AND DENTAL PROVIDERS AND A DIVERSE GROUP OF RESIDENTS OF BUFFALO COUNTY CHAT IS A COALITION OF THE BUFFALO COUNTY COMMUNITY PARTNERS WORKING TO 'ELIMINATE HEALTH DISPARITIES' AS ONE OF THE FIX STRATEGIC ELEMENTS OF THE BUFFALO COUNTY 2020 VISION AS A PART OF THE 2020 VISION, CHAT WILL ELEVATE HEALTH ISSUES IN BUFFALO COUNTY, ENGA	70 /E 0
RESIDENTS IN ACCOUNTABILITY TO HEALTH, EMPOW RESIDENTS TO CREATE CHANGE, AND EVALUATE PROGRESS TOWARD BUILDING A HEALTHIER BUFFALO COUNTY DURING FISCAL YEAR 2008, CATHOLIC HEAL INITIATIVES AWARDED A GRANT TO BUFFALO COUNT COMMUNITY PARTNERS AND PRESENTED TO CHAT TO ADDRESS 'ACCESS ISSUES' SINCE THAT TIME, CHAT	ER _TH Y
CONDUCTED SURVEYS OF PROVIDERS, CONDUCTED MINORITY BEHAVIORAL RISK FACTOR SURVEY OF 300 RESIDENTS, AND CONDUCTED MINORITY FOCUS GROWN IN BUFFALO COUNTY THE QUALITATIVE AND QUANTITATIVE DATA COLLECTED IN THE PLANNING PHASE WAS USED TO DEVELOP A "COMMUNITY BASED PATHWAY" FOR HISPANIC RESIDENTS WITH DIABETES	UPS O S IN
FY2009, DIABETES WAS DEFINED AS NUMBER ONE ISS FACING THE HISPANIC COMMUNITY CHAT HAS PLANS TO ADD ADDITIONAL PATHWAYS IN DEFINING A MEDICAL HOME, PROVIDING INTERPRETER SERVICES REDUCING OBESITY AND A VARIETY OF OTHER SOCIA FACTORS THAT IMPACT HEALTH IN FISCAL YEAR 201 AND 2011, CHAT DEVELOPED THE 'WHEELS' THAT WILL MOTORIZE THE PATHWAY INTO OPERATIONS AND	, , , , 0
SECURED ADDITIONAL FUNDING NEEDED FOR THE PROJECT THIS WILL BE THE FIRST COMMUNITY BASEI PATHWAY DEVELOPED IN THE STATE OF NEBRASKA CHAT HOPES TO BE A NATIONAL LEADER IN CREATIN NEW AND INNOVATIVE WAYS TO ADDRESS ACCESS AT DISPARITY ISSUES IN BUFFALO COUNTY AND BEYOND FY2010, GOOD SAMARITAN HOSPITAL FOUNDATION	G ND
APPLIED FOR A THREE YEAR CATHOLIC HEALTH INITIATIVES MISSION AND MINISTRY GRANT TO FUN THE COMMUNITY PATHWAY FUNDING WAS SECURED FY2011 FROM JULY 2011 TO JUNE 2012,53 CLIENTS WERE ENROLLED INTO FIVE SEPARATE PATHWAYS FR JULY 2012 TO JUNE 2013, ADDITIONAL 100 CLIENTS WERE SERVED IN FINAL YEAR OF THE GRANT CHAT	FOR
EXPECTS TO ADD 100 MORE CLIENTS HEALTH EDUCATION GSH PROVIDED FUNDING TO SENTINEL HEALTH CARE WHO PURCHASED THE KRAMES PATIENT EDUCATION SYSTEM FOR ITS NETWORK OF HEALTH C. PROVIDERS THE KRAMES PATIENT EDUCATION SYST IS A WEB-BASED SYSTEM THAT PROVIDES INSTANT ACCESS TO THOUSANDS OF ILLUSTRATED PATIENT	ARE
EDUCATION TOPICS THAT COVERS CONDITIONS, PROCEDURES, MEDICATIONS AND WELLNESS PROMOTION HEALTH CARE PROVIDERS IN SEVEN FACILITIES HAVE UTILIZED OVER 20,771 HEALTH SHEETS, AND 38,882 DRUG SHEETS FOR FY2013 GSH PROVIDED FUNDING TO SENTINEL HEALTH CARE WHO FACILITATES COLLABORATIVE WORKGROUPS THAT H	
DEVELOPED PERSONAL HEALTH MANAGERS FOR PATIENTS DIAGNOSED WITH SPECIFIC HEALTH CONDITIONS LIKE DIABETES, ASTHMA AND COPD SENTINEL HEALTH CARE HAS PROVIDED APPROXIMAT 250 ENGLISH AND SPANISH PERSONAL HEALTH MANAGERS TO PATIENTS DURING FY2013 GSH PROVIDED FUNDING TO SENTINEL HEALTH CARE WHO PROVIDES THE LIVING WELL CLASS THREE TIMES A YE	
WHICH IS AN EVIDENCE-BASED CHRONIC DISEASE SE MANAGEMENT PROGRAM DEVELOPED BY STANFORD UNIVERSITY THE PROGRAM IS AN INTERACTIVE WORKSHOP CONSISTING OF SIX SESSIONS THAT HELP PEOPLE WHO HAVE ONGOING HEALTH CONDITIONS LEARN REAL-LIFE SKILLS FOR LIVING A FULL, HEALTH	PS
SCHEDULE H, PART VI ASSESSMENT AND COMMUNITY INFORMATION INFORMATION SCHEDULE H, PART VI AND POLST FORMS THROUGHOUT THE COMMUNITY A HAS DISTRIBUTED APPROXIMATELY 1000 FILE FOR LI MAGNETS DURING FY2013 HOME MONITORING FOR HEART FAILURE GSH PROVIDED FUNDING TO SENTINE HEALTH CARE WHO PROVIDES PATIENTS WITH	E ND FE
EQUIPMENT TO MONITOR THEIR BLOOD PRESSURE, OXYGENATION LEVEL AND WEIGHT PATIENTS ARE MONITORED BY AN RN CLINICAL COORDINATOR AND ANY VARIANCES FROM ACCEPTABLE LEVELS ARE ASSESSED BY THE NURSE AND THEN COMMUNICATED WITH THE PATIENT'S HEALTH CARE PROVIDER IN ORE TO REDUCE EXACERBATIONS OF THEIR CONDITION	•
SENTINEL HEALTH CARE PROVIDED MONITORING SERVICES TO APPROXIMATELY 75 PATIENTS OVER A WIDE GEOGRAPHIC AREA FOR FY2013 PATIENTS ALS RECEIVE EDUCATION INFORMATION ABOUT THEIR HEART FAILURE CONDITION IN THE FORM OF A HEAR FAILURE CALENDAR AND GO-TO-GUIDE CREATED BY KRAMES PATIENT EDUCATION SYSTEMS SENTINEL HEALTH CARE PROVIDED 2,500 HEART FAILURE	
CALENDARS TO THE COMMUNITY IN FY2013 MEDICATION ACCESS PROGRAM GSH PROVIDED FUNDING TO SENTINEL HEALTH CARE'S MEDICATION ACCESS PROGRAM WHO ASSISTS PATIENTS IN OBTAINING LOW-COST OR NO-COST MEDICATIONS FROM PHARMACEUTICAL COMPANIES FOR THE 2013 FISCAL YEAR, THE PROGRAM SAVED PARTICIPATING	
PATIENTS OVER \$2 8 MILLION IN PRESCRIPTION DRU COSTS BY PROVIDING AID IN OBTAINING 4,899 PRESCRIPTIONS THE PROGRAM PROVIDED ASSISTAN TO APPROXIMATELY 773 PATIENTS THROUGHOUT TH YEAR THE AVERAGE PRESCRIPTION DRUG COSTS SAVINGS PER PATIENT WAS \$3,600 THE MEDICATION ACCESS PROGRAM HAS BEEN PROVIDING MEDICATION	ICE E
TO NEEDY PATIENTS FOR THE PAST 10 YEARS SINCE JULY 1, 2003, THE MEDICATION ACCESS PROGRAM HELPED OBTAIN OVER 56,000 PRESCRIPTIONS DURIN THE 10 YEAR PERIOD FOR A TOTAL COMBINED COMMUNITY SAVINGS OF OVER \$23 4 MILLION DOLLA IN PRESCRIPTIONS COSTS PROJECT SNOWFLAKE AS A MISSION OUTREACH INITIATIVE, GOOD SAMARITAN	ARS A
HOSPITAL COORDINATES A SPECIAL CHRISTMAS GIV ACTIVITY EACH YEAR IN FISCAL YEAR 2013 EMPLOYE DONATED ROUGHLY \$7,000 IN CASH, TOYS AND NON- PERISHABLE HOME ITEMS THROUGH THE ANNUAL PROJECT SNOWFLAKE DRIVE THE MAINTENANCE OPE HOUSE BROUGHT IN ANOTHER \$82 AND 130 POUNDS FOOD THAT WERE DONATED TO THE JUBILEE CENTER LOCAL AGENCIES LIKE THE FAMILY ADVOCACY	N OF
NETWORK, JUBILEE CENTER, SAFE CENTER, SALVATIO ARMY, GOODFELLOWS AND EVEN OUR OWN EMPLOYEE TRULY BENEFITED FROM OUTPOURING CARE AND SUPPORT SECTION 4 - COMMUNITY OUTREACH FOR T BROADER COMMUNITY IN FISCAL YEAR 2013, GOOD SAMARITAN HOSPITAL SERVED THE BROADER COMMUNITY THROUGH LEADERSHIP, ADVOCACY,	:S
COLLABORATIVE EFFORTS TO IMPROVE COMMUNITY HEALTH, DONATED FUNDS AND OTHER RESOURCES, SUPPORT OF FUNDRAISERS, CASH SPONSORSHIPS, VOLUNTEER WORK, EDUCATION OF MEDICAL PROFESSIONALS, RESEARCH, CAPITAL IMPROVEMENT AND COMMUNITY BUILDING ACTIVITIES THESE EFFO ARE DESCRIBED IN THIS SECTION A LEADERSHIP IN	RTS
COMMUNITY GOOD SAMARITAN HOSPITAL IS RECOGNIZED AS A PROGRESSIVE COMMUNITY AND REGIONAL PROVIDER OF HEALTHCARE SERVICES THE HOSPITAL'S BOARDS OF DIRECTORS (HOSPITAL AND FOUNDATION) AND STAFF VOLUNTEER THEIR TIME AN RESOURCES TO MORE THAN 200 REGIONAL AND LOCA BOARDS, ADVISORY COUNCILS, COMMUNITY	ND AL
ORGANIZATIONS AND COALITIONS B ADVOCACY IN EFFORT TO SERVE THE NEEDS OF THE POOR AND BROADER COMMUNITY, MANY STAFF AND BOARD MEMBERS OF GOOD SAMARITAN HOSPITAL PARTICIP, IN ADVOCACY ACTIVITIES C COLLABORATIVE EFFO TO IMPROVE COMMUNITY HEALTH GOOD SAMARITAN HOSPITAL ENGAGES IN NUMEROUS COLLABORATIVE EFFORTS TO IMPROVE COMMUNITY HEALTH THESE	ATE RTS
COLLABORATIVE PROJECTS ARE OUTLINED IN THIS SECTION AMERICAN RED CROSS BLOOD COLLECTION CENTER THROUGH A JOINT EFFORT BETWEEN GOOD SAMARITAN HOSPITAL, THE FT KEARNEY CHAPTER OF THE AMERICAN RED CROSS AND THE AMERICAN RED CROSS MIDWEST BLOOD REGION, A NEW BLOOD COLLECTION CENTER OPENED IN KEARNEY IN 1999	
GOOD SAMARITAN IS THE LARGEST SINGLE USER OF BLOOD PRODUCTS IN THE REGION THE MIDWEST REGION ALSO HAS THE HIGHEST PER CAPITA BLOOD PLATELET DONATIONS IN THE NATION WITH THESE I DRIVING FACTORS, THE ABILITY TO GIVE BLOOD IN T KEARNEY AREA IS NOW A DAILY CONVENIENCE THE AMERICAN RED CROSS HONORED GOOD SAMARITAN	rwo
HOSPITAL AS A RECIPIENT OF A VOLUNTEER RECOGNITION AWARD IN THE SPECIAL EVENT CATEG FOR SPONSORING THE PERMANENT BLOOD AND PLATELET COLLECTION CENTER "THEY ARE LOCATED 520 WEST 48TH STREET" DUE TO THE COMPLEXITY O APHERESIS COLLECTIONS AND TO BEST UTILIZE EXISTING RESOURCES, PLATELET COLLECTIONS WILL	DAT F BE
MOVING TO OTHER RED CROSS BLOOD DONOR CENTE THIS COLLABORATION ALLOWS THE RED CROSS TO OPERATE MORE EFFICIENTLY GOOD SAMARITAN HOSPITAL ALSO SPONSORS BLOOD DRIVES AT GOOD SAMARITAN HOSPITAL CONFERENCE CENTER DURING FISCAL YEAR 2013, 112 PRODUCTIVE UNITS WERE DONATED BREAST CANCER EDUCATION FY2013 - COMMUNITY HEALTH FAIRS AND GROUP	
PRESENTATIONS BREAST CANCER EDUCATION WAS CONDUCTED USING GROUP PRESENTATIONS AND/OR EDUCATION WITH A LIGHTED BREAST MODEL DURING THE FOLLOWING OUTREACH EVENTS * NEBRASKA ST FAIR, GRAND ISLAND * PRIME SENIOR FESTIVAL, KEARNEY * ADAMS LAND AND CATTLE HEALTH FAIR, BROKEN BOW * NEBRASKA WOMEN IN AGRICULTURE,	
KEARNEY SIMPLY PINK THE ANNUAL SIMPLY PINK BREAST CANCER AWARENESS STYLE SHOW WAS HELD OCTOBER 11, 2012 AT THE MERRYMAN PERFORMING ARTS THEATER THIS FUN AND UPLIFTING EVENT IS DESIGNED TO RAISE AWARENESS AND TO HONOR BREAST CANCER SURVIVORS THE THEME OF THE SHO WAS STARS, WITH THE SURVIVOR MODELS AS THE STA	o W
APPROXIMATELY 300 PEOPLE ATTENDED THE SHOW, WHICH FEATURED 27 SURVIVOR MODELS AND FAMILY MEMBERS THE MODELS WERE ESCORTED BY PLAYERS THE TRI-CITY STORM HOCKEY TEAM THE PINK PANTH MADE HIS APPEARANCE A WIDE VARIETY OF CLOTHII WAS LOANED BY OVER TWENTY LOCAL MERCHANTS THREE SLIDE SHOWS WERE PRESENTED DURING THE	O F HER
SHOW THE FIRST FEATURES MODELS FROM THE PREVIOUS 6 SIMPLY PINK EVENTS, THE SECOND FEATURED A TRIBUTE TO THE LATE CAROL COPE IN HONOR OF HER GENEROUS DONATIONS TO OUR COMMUNITY, AND THE THIRD FEATURED THE CANCER CENTER'S HEALING GARDEN THE EVENT IS FREE, HOWEVER, FREE WILL DONATIONS ARE RECEIVED TH	IS
YEAR THE DONATIONS WILL BE USED TO HELP FUND THE HEALING GARDEN ELEGANT DESSERTS, DONATED BY LOCAL RESTAURANTS WERE SERVED AT THE RECEPTION FOLLOWING THE SHOW THE HOLIDAY INN GIFT SHOP DONATED OVER 14 BEAUTIFUL PURSES THAT WERE GIVEN AWAY DURING THE SHOW AS THE GUESTS EXITHER RECEPTION, EACH GUEST WAS PRESENTED WITH	TED A
LONG STEMMED PINK ROSE AND AN INFORMATIONAL CARD PROMOTING BREAST HEALTH THE EVENT WAS PROMOTED PRIOR TO THE SHOW IN THE LIFETIME SESSION OF THE KEARNEY HUB ON THE NTV'S THE GO LIFE AND IN GOOD SAMARITAN HOSPITAL'S HEALTH TALK GOOD SAMARITAN CANCER CENTER - SUPPORT AND EDUCATIONAL PROGRAMS FOR CANCER	OD
SURVIVORS A TIME TO HEAL A TIME TO HEAL IS A 12 WEEK HOLISTIC REHABILITATION PROGRAM DESIGNE TO HELP CANCER PATIENTS REGAIN THEIR PHYSICAL EMOTIONAL, AND SPIRITUAL HEALTH AFTER CANCER TREATMENT INITIALLY, A TIME TO HEAL WAS DESIGN FOR BREAST CANCER PATIENTS, HOWEVER, WE NOW OFFER TWO PROGRAMS, ONE FOR BREAST CANCER	ED , IED
PATIENTS AND ANOTHER FOR ALL CANCER PATIENTS THE EVENING SESSIONS ARE CONDUCTED OVER A 12 WEEK PERIOD, WITH EACH WEEKLY SESSION LASING APPROXIMATELY 3 HOURS THIS RESEARCH-BASED PROGRAM IS FREE TO POST-TREATMENT CANCER	-
PATIENTS GOALS INCLUDE * TO IMPROVE QUALITY LIFE, POST TREATMENT * TO INCREASE KNOWLEDGE ABOUT HEALTH-ENHANCING ACTIVITIES * TO	-

Identifier LINES 2,4 AND 5 - NEEDS ASSESSMENT AND COMMUNITY INFORMATION	ReturnReference SCHEDULE H, PART VI	Explanation AMERICAN CANCER SOCIETY SERVICES THROUGH THE AMERICAN CANCER SOCIETY INCLUDE BUT ARE NOT LIMITED TO ROAD TO RECOVERY, SUPPORT AND EDUCATIONAL RESOURCES, LODGING AND WIG BANK
		BREAST CANCER SUPPORT GROUP THE BREAST CANCER SUPPORT GROUP WAS FORMED TO OFFER THERAPEUTIC SUPPORT TO WOMEN WHO HAVE BEEN DIAGNOSED WITH BREAST CANCER THIS GROUP MEETS ON THE SECOND TUESDAY OF EACH MONTH AT 7 00 P M IN THE CANCER CENTER AT GOOD SAMARITAN HOSPITAL FOR MORE INFORMATION PLEASE CONTACT MARCIA STEPHENS
		CANCERCARE CONNECT IMPROVING THE CARE OF PEOPLE LIVING WITH CANCER CANCERCARE IS A NATIONAL NONPROFIT ORGANIZATION THAT PROVIDES FREE, PROFESSIONAL SUPPORT SERVICES TO ANYONE AFFECTED BY CANCER THEY OFFER FREE TELEPHONE EDUCATION WORKSHOPS FOR SURVIVORS, FAMILY AND PROFESSIONALS TO LEARN ABOUT CANCER-RELATED
		ISSUES GIVEN BY LEADING EXPERTS IN ONCOLOGY CANCER SURVIVORS DAY CANCER SURVIVORS DAY IS AN ANNUAL EVENT HONORING CANCER SURVIVORS A CANCER SURVIVOR IS DEFINED AS ANYONE LIVING WITH A HISTORY OF CANCER - FROM THE MOMENT OF DIAGNOSIS THROUGH THE REMAINDER OF LIFE INFORMATION ON WHEN THIS EVENT WILL BE HELD AND
		WHERE THE EVENT WILL BE HELD IS DISTRIBUTED TO CANCER SURVIVORS ON THE CANCER CENTER MAILING LIST AND ADVERTISED IN THE KEARNEY HUB CONTACT THE CANCER CENTER FOR MORE INFORMATION LEUKEMIA AND LYMPHOMA SOCIETY TELEPHONE SUPPORT GROUP A STAFF MEMBER FROM GOOD SAMARITAN CANCER CENTER
		FACILITATES THE TELEPHONE SUPPORT GROUP THIS GROUP PROVIDES AN OPPORTUNITY TO TALK WITH A SMALL GROUP OF PEOPLE WHO HAVE MULTIPLE MYELOMA, LEUKEMIA, OR LYMPHOMA THIS IS A FREE SERVICE PROVIDED BY THE NEBRASKA AND IOWA CHAPTER OF THE LEUKEMIA & LYMPHOMA SOCIETY LOOK GOOD FEEL BETTER THE COSMETIC, TOILETRY AND FRAGRANCE
		ASSOCIATION FOUNDATION, A CHARITABLE ORGANIZATION SUPPORTED BY THE COSMETIC INDUSTRY'S TRADE ASSOCIATION AND IN PARTNERSHIP WITH THE AMERICAN CANCER SOCIETY AND THE NATIONAL COSMETOLOGY ASSOCIATION, FOUNDED LOOK GOOD FEEL BETTER IN 1989 LOOK GOOD FEEL BETTER MEETS THE THIRD MONDAY OF EACH MONTH AT 10 00 A M
		IN THE CONFERENCE ROOM AT GOOD SAMARITAN CANCER CENTER CALL THE CANCER CENTER TO REGISTER FOR THE PROGRAM REGISTRATION IS REQUIRED REACH TO RECOVERY THIS IS A REHABILITATION PROGRAM FOR WOMEN WITH BREAST CANCER THIS PROGRAM PROVIDES FOR ONE-TO-ONE VISITS BY WOMEN WHO HAVE A HISTORY OF BREAST CANCER AND HAVE BEEN TRAINED
		THROUGH THE AMERICAN CANCER SOCIETY TO OFFER SUPPORT AND HELP WOMEN MEET THE PHYSICAL AND COSMETIC NEEDS RELATED TO THE DISEASE AND/OR ITS TREATMENT UNITED OSTOMY GROUP THIS SUPPORT GROUP IS COMPOSED OF INDIVIDUALS WHO HAVE INTESTINAL OR URINARY STOMAS THE GROUP MEETS THE FIRST SUNDAY OF EACH MONTH PROGRAMS ARE
		DESIGNED FOR INFORMATIONAL, SOCIAL, AND PSYCHOSOCIAL SUPPORT SURVIVORSHIP CHRISTMAS PARTY EACH YEAR THE CANCER CENTER KICKS OFF THE HOLIDAY SEASON BY HOSTING A CHRISTMAS PARTY THIS EVENT CELEBRATES OUR CANCER SURVIVORS AND THEIR FAMILIES CANCER SURVIVORS ARE INVITED TO SHARE THEIR BLESSINGS AND SHARE A MEAL WITH FELLOW
		SURVIVORS CENTRAL NEBRASKA AREA HEALTH EDUCATION CENTER THE MISSION OF THE CENTRAL NEBRASKA AREA HEALTH EDUCATION CENTER (CN-AHEC) IS TO WORK TOWARD A SOLID FOUNDATION OF HEALTH CARE FOR ALL NEBRASKANS THROUGH SUPPORT OF EXISTING HEALTH PROFESSIONALS AND BY "GROWING OUR OWN" HEALTH PROFESSIONALS FOR FUTURE YEARS
		IN ADDITION, CN-AHEC WILL SUPPORT HEALTH EDUCATION AND WELLNESS OUTREACH PROGRAMS FOR COMMUNITIES WITHIN OUR SERVICE AREA AREA HEALTH EDUCATION CENTERS (AHEC) STRIVE TO ELIMINATE DISPARITIES IN HEALTH AND HEALTH CARE, ESPECIALLY IN UNDERSERVED COMMUNITIES AHECS BEGAN IN 1973 AND ARE FUNDED THROUGH A COMBINATION OF STATE
		AND FEDERAL FUNDS FORTY-ONE STATES CURRENTLY HAVE AHEC PROGRAMS VIRTUALLY ALL AHEC EFFORTS ARE UNDERTAKEN WITH LOCAL PARTNERS IN PARTICULAR, AHECS COMBINE THEIR EFFORTS WITH OTHER HEALTH PROFESSIONS PROGRAMS FUNDED THROUGH A VARIETY OF SOURCES LOCALLY, THE CN- AHEC HELPED TO FUND A COLLABORATIVE PARTNERSHIP
		BETWEEN GOOD SAMARITAN HOSPITAL AND KEARNEY PUBLIC SCHOOLS (KPS) WITH KPS, GOOD SAMARITAN HAS ESTABLISHED AN ARTICULATED HEALTH SCIENCE AND TECHNOLOGY CAREER CLASS TO MOTIVATE AND PREPARE STUDENTS FOR PURSUIT OF A PROFESSIONAL HEALTH CARE CAREER COLO-RECTAL HEALTH CHECK GOOD SAMARITAN HOSPITAL, IN CONJUNCTION WITH SIXTEEN
		AREA HOSPITALS AND CLINICS, JOINED FORCES TO OFFER FREE COLO-RECTAL SCREENINGS TO COMMUNITY RESIDENTS THE HOSPITALS OFFERED INDIVIDUALS CONVENIENT AT-HOME SCREENING KITS APPROXIMATELY 1,375 KITS WERE DISTRIBUTED IN THE COLO-RECTAL SCREENING PROGRAM BETWEEN ALL OF THE HOSPITALS THAT PARTICIPATED FOR THE THIRTEEN
		HOSPITALS THAT PARTICIPATED FOR THE THIRTEEN HOSPITALS UTILIZING GOOD SAMARITANS LABORATORY SERVICES, WE HAD A 75% RETURN RATE WITH 3% OF THOSE PARTICIPANTS HAVING POSITIVE RESULTS REQUIRING FOLLOW-UP CONFERENCE CENTER GOOD SAMARITAN HOSPITAL OFFERS A STATE OF THE ART CONFERENCE FACILITY TO THE REGION AT NO COST IN FISCAL YEAR 2013, THE CONFERENCE CENTER WAS
		UTILIZED 55% INTERNALLY AND 45% EXTERNALLY OF THE TIME BETWEEN 7 A M AND 10 P M DAILY COMMUNITY PROGRAMS OFFERED IN THE CONFERENCE CENTER HAVE REACHED APPROXIMATELY 25,000 PARTICIPANTS THIS PAST YEAR THE CONFERENCE CENTER ALSO SERVES AS A MEETING PLACE FOR MULTIPLE SUPPORT GROUPS CRITICAL ACCESS HOSPITAL (CAH) NETWORK IN 1997, AS
		PART OF THE BALANCED BUDGET ACT (BBA), THE U S CONGRESS CREATED THE RURAL HOSPITAL FLEXIBILITY PROGRAM (FLEX PROGRAM) THE CRITICAL ACCESS HOSPITAL (CAH) PROGRAM IS ONE OF THE CENTRAL FEATURES OF THE FLEX PROGRAM ITS INTENT IS TO ALLOW RURAL COMMUNITIES TO PRESERVE ACCESS TO PRIMARY CARE AND EMERGENCY SERVICES, PROVIDE
		HEALTH CARE SERVICES THAT MEET COMMUNITY NEEDS, AND HELP ENSURE FINANCIAL VIABILITY OF PROGRAM PARTICIPANTS THROUGH IMPROVED REIMBURSEMENT AND DIFFERENT OPERATING REQUIREMENTS TODAY, THE NEBRASKA CAH PROGRAM CONTINUES TO BE ADMINISTERED BY THE NEBRASKA OFFICE OF PUBLIC HEALTH, IN VERY CLOSE COLLABORATION WITH THE
		NEBRASKA OFFICE OF RURAL HEALTH NEBRASKA HAS BEEN EXTREMELY ACTIVE IN ESTABLISHING, IMPLEMENTING, AND GROWING THE NEBRASKA CAH PROGRAM SINCE ITS BEGINNING AND IS RECOGNIZED AROUND THE COUNTRY AS HAVING ONE OF THE MORE INNOVATIVE AND SUCCESSFUL CAH PROGRAMS AS OF THE END OF FISCAL YEAR 2013, THE STATE HAD 65 CAH-
		CERTIFIED FACILITIES THE GOOD SAMARITAN CAH NETWORK CONSISTS OF 14 HOSPITALS THESE HOSPITAL LOCATIONS STRETCH FROM CENTRAL AND SOUTH CENTRAL NEBRASKA TO BOTH NORTHERN AND WESTERN NEBRASKA EACH HOSPITAL PROVIDES LOCAL HEALTH SERVICES AND ACCESS TO ITS SERVICE AREA THE VISION OF THE GOOD SAMARITAN CAH NETWORK IS TO
		UTILIZE A COLLABORATIVE APPROACH TO IMPROVE PROCESSES OF COMMUNICATION, QUALITY ASSURANCE, PEER REVIEW AND CREDENTIALING SO THAT CARE IS OPTIMIZED WITHIN EACH HOSPITAL IN THE NETWORK AS WELL AS WHEN PATIENTS ARE TRANSFERRED FROM CRITICAL ACCESS HOSPITALS TO THE TERTIARY CARE HOSPITAL AS A NETWORK, WE WILL LOOK FOR WAYS TO
		SUPPORT THE NETWORK, WE WILL LOOK FOR WAYS TO SUPPORT THE NETWORK WHILE STRENGTHENING ITS INDIVIDUAL MEMBERS AND THE COMMUNITIES THEY SERVE EN CARE PROGRAM (EMERGENCY NURSES' CARE) EN CARE IS A NATIONAL INJURY PREVENTION EFFORT SPONSORED BY THE EMERGENCY NURSES' ASSOCIATION, INJURY PREVENTION INSTITUTE THE GSH TRAUMA OUTREACH COORDINATOR DELIVERS EN CARE PROGRAMS
		FOR CHILDREN, TEENS, YOUNG ADULTS AND SENIOR CITIZENS AN ALCOHOL/DRUG/TOBACCO PREVENTION PROGRAM WAS TAUGHT TO ALL 3RD GRADE CLASSES IN KEARNEY DURING RED RIBBON WEEK A FALL PREVENTION PROGRAM IS OFFERED TO ALL SENIORS AND HELD AT THE PETERSON SENIOR ACTIVITY CENTER BIKE SAFETY IS TAUGHT TO ALL 3RD GRADE CLASS MEMBERS IN KEARNEY
LINES 2,4 AND 5 - NEEDS ASSESSMENT AND COMMUNITY INFORMATION	SCHEDULE H, PART VI	PUBLIC SCHOOL SYSTEM THE TRAUMA OUTREACH COORDINATOR AT GSH HAS COORDINATED THE SCHEDULING OF MANY SAFETY PROGRAMS IN THE COMMUNITY CONT'D ENHANCED ACCESS TO RICHARD YOUNG BEHAVIORAL HEALTH CENTER IN FISCAL YEAR 1999, THE RYBHC ACCESS CENTER BEGAN PROVIDING FREE INITIAL
		ASSESSMENTS THESE ASSESSMENTS ARE CONDUCTED BY LICENSED MENTAL HEALTH PROFESSIONALS AND ARE USED AS A TOOL TO ENSURE THAT INDIVIDUALS ARE REFERRED TO THE APPROPRIATE LEVEL OF CARE IN FISCAL YEAR 2013, THE RYH ACCESS CENTER RESPONDED TO 1,210 CRISIS INTERVENTION AND INFORMATION SERVICE CALLS UTILIZING 605 STAFF HOURS AND
		COMPLETED 352 INITIAL ASSESSMENTS UTILIZING 528 STAFF HOURS RICHARD YOUNG BEHAVIORAL HEALTH CENTER OFFERS SPEAKERS SPECIFIC TO BEHAVIORAL HEALTHCARE TO AGENCIES AND CIVIC ORGANIZATIONS IN AN EFFORT TO EDUCATE THE PUBLIC ABOUT MENTAL HEALTH ISSUES THESE SERVICES ARE AVAILABLE AT NO COST FOR THE BETTERMENT OF PERSONS WITH MENTAL
		ILLNESSES AND THEIR FAMILIES FAMILY ADVOCACY NETWORK (FAN) THE FAMILY ADVOCACY NETWORK (FAN) IS A COMPREHENSIVE, PATIENT-FOCUSED PROGRAM COORDINATING LAW ENFORCEMENT, HEALTH AND HUMAN SERVICES, PROSECUTORS, HEALTHCARE PROFESSIONALS AND ADVOCATES TO PROVIDE AN EXPERIENCED, MULTI- DISCIPLINARY RESPONSE TO ABUSE AND SEXUAL
		ASSAULT FAN'S SERVICES INCLUDE FORENSIC INTERVIEWING, MEDICAL EXAMS, SEXUAL ASSAULT NURSE EXAMINERS (SANE) AND REFERRAL SOURCES TO THE VICTIMS OF CHILD ABUSE, SEXUAL ASSAULT, DOMESTIC VIOLENCE, AND NEGLECTED OR ABUSED VULNERABLE ADULTS IN ADDITION TO DIRECT SERVICES, FAN PROVIDES EDUCATION ABOUT CHILD ABUSE AND
		DOMESTIC VIOLENCE TO COMMUNITY MEMBERS AND PROFESSIONALS IN THE REGION GOOD SAMARITAN HOSPITAL PROVIDES IN-KIND OFFICE SPACE FOR THE FAMILY ADVOCACY NETWORK FEETLOOSE WITH SAM THE MOOSE IN OCTOBER 2012, GOOD SAMARITAN HOSPITAL LAUNCHED THE FEETLOOSE ECHALLENGE ON SAM THE MOOSE'S FACEBOOK PAGE,
		WWW FACEBOOK COM/GOODSAMTHEMOOSE GOOD SAMARITAN HOSPITAL'S FEETLOOSE ECHALLENGE WAS A SIMPLE WAY TO INTEGRATE FITNESS INTO A FAMILY'S BUSY SCHEDULE FROM OCTOBER 1 TO OCTOBER 31, 2012, SAM POSTED A DAILY WELLNESS RELATED CHALLENGE FOR THE WHOLE FAMILY FAMILIES WERE ENCOURAGED TO COMPLETE AS MANY DAILY CHALLENGES AS POSSIBLE
		FAMILIES WHO COMPLETED AND COMMENTED ON CHALLENGES HAD THEIR NAME ENTERED INTO A PRIZE DRAWING FOR AN IPAD NEARLY 1,000 PEOPLE PARTICIPATED IN THE FEETLOOSE ECHALLENGE AND POSTED COMMENTS, PHOTOS AND MORE ON THE DAILY CHALLENGES HEALTH CARE SCIENCES II CLASS GOOD SAMARITAN HOSPITAL PARTNERS WITH KEARNEY HIGH
		SCHOOL TO OFFER THE HEALTH CARE SCIENCES II CLASS THIS CLASS MEETS AT GOOD SAMARITAN HOSPITAL FOUR DAYS A WEEK AND PROVIDES REAL HANDS-ON LEARNING EXPERIENCES FOR STUDENTS INTERESTED IN HEALTHCARE CAREERS EXPERTS IN THEIR FIELDS, DIFFERENT HOSPITAL REPRESENTATIVES MEET WITH THE STUDENTS OVER THE COURSE OF 8 WEEKS TO PROVIDE
		INFORMATION ABOUT THEIR INDUSTRY, THE SPECIFIC ASPECTS OF THE CARE THEY PROVIDE, AND VARIOUS CAREER OPPORTUNITIES WITHIN HEALTHCARE THE PROGRAM IS DIVIDED INTO FIVE HEALTH SCIENCES CAREER PATHWAYS, MODELED AFTER THE NEBRASKA DEPARTMENT OF EDUCATION'S CAREER FIELDS AND CLUSTER MODEL DIAGNOSTIC SERVICES, SUPPORT
		SERVICES, BIOTECHNOLOGY RESEARCH AND DEVELOPMENT, THERAPEUTIC SERVICES AND HEALTH INFORMATICS FOR THE 2012-2013 SCHOOL YEAR, WE HAD 21 STUDENTS FOR CLASS I AND 20 STUDENTS FOR CLASS II KEARNEY AREA CHAMBER OF COMMERCE CAREER OPPORTUNITY FAIR GOOD SAMARITAN HOSPITAL ACTIVELY PARTICIPATES IN THE BUFFALO COUNTY
		SCHOOL TO CAREER INITIATIVE AS A WAY TO EDUCATE JUNIOR HIGH AND HIGH SCHOOL STUDENTS ABOUT CAREER OPPORTUNITIES INCLUDING HEALTH CAREERS OVER 1,500 STUDENTS FROM AROUND CENTRAL NEBRASKA REGULARLY ATTEND THE FAIR MIDWEST TELEHEALTH NETWORK THE MIDWEST TELEHEALTH NETWORK BECAME OPERATIONAL IN 1995 WITH FIVE
		RURAL SITES AND GOOD SAMARITAN HOSPITAL AS THE HUB FACILITY SINCE THEN, THE TELEHEALTH NETWORK HAS GROWN TO NOW INCLUDE TWENTY-THREE RURAL SITES FROM BOTH NEBRASKA AND KANSAS ACTIVITY OVER THE NETWORK INCLUDES TELERADIOLOGY, CLINICAL ENCOUNTERS, TELEEMERGENCY, ADMINISTRATIVE MEETINGS AND EDUCATIONAL OFFERINGS. THE PROGRAM IS COORDINATED BY THE
		OFFERINGS THE PROGRAM IS COORDINATED BY THE TELEHEALTH DEPARTMENT, WHICH IS PART OF OUTREACH SERVICES THE NETWORK HAD RECEIVED THIRTEEN YEARS OF CONTINUOUS FUNDING THROUGH THE FEDERAL GOVERNMENT, WHICH MAKES IT THE LONGEST FEDERALLY FUNDED PROGRAM IN THE NATION THROUGH THE OFFICE FOR THE ADVANCEMENT OF TELEHEALTH THE NETWORK SITES INCLUDE FIGHTEEN NERPASKA SITES AND FIVE
		SITES INCLUDE EIGHTEEN NEBRASKA SITES AND FIVE KANSAS SITES THE PROGRAM IS RECOGNIZED ON A NATIONAL LEVEL FOR THE NETWORK'S ACHIEVEMENTS PROGRAM STAFF PRESENT ON AN ANNUAL BASIS AT NATIONAL AND STATE CONFERENCES THE SUCCESS OF THE MIDWEST TELEHEALTH NETWORK HAS BEEN THE CATALYST FOR THE CREATION OF THE NEBRASKA
		STATEWIDE TELEHEALTH PROJECT THE NEBRASKA STATEWIDE TELEHEALTH NETWORK IS UNIQUE IN THAT IT BRINGS TOGETHER THE HOSPITALS ACROSS THE STATE, THE PUBLIC HEALTH DEPARTMENTS, STATE GOVERNMENT AND THE BIOTERRORISM LABS AT THE STATE AND REGIONAL LEVEL THE NETWORK ALLOWS THE SHARING OF INFORMATION AND SERVICES TO MANY DIFFERENT USERS
		ACROSS THE STATE THE NETWORK ALSO ALLOWS FOR INCREASED ACCESS TO MEDICAL CONSULTATION IN OUR RURAL AREAS AS WELL AS PROVIDER AND COMMUNITY EDUCATION TO THE RESIDENTS OF THOSE RURAL AREAS IN ADDITION, IT HELPS PROVIDE ANOTHER COMMUNICATION TOOL FOR OUR HOMELAND SECURITY EFFORT IN THE CASE OF AN EMERGENCY OR FOR
		EDUCATIONAL PURPOSES THIS NETWORK IS AN IMPORTANT PART OF THE STATE OF NEBRASKA'S PLAN TO ENSURE ADEQUATE BEHAVIORAL MEDICINE RESOURCES ACROSS THE STATE RICHARD YOUNG BEHAVIORAL HEALTH CENTER ALSO PROVIDES PROFESSIONAL SUPPORT/CONSULTATION VIA TELEMEDICINE FOR PERSONS WITH PSYCHIATRIC CRISES WHO MAY PRESENT TO EMERGENCY POOMS IN HOSPITALS THAT DO NOT
		TO EMERGENCY ROOMS IN HOSPITALS THAT DO NOT HAVE THE RESOURCES TO MEET THIS NEED WE ARE WORKING WITH CHI AND COLLABORATING WITH THEIR NEW VIRTUAL HEALTH SERVICE LINE TO PROVIDE ENHANCED TELEHEALTH SERVICES ACROSS THE MINISTRIES GSH IS A LEADER IN THE CONSULTATION PROCESS AND COLLABORATION DUE TO OUR YEARS OF
		USE OF TELEHEALTH OUTREACH SPECIALTY CLINICS NUMEROUS OUTREACH SPECIALTY CLINICS HAVE BEEN ESTABLISHED TO PROVIDE ENHANCED ACCESS TO CARE IN COMMUNITIES OUTSIDE OF KEARNEY IN CONCERT WITH GOOD SAMARITAN HOSPITAL, THE MEDICAL STAFF HAS ESTABLISHED CLINICS IN SEVERAL SPECIALTY AREAS ALLOWING RESIDENTS IN RURAL COMMUNITIES TO
		RECEIVE CARE CLOSE TO HOME THESE SPECIALTY AREAS INCLUDE OBSTETRICS AND GYNECOLOGY, HEMATOLOGY AND ONCOLOGY, SPORTS MEDICINE, OPHTHALMOLOGY, UROLOGY, NEUROSURGERY, CARDIOLOGY, PODIATRY, SPINE AND ORTHOPEDICS, NEUROLOGY, NEPHROLOGY, PULMONOLOGY, RHEUMATOLOGY, BEHAVIORAL HEALTH AND VASCULAR SURGERY PHYSICIAN RECRUITMENT
		AND VASCULAR SURGERY PHYSICIAN RECRUITMENT GOOD SAMARITAN HOSPITAL WITH THE ASSISTANCE OF THE PHYSICIAN NETWORK AND MEMBERS OF THE MEDICAL STAFF CONTINUED TO SPEND SIGNIFICANT TIME AND RESOURCES TOWARD RECRUITING PHYSICIANS TO KEARNEY DURING FISCAL YEAR 2013 THESE INCLUDE PHYSICIANS SPECIALIZING IN THE AREAS OF ANESTHESIOLOGY, GASTROENTEROLOGY, HOSPITALIST,
		INTERNAL MEDICINE, NEUROLOGY, OTOLARYNGOLOGY (ENT), PSYCHIATRY, PULMONOLOGY/CRITICAL CARE AND UROLOGY PROGRAMS FOR FAMILIES GOOD SAMARITAN HOSPITAL HAS DEVELOPED AND IMPLEMENTED SEVERAL COLLABORATIVE PROJECTS TO ASSIST FAMILIES THESE PROJECTS HAVE BEEN DEVELOPED FROM GRANT FUNDS
		OBTAINED BY THE GOOD SAMARITAN HOSPITAL FOUNDATION THEY INCLUDE CONT'D

Identifier LINES 2,4 AND 5 - NEEDS ASSESSMENT AND COMMUNITY	ReturnReference SCHEDULE H, PART VI	Explanation EARLY DEVELOPMENT NETWORK THE EARLY DEVELOPMENT NETWORK (EDN) PROVIDES SERVICES	
INFORMATION		COORDINATION TO FAMILIES WHO HAVE CHILDREN 0-3 YEARS OF AGE WHO HAVE A VERIFIED DISABILITY PER NE RULE 51 (SPECIAL EDUCATION LAW) THIS MEANS THAT THE PROGRAM IS AN ONGOING CENTRAL ACCESS POINT	
		FOR FAMILIES TO HELP CONNECT THEM WITH SERVICES IN THEIR COMMUNITY THAT WILL HELP THEM CARE FOR THEIR CHILDREN AND ENSURE THE FREE AND APPROPRIATE EDUCATION GUARANTEED TO ALL CHILDREN AGES BIRTH TO 21 IN THE STATE OF	
		NEBRASKA FAMILIES ARE LINKED WITH DEVELOPMENTAL EVALUATIONS THROUGH THEIR LOCAL SCHOOL DISTRICT, NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES PROGRAMS, HEALTH RESOURCES, PARENT-TO-PARENT SUPPORT, AND OTHER SUPPORTS	
		AND SERVICES AS IDENTIFIED BY THE FAMILIES' PRIORITIES EDN SERVICES COORDINATION THROUGH GOOD SAMARITAN HOSPITAL COVERS PLANNING REGION TEAMS 10 & 28 COUNTIES LOCATED IN THESE REGIONS INCLUDE BUFFALO, DAWSON, SHERMAN, VALLEY, LOUP,	
		GARFIELD, GREELEY, BLAINE AND CUSTER IN FISCAL YEAR 2013, THE EARLY DEVELOPMENT NETWORK PROVIDED SERVICES COORDINATION TO AN AVERAGE OF 140 FAMILIES PER MONTH THE EARLY DEVELOPMENT	
		NETWORK OPERATES FROM THE RICHARD YOUNG HOSPITAL GSH CAMPUS IN KEARNEY AND A SATELLITE OFFICE IN BROKEN BOW THE PROGRAM IS CURRENTLY STAFFED WITH FIVE SERVICES COORDINATORS INJURY PREVENTION - TRAUMA DEPARTMENT INJURY	
		PREVENTION EFFORTS ACROSS THE AGE CONTINUUM WERE SUCCESSFULLY IMPLEMENTED WITH THE PARTNERSHIPS OF MANY COMMUNITY ENTITIES COMING TOGETHER FOR THE HEALTH AND SAFETY OF OUR NEIGHBORS PROGRAMS FOR CHILDREN INCLUDED * A	
		POISON PREVENTION POSTER CONTEST ENTRY WITH EDUCATIONAL MATERIALS WAS DISTRIBUTED TO ALL ELEMENTARY AGE SCHOOL CHILDREN IN THE KEARNEY PUBLIC SCHOOL SYSTEM THE WINNING ENTRY WAS	
		PRINTED ON HIGHWAY 30 JUST OUTSIDE OF KEARNEY * THE FIRST ANNUAL KIDS SAFETY DAY WAS HELD OVER 200 CHILDREN ATTENDED AND LEARNED SAFETY ADVICE ON EVERYTHING FROM BIKE SAFETY, TO WATER SAFETY, FIRE SAFETY, ATV SAFETY, AND MUCH MORE * THE	
		INJURY PREVENTION NURSE COORDINATOR ASSISTED AT CHILD PASSENGER SAFETY INSPECTION STATIONS TO PROPERLY FIT CAR SEATS IN VEHICLES * A "SLOW DOWN IN OUR NEIGHBORHOOD" YARD SIGN CONTEST WAS IMPLEMENTED AT THE BEGINNING OF THE NEW SCHOOL	
		YEAR ENTRIES FROM ALL ELEMENTARY STUDENTS IN BUFFALO COUNTY WERE JUDGED FOR THEIR IMPORTANT SAFETY MESSAGE A WINNER WAS CHOSEN FROM EACH SCHOOL, AS WELL AS AN OVERALL WINNER, WHOSE ENTRY	
		WAS PRINTED ON 150 YARD SIGNS THESE YARD SIGNS WERE DISTRIBUTED TO SCHOOL NEIGHBORHOODS THROUGHOUT THE COUNTY AND WERE AVAILABLE FOR PURCHASE AT THE SURE CURE GIFT SHOP * OVER 400 THIRD GRADE STUDENTS HEARD THE MESSAGE "WHY I	
		WON'T USE DRUGS" DURING RED RIBBON WEEK FROM THE INJURY PREVENTION NURSE COORDINATOR AND THE CANCER PREVENTION NURSE THE EFFECTS OF ALCOHOL, DRUGS AND TOBACCO ON THE BODY, BRAIN AND LUNGS WERE DISCUSSED AND ALSO DEMONSTRATED WITH A	
		BRAIN MODEL, REAL PIG LUNGS AND MR GROSS MOUTH * DURING BICYCLE SAFETY MONTH IN MAY ALL KEARNEY PUBLIC SCHOOL 3RD GRADERS WERE TAUGHT ABOUT BICYCLE AND PEDESTRIAN SAFETY THE 45-MINUTE	
		PROGRAM INCLUDED A BIKE SAFETY VIDEO, A DEMONSTRATION USING EGGS TO SHOW THE IMPORTANCE OF WEARING A HELMET AND HOW TO PROPERLY WEAR A BIKE HELMET DEMONSTRATION EACH CHILD WAS GIVEN A COUPON FOR A FREE BIKE HELMET	
		OR FIT FOR A HELMET IN THEIR CLASSROOM * A BICYCLE HELMET FITTING TOOK PLACE AT THE GRAND OPENING OF THE NEWLY REMODELED KEARNEY PUBLIC LIBRARY FACILITY YOUNG AND OLD ALIKE WERE INVITED TO HAVE THEIR OLD HELMET FIT PROPERLY OR WERE ABLE	
		TO GIVE A DONATION TO HAVE A NEW HELMET FIT PROGRAMS FOR TEENS INCLUDED * TRAUMA OUTREACH HEADED A NEW PROGRAM FOR CONCUSSION AWARENESS AND PREVENTION IN OUR REGION GOOD SAMARITAN	
		HOSPITAL PARTNERED WITH NEBRASKA SPORTS CONCUSSION NETWORK AND AREA SPORTS TRAINERS TO PROVIDE CONCUSSION TRAINING TO OVER 100 AREA COACHES, 50 PLUS AREA PHYSICIANS, AND HUNDREDS OF MEDICAL PROFESSIONALS RANGING FROM NURSES TO	
		PARAMEDICS ALSO, OVER 2000 STUDENTS IN 30 AREA HIGH SCHOOLS HAVE HAD CONCUSSION SYMPTOM TRAINING AND PRECONCUSSION NEUROCOGNITIVE TESTING COMPLETED AT THE EXPENSE OF GOOD SAMARITAN HOSPITAL * A PRESENTATION WAS GIVEN	
		TO KEARNEY HIGH STUDENTS IN THE HEALTH CAREER SCIENCE CLASSES ABOUT "COMMUNITY HEALTH EDUCATOR " * THE SAFE TEEN DRIVING SCHOLARSHIP PROGRAM AWARDED SEVERAL KIDS SCHOLARSHIPS RANGING FROM \$50-\$150 FOR A TOTAL OF \$2000 TO	
		ASSIST WITH THE COST OF DRIVER'S EDUCATION CLASSES * ALCOHOL-FREE PROM AND GRADUATION SAFETY MESSAGES WERE IN THE MEDIA AND THE "LIVE TO SEE THE SUN RISE, THINK DON'T DRINK" TAGS WERE	
		DELIVERED TO THE LOCAL TUX AND DRESS SHOPS, FLORISTS, AND HAIR AND NAIL SALONS TO GIVE TO THE TEENS AS A REMINDER TO BE SAFE AND SMART PROGRAMS FOR ADULTS/SENIORS INCLUDED * THE INJURY PREVENTION NURSE COORDINATOR ASSISTED AT	
		THE MADD VICTIM IMPACT PANELS THAT WERE HELD IN KEARNEY * INJURY PREVENTION HAD A BOOTH AT KEARNEY HUB'S "PRIME OF YOUR LIFE FESTIVAL" INFORMATION WAS AVAILABLE ON PREVENTING FALLS, HOW TO SAFEGUARD YOUR HOME, DRIVING AND	
		SEATBELT SAFETY, ALCOHOL USE BY SENIORS AND MORE SAFE KIDS PLATTE VALLEY UNINTENTIONAL INJURY IS THE #1 KILLER OF CHILDREN IN THE UNITED STATES SAFE KIDS USA WAS LAUNCHED IN 1988 TO ADDRESS	
		UNINTENTIONAL INJURIES TO CHILDREN AGES 14 AND UNDER SINCE THAT TIME, THE RATE HAS DROPPED OVER 50% GOOD SAMARITAN HOSPITAL BECAME PART OF SAFE KIDS IN 1996 IN PARTNERSHIP WITH OTHER AREA HOSPITALS IN 2004, GOOD SAMARITAN HOSPITAL	
		ASSUMED A LEADERSHIP ROLE AS THE LEAD AGENCY FOR SAFE KIDS PLATTE VALLEY SAFE KIDS PLATTE VALLEY SERVES BUFFALO, DAWSON, LINCOLN, AND OTHER SOUTH CENTRAL AND SOUTHWESTERN COUNTIES IN NEBRASKA AS A PARTNER, EDUCATOR, AND RESOURCE IN THE	
		MISSION OF PREVENTING ACCIDENTAL INJURIES TO CHILDREN THE MAJOR CAUSE OF DEATHS IS TRAFFIC CRASHES, FALLS ARE THE #I CAUSE OF NON-FATAL INJURIES SAFE KIDS ADDRESSES ALL AREAS OF INJURY PREVENTION INCLUDING CHILD PASSENGER SAFETY,	
		FALL PREVENTION, BICYCLE AND WHEELED SAFETY, ' WATER SAFETY, PEDESTRIAN SAFETY, FARM SAFETY, SPORTS SAFETY, HOME SAFETY, PLAYGROUND SAFETY, SIDS PREVENTION, AND MORE FISCAL YEAR 2013 SAFE KIDS ACTIVITIES INCLUDED * MONTHLY CHILD	
		PASSENGER SAFETY FITTING STATIONS IN KEARNEY AND NORTH PLATTE * ASSISTING NEBRASKA OFFICE OF HIGHWAY SAFETY AND SAFE KIDS NEBRASKA WITH NEBRASKA CHILD PASSENGER SAFETY TECHNICAL	
		UPDATE * SAFE KIDS BUCKLE UP EVENTS IN KEARNEY, MINDEN, AND HOLDREGE, INCLUDING AN EVENT COORDINATED WITH SAFE KIDS NEBRASKA AND THE NEBRASKA OFFICE OF HIGHWAY SAFETY TO ASSIST IN THE RECERTIFICATION OF NEBRASKA TECHNICIANS *	
		BIKE SAFETY AND HELMET DISTRIBUTION PROGRAM IN KEARNEY PUBLIC SCHOOLS, AT KEARNEY PUBLIC LIBRARY, AND TWO HEALTH FAIRS * HEALTH FAIRS, OPEN HOUSES AND PROGRAMS AT NEBRASKA MID-WINTER EMS CONFERENCE, UNK BLUE AND GOLD FAIR, THE NEBRASKA	
		NATIONAL GUARD HAUNTED ARMOR, HALLOWEEN ON THE BRICKS, FARM SAFETY 4 JUST KIDS (MINDEN), KEARNEY HIGH FCCLA, DAWSON COUNTY FAIR BUCKLE FOR BUCKS, COMMUNITY HOSPITAL HEALTH FAIR (MCCOOK),	
		KEARNEY CATHOLIC HIGH SCHOOL KEY CLUB, GOTHENBURG COMMUNITY HEALTH FAIR, PHELPS MEMORIAL HEALTH CENTER, KEARNEY PARK AND REC BIKE SUNDAY, KEARNEY FAMILY HEALTH FAIR, KIDS' SAFETY DAY, AND THE PRIME LIFE FESTIVAL * TEEN NET	
		(PRENATAL AND PARENTING PROGRAM FOR TEENS) THE OBJECTIVE OF THE TEEN NET PROGRAM IS TO INSTILL HEALTHY LIFESTYLE CHOICES IN TEENS, WHICH THE PROGRAM HAS BEEN DOING SINCE ITS INCEPTION IN SCHOOL YEAR 1992-93 AT KEARNEY PUBLIC SCHOOLS	
		FOR PREGNANT AND PARENTING TEENS THIS MEANS TEACHING PARENTING SKILLS AND OBTAINING TIMELY PRENATAL CARE, INCREASING GRADUATION RATES, PREVENTION OF CHILD ABUSE AND IMPROVING THE FEELINGS OF SELF-WORTH IN PREVIOUS FISCAL YEARS.	
		THE PROGRAM HAS RECEIVED GRANT FUNDING THROUGH A VARIETY OF SOURCES INCLUDING NEBRASKA HEALTH AND HUMAN SERVICES MATERNAL AND CHILD HEALTH DIVISION, UNION PACIFIC FOUNDATION AND THE	
		FRATERNAL ORDER OF EAGLES FUNDING THROUGH GOOD SAMARITAN HOSPITAL AND KEARNEY PUBLIC SCHOOLS WAS PROVIDED DURING FISCAL YEAR 2013 100% OF THE SENIORS ENROLLED IN THE PROGRAM THIS YEAR GRADUATED FROM HIGH SCHOOL AND 40% ARE GOING	
LINES 2,4 AND 5 - NEEDS ASSESSMENT AND COMMUNITY INFORMATION	SCHEDULE H, PART VI	ON TO FURTHER THEIR EDUCATION CONT'D PROJECT SEARCH PROJECT SEARCH IS A ONE-YEAR, HIGH SCHOOL TRANSITION PROGRAM, WHICH PROVIDES TRAINING AND EDUCATION LEADING TO EMPLOYMENT FOR INDIVIDUALS WITH DISABILITIES THE PROJECT	
		SEARCH PROGRAM OCCURS ON-SITE AT GOOD SAMARITAN HOSPITAL THE CORNERSTONE OF PROJECT SEARCH IS TOTAL IMMERSION IN A LARGE BUSINESS EACH DAY, STUDENTS REPORT TO THE HOST BUSINESS, LEARN EMPLOYABILITY SKILLS IN THE CLASSROOM AND	
		JOB SKILLS WHILE PARTICIPATING IN 3-4 INTERNSHIPS/EXPERIENCES DURING THE YEAR MANAGERS AT THE INTERNSHIP SITES WORK WITH THE PROJECT SEARCH INSTRUCTOR AND JOB COACHES TO	
		SUPPORT THE STUDENTS FOR THE 2012-13 SCHOOL YEAR AS OF 9/30/13, FOUR OF THE FIVE STUDENTS HAVE FOUND COMPETITIVE EMPLOYMENT IN THE COMMUNITY RICHARD YOUNG/EMERGENCY SUPPORT PROGRAM RICHARD YOUNG BEHAVIORAL HEALTH CENTER OFFERS	
		INPATIENT AND OUTPATIENT BEHAVIORAL HEALTH SERVICES TO INDIVIDUALS REGARDLESS OF THEIR ABILITY TO PAY OUR FREE, NO COST TO THE CONSUMER OR REFERRAL SOURCE, CRISIS MENTAL HEALTH ASSESSMENT SERVICE IS OFFERED 24 HOURS A DAY/7	
		DAYS A WEEK MENTAL HEALTH ASSESSMENTS ARE PROVIDED TO DETERMINE AN INDIVIDUAL'S TREATMENT NEEDS AND PLACED OR REFERRED TO THE APPROPRIATE LEVEL OF CARE WE ALSO OFFER AT NO COST TELE- HEALTH MENTAL HEALTH EMERGENCY ASSESSMENT	
		SERVICES TO RURAL HOSPITALS THAT DO NOT HAVE PSYCHIATRIC SERVICES RYH ALSO OFFERS FREE EDUCATIONAL RESOURCES AVAILABLE UPON REQUEST SENIOR SERVICES SENIOR SERVICES PROVIDES INFORMATION AND SUPPORT TO AREA OLDER ADULTS	
		AND THEIR FAMILIES THROUGH A VARIETY OF SERVICES AND PROGRAMS "THIS IS GOOD SAMARITAN HOSPITAL LIFELINE DO YOU NEED HELP?" IS THE GREETING ALMOST 400 SUBSCRIBERS HEAR WHEN THEY PUSH THEIR LIFELINE PERSONAL HELP BUTTON THE LIFELINE	
		PERSONAL EMERGENCY RESPONSE SERVICE THROUGH GOOD SAMARITAN PROVIDES OLDER AND DISABLED ADULTS THE ABILITY TO SIGNAL FOR HELP WITH THE PUSH OF A WATERPROOF BUTTON WORN AROUND THEIR NECK OR ON THEIR WRIST LAST YEAR LIFELINE	
		RESPONDED TO ALMOST 200 INCIDENT SIGNALS FOR ASSISTANCE, ARRANGING FOR HELP WHEN SUBSCRIBERS WERE UNABLE TO DIAL 911 ABOUT ONE-THIRD OF THESE ASSISTS RESULTED IN TRANSPORT TO THE HOSPITAL,	
		PERSONAL RESPONDERS PROVIDED ASSISTANCE WITH THE OTHER TWO-THIRDS, HELPING REDUCE UNNECESSARY EMERGENCY DEPARTMENT VISITS AND HOSPITAL ADMISSIONS CURRENTLY FORTY SUBSCRIBERS HAVE THE ADDED PROTECTION OF THE	
		SECURITY PROVIDED BY THE AUTOALERT FALL DETECTION BUTTON THIS LIFE SAVING, INNOVATIVE DEVICE SENDS A SIGNAL TO THE LIFELINE RESPONSE CENTER IF THE SUBSCRIBER IS UNABLE TO PUSH THEIR LIFELINE BUTTON AS THE RESULT OF A FALL THE	
		SECURITY PROVIDED BY LIFELINE BENEFITS NOT ONLY THE SUBSCRIBER, BUT ALSO GIVES THOSE CLOSE TO THEM PEACE OF MIND GOOD SAMARITAN'S LIFELINE PROGRAM PROVIDES PROMPT, PERSONAL ATTENTION FOR ANY SERVICE ISSUES THAT MAY ARISE WITH THE	
		FOR ANY SERVICE ISSUES THAT MAY ARISE WITH THE EQUIPMENT, ADDING VALUE AND ASSURANCE ON CONTINUITY IN SERVICE TO THE SUBSCRIBER'S SUBSCRIPTION THE TELECARE PROGRAM, A FREE OF CHARGE SERVICE COORDINATED THROUGH SENIOR SERVICES PROVIDES A DAILY REASSURANCE CALL FROM	
		SERVICES, PROVIDES A DAILY REASSURANCE CALL FROM VOLUNTEERS TO AN AVERAGE OF SIX PEOPLE PER DAY IN THE KEARNEY COMMUNITY THOSE WHO RECEIVE TELECARE CALLS APPRECIATE THE DAILY TELEPHONE VISIT FROM FRIENDLY, CARING VOLUNTEERS SENIOR	
		SERVICES ALSO COORDINATES EDUCATIONAL PROGRAMS PROVIDING THE KEARNEY AREA WITH INFORMATION ON A VARIETY OF TOPICS OF INTEREST TO OLDER ADULTS SENIOR SERVICES STAFF IS AVAILABLE TO PRESENT PROGRAMS ON TOPICS	
		RELATING TO OLDER ADULTS, INCLUDING "CHANGES AS WE AGE" (A HANDS-ON PROGRAM THAT DEMONSTRATES SENSORY CHANGE ASSOCIATED WITH AGING), PREVENTING SENIOR FRAUD, SENIOR SAFETY AND FALL	
		PREVENTION FOR SENIORS GOOD SAMARITAN PLAYS A KEY ROLE IN ASSISTING OLDER ADULTS AND THEIR FAMILIES WITH THE MEDICARE AND THE PRESCRIPTION DRUG PLAN BENEFIT SENIOR SERVICES STAFF USES SHIIP (SENIOR HEALTH INSURANCE AND INFORMATION	
		PROGRAM) TRAINING TO PRESENT INFORMATIONAL PROGRAMS AND COUNSEL INDIVIDUALS WITH QUESTIONS ABOUT MEDICARE AND MEDICAID BENEFITS AND OTHER HEALTH INSURANCE ISSUES SENIOR SERVICES STAFF ALSO EDUCATES INDIVIDUALS IN	
		NAVIGATING THE MEDICARE WEBSITE TO ENCOURAGE SELF-SUFFICIENCY IN PART D ENROLLMENT DECISION MAKING SENIOR SERVICE'S STAFF ALSO PROVIDES REPRESENTATION FOR GOOD SAMARITAN AT QUARTERLY AGING SERVICES COALITION AND REGENCY RETIREMENT	
		COMMUNITY BOARD OF DIRECTORS MEETINGS, AND MONTHLY MEETINGS OF THE END OF LIFE WORKGROUP AND COMMUNITY CONNECTIONS SENIOR SERVICE'S STAFF IS CURRENTLY SERVING ON THE ALZHEIMER'S	
		DISEASE COALITION - BCCP WHICH IS WORKING TOWARD INCREASING AD EDUCATION AND AWARENESS AND SOUTH CENTRAL COORDINATED COMMUNITY RESPONSE TEAM WHICH IS WORKING TO REDUCE ABUSE OF ADULTS AGED 50 AND OLDER WITH COMMUNITIES IN THE SOUTH	
<u></u>		AGED 50 AND OLDER WITH COMMUNITIES IN THE SOUTH CENTRAL NEBRASKA REGION CONT'D	

Identifier LINES 2,4 AND 5 - NEEDS	ReturnReference	Explanation TELEHEALTH CLINICS SINCE THE INCEPTION OF THE	1
ASSESSMENT AND COMMUNITY INFORMATON	SCHEDULE H, PART VI	TELEHEALTH NETWORK AT GOOD SAMARITAN HOSPITAL IN 1994, ITS USE BY SPECIALTY PHYSICIANS TO PROVIDE CARE TO PATIENTS IN REMOTE AREAS HAS INCREASED TREMENDOUSLY TWENTY-FOUR ENTITIES	
		CONNECT TO GOOD SAMARITAN AND INCLUDE HOSPITALS, PUBLIC HEALTH DEPARTMENTS AND COUNTY DETENTION CENTERS SPECIALISTS IN KEARNEY CAN CONNECT TO PATIENTS IN THEIR LOCAL HOSPITAL FOR FOLLOW-UP VISITS, MEDICATION MAINTENANCE OR ANY	
		OTHER NUMBER OF CLINICAL REASONS IN FACT, GOOD SAMARITAN HOSPITAL ACCOUNTED FOR 50% OF ALL TELEHEALTH CLINICAL VISITS THROUGH THE NEBRASKA STATEWIDE TELEHEALTH NETWORK IN FY 2012 TELEHEALTH IS ONE OF THE GREENEST MEDICAL	
		PROCESSES WE HAVE AND WILL CONTINUE TO PLAY AN EVEN BIGGER ROLE IN THE FUTURE OF RURAL HEALTHCARE WELLNESS/FITNESS CENTER THE WELLNESS/FITNESS CENTER (W/FC) EXISTS TO SUPPORT GOOD SAMARITAN HOSPITAL IN ITS MISSION AND	
		VISION OF IMPROVING THE HEALTH OF OUR COMMUNITY THIS IS ACCOMPLISHED THROUGH THE PROVISION OF AN ON-SITE 29,000 SQUARE FOOT, MEDICAL FITNESS CENTER ALSO HOUSED IN THE	
		WELLNESS/FITNESS CENTER IS OUR WARM WATER TURTTLE POOL TURTTLE IS AN ACRONYM FOR THERAPEUTIC UNIQUE REHABILITATIVE TWO TEMPERATURE LAP EXERCISE THE EXTERIOR, CURRENTED TRACK OF WATER 84 TO 88 DEGREES	
		FACILITATES WATER WALKING AND LAP SWIMMING WITH OR AGAINST THE CURRENT THE INNER, RECTANGULAR WARM WATER WELL 92 TO 96 DEGREES IS UTILIZED FOR THERAPY AND EXERCISE THE WELLNESS/FITNESS CENTER IS STAFFED BY PROFESSIONALS DEDICATED TO	
		MEETING THE NEEDS OF ITS MEMBERS AND PATIENTS THROUGH COMPREHENSIVE, INTEGRATED PROGRAMS AND PERSONALIZED SERVICES SUCH AS PERSONAL TRAINING AND MASSAGE THERAPY THE W/FC FITNESS	
		SPECIALISTS ARE DEGREED AND CERTIFIED, PROVIDING MEMBERS WITH STRUCTURED PROGRAMMING TO HELP ACHIEVE INDIVIDUAL HEALTH AND WELLNESS GOALS OUR LICENSED MASSAGE THERAPISTS OFFER MANY DIFFERENT TECHNIQUES AND STYLES OF MASSAGE	
		THERAPY NOT ONLY TO HELP IMPROVE VARIOUS CONDITIONS, BUT ALSO TO MAINTAIN OVERALL WELLNESS AND RELAXATION THE W/FC IS LOCATED IN THE LOWER LEVEL OF THE MEDICAL OFFICE BUILDING ALONG WITH THE CARDIAC AND PULMONARY	
		REHABILITATION, AQUATICS REHABILITATION, AND COMPANY CARE DEPARTMENTS DISCOUNTS ON MEMBERSHIP ARE GIVEN NOT ONLY TO GOOD SAMARITAN HOSPITAL EMPLOYEES, BUT ALSO SENIOR POPULATIONS, HOSPITAL VOLUNTEERS, STUDENTS AND	
		BUSINESSES THAT PARTICIPATE IN WELLNESS WORKS WHETHER A MEMBER IS STRIVING FOR A SPECIFIC FITNESS GOAL, CONTINUING A REHABILITATIVE PROGRAM, OR MANAGING VARIOUS PERSONAL HEALTH	
LINES 2,4 AND 5 - NEEDS ASSESSMENT AND COMMUNITY INFORMATION	SCHEDULE H, PART VI	RISKS, THE WELLNESS/FITNESS TEAM IS THERE EACH STEP OF THE WAY CONT'D E FUNDRAISERS SUPPORTED AMERICAN CANCER SOCIETY - RELAY FOR LIFE THE RELAY FOR LIFE IS HELD ANNUALLY BY THE AMERICAN CANCER SOCIETY WITH	
		ASSISTANCE FROM MANY COMMUNITY MEMBERS IN FISCAL YEAR 2013, GOOD SAMARITAN HOSPITAL WAS A CORPORATE SPONSOR FOR THE RELAY AND SUPPORTED THE EVENT WITH \$3,750 GOOD SAMARITAN STAFF PARTICIPATED ON TEAMS THE EVENT ALLOWS	
		PARTICIPANTS FROM ALL WALKS OF LIFE, INCLUDING PATIENTS, MEDICAL SUPPORT STAFF, CORPORATIONS, CIVIC ORGANIZATIONS, CHURCHES AND COMMUNITY VOLUNTEERS TO JOIN TOGETHER TO FIGHT CANCER	
		PEDIATRIC DEPARTMENT UNITED WAY BACK TO SCHOOL LINK GOOD SAMARITAN HOSPITAL'S PEDIATRIC DEPARTMENT COORDINATES AN ANNUAL SCHOOL SUPPLY DRIVE FOR AREA SCHOOL STUDENTS THROUGH THE UNITED WAY AND DOBYTOWN KIWANIS IN FISCAL	
		YEAR 2013, OVER 1,030 BACKPACKS WERE FILLED FOR CHILDREN IN BUFFALO, KEARNEY, PHELPS, HARLAN, FRANKLIN & CUSTER COUNTIES THROUGH THIS PROJECT GOOD SAMARITAN STAFF DONATE NEEDED SCHOOL SUPPLIES INCLUDING ERASERS, RED/BLUE PENS,	
		SCISSORS, GLUE, SCHOOL BOXES, FOLDERS, RULERS, PAPER, NOTEBOOKS, MARKERS, PENCILS, KLEENEX, HIGHLIGHTERS, COLORED PENCILS AND CRAYONS UNITED WAY IN FISCAL YEAR 2013, APPROXIMATELY \$26,286 WAS PLEDGED BY GOOD SAMARITAN HOSPITAL	
		EMPLOYEES TO UNITED WAY OF THE KEARNEY AREA TO ASSIST A VARIETY OF COMMUNITY SERVICE AGENCIES HEARTCHASE IN SEPTEMBER 2012, GOOD SAMARITAN HOSPITAL WAS THE PRESENTING SPONSOR OF HEARTCHASE, A FUNDRAISER FOR THE AMERICAN HEART	
		ASSOCIATION GOOD SAMARITAN NOT ONLY TOOK THE LEAD WITH ITS \$6,500 SPONSORSHIP, BUT ALSO IN PLANNING THE EVENT AND RECRUITING COMMUNITY MEMBERS TO PARTICIPATE HEARTCHASE IS AN	
		INNOVATIVE COMMUNITY EVENT THAT PROVIDES A FUN NEW WAY TO PROMOTE HEALTHY LIVING AND SUPPORT THE MISSION OF THE AMERICAN HEART ASSOCIATION THE EVENT BROUGHT FAMILIES, FRIENDS AND HOSPITAL EMPLOYEES TOGETHER IN A COMMUNITY-WIDE	
		COMPETITION TO UNCOVER CLUES, SOLVE PUZZLES AND COMPLETE CHALLENGES IN A RACE TO THE FINISH LINE HEARTCHASE WAS HOSTED ON THE CAMPUS OF UNK NEARLY 65 GOOD SAMARITAN STAFF MEMBERS VOLUNTEERED THEIR TIME ON THE PLANNING	
		COMMITTEE AND VOLUNTEERING THE DAY OF THE EVENT AT CHECKPOINTS AND REGISTRATION RED OUT AT KHS BASKETBALL IN MARCH, GOOD SAMARITAN HOSPITAL SPONSORED A RED OUT FOR THE BOYS' AND GIRLS' BASKETBALL GAMES AT KEARNEY SENIOR HIGH SCHOOL	
		THANKS TO THE LEAD SPONSORSHIP DONATION OF \$1,000 FROM GOOD SAMARITAN HOSPITAL, THE EVENT NOT ONLY RAISED FUNDS FOR THE AMERICAN HEART ASSOCIATION THROUGH T-SHIRT SALES, BUT ALSO	
		RAISED AWARENESS OF HEART DISEASE GOOD SAMARITAN HOSPITAL PROVIDED FACTS AND INFORMATION ABOUT HEART DISEASE THAT THE ANNOUNCER READ THROUGHOUT THE GAME F SPONSORSHIP FUNDS GOOD SAMARITAN HOSPITAL,	
		THROUGH ITS CORPORATE CONTRIBUTION FOR COMMUNITY BENEFIT POLICY, HAS PROVIDED SPONSORSHIP FUNDS TO GROUPS AND EVENTS MEETING THE CRITERIA FOR SPONSORSHIP ESTABLISHED IN THE POLICY IN FISCAL YEAR 2013, \$50,000 WAS DONATED	
		TO KEARNEY PUBLIC SCHOOLS FOR SOCIAL WORK SUPPORT, \$7,500 TO THE AMERICAN HEART ASSOCIATION, \$3,800 TO THE AMERICAN CANCER SOCIETY, \$3,000 TO UNITED WAY, \$2,000 TO SUSAN G KOMEN FOR THE CURE, \$1,500 WAS DONATED TO THE	
		NEBRASKA AIDS PROJECT, ADDITIONAL DONATIONS WERE GIVEN TO CRITICAL ACCESS HOSPITALS AND ALCOHOL FREE POST PROM EVENTS A \$35,000 DONATION WAS MADE TO THE BUFFALO COUNTY COMMUNITY PARTNERS TO ASSIST WITH FUNDING	
		COLLABORATIVE EFFORTS IN THE COMMUNITY THAT FOCUS ON ATTAINMENT OF ONE OR MORE OF THE PARTNER'S PRIORITY HEALTH GOALS AN ADDITIONAL \$25,632 OF IN-KIND RESOURCE SUPPORT (OFFICE SPACE) WAS DEDICATED TO THE PARTNERS IN JANUARY	
		2013, GOOD SAMARITAN AND CATHOLIC HEALTH INITIATIVES ANNOUNCED A \$1 MILLION GIFT TO FURTHER HEALTH SCIENCE EDUCATION IN KEARNEY THE GIFT SUPPORTS THE UNIVERSITY'S NEW HEALTH AND	
		SCIENCE EDUCATION COMPLEX ON THE UNK CAMPUS THIS GIFT WILL HELP CREATE A NEW EDUCATION COMPLEX AND INCREASE ENROLLMENT OPPORTUNITIES IN THE FIELDS OF NURSING, PHYSICAL THERAPY, PHYSICIAN ASSISTANT, RADIOGRAPHY, DIAGNOSTIC	
		MEDICAL SONOGRAPHY, AND CLINICAL LABORATORY SCIENCE ON THE UNK CAMPUS THIS INITIATIVE WILL IMPROVE HEALTHCARE, ESPECIALLY IN RURAL NEBRASKA, MEET WORK FORCE NEEDS, CREATE HIGH- QUALITY JOBS AND EXPAND EDUCATIONAL	
		OPPORTUNITIES FOR YOUNG PEOPLE IN OUR STATE G VOLUNTEERS GOOD SAMARITAN HOSPITAL, THROUGH ITS VOLUNTEER SERVICE LEAGUE AND THE PARTICIPATION OF ITS BOARD MEMBERS, MEDICAL STAFF, HOSPITAL AND FOUNDATION STAFF IN	
		COMMUNITY ORGANIZATIONS, PROVIDE COUNTLESS HOURS OF NON-PAID TIME AND DONATIONS TO THE COMMUNITY AND THOSE IN NEED VOLUNTEER SERVICE LEAGUE LAST YEAR THE GOOD SAMARITAN HOSPITAL VOLUNTEER SERVICE LEAGUE VOLUNTEERS WERE	
		RECOGNIZED FOR GIVING 79,668 HOURS OF SERVICE TO GOOD SAMARITAN HOSPITAL AND RICHARD YOUNG BEHAVIORAL HEALTH CENTER AND FOR DONATING \$26,407 TO MEET NEEDS WITHIN THE HOSPITAL HAD GOOD SAMARITAN HOSPITAL PAID FOR THESE HOURS OF	
		SERVICE, THE ESTIMATED EXPENSES WOULD HAVE TOTALED \$2,028,347 THE MISSION OF THE VOLUNTEER SERVICE LEAGUE IS TO PROVIDE HOLISTIC SERVICES TO THE PATIENTS AND THEIR FAMILIES TO THAT END,	
		VOLUNTEERS PROVIDE OVER 20 DIFFERENT SERVICES THROUGHOUT THE HOSPITAL THEY DISTRIBUTE MAIL WITHIN THE ORGANIZATION AND SERVE AS HOSTS AND HOSTESSES IN MANY WAITING ROOMS AND RECEPTION AREAS SCARED CHILDREN LEAVE GRINNING WITH THE	
		STUFFED ANIMALS THAT VOLUNTEERS PROVIDE VOLUNTEERS WORK IN OUR TWO GIFT SHOPS, AS WELL AS OFFERING PET THERAPY AND THERAPEUTIC "CLOWN" VISITS TO MANY PATIENTS AND FAMILIES AND STAFF SOME VOLUNTEERS KNIT HATS FOR NEWBORNS FOR THE	
		LAST SEVERAL YEARS GSH HAS SENT HOME WELL OVER 1,000 NEWBORN BABIES WITH HANDMADE KNITTED OR CROCHETED HATS OUR VOLUNTEERS ALSO MAKE KNITTED AND QUILTED LAP ROBES FOR ADULT PATIENTS OUR VOLUNTEERS MAKE HANDMADE BLANKETS AND	
		"CUDDLE PILLOWS" FOR OUR PEDIATRIC PATIENTS WE HAVE TALENTED VOLUNTEER MUSICIANS DONATING MANY HOURS TO PLAY OUR CLAVINOVA OUR VOLUNTEERS REACH OUT TO THE COMMUNITY OFFERING THEIR CARING TOUCH IN MANY DIFFERENT WAYS H	
		EDUCATION OF MEDICAL PROFESSIONALS MEDICAL EDUCATION GOOD SAMARITAN HOSPITAL SUPPORTS THE EDUCATION OF MEDICAL STUDENTS BY PROVIDING SPECIALTY SPECIFIC PHYSICIAN-SUPERVISED ROTATIONS IN CONJUNCTION WITH MEDICAL SCHOOLS.	
		THE PRIMARY FACILITY BEING THE UNIVERSITY OF NEBRASKA MEDICAL CENTER (UNMC) THE TEACHING FACILITY CONTACTS THE PHYSICIAN TO ARRANGE FOR ONE- OR TWO-MONTH ROTATIONS OF SUPERVISION AND	
		TRAINING GOOD SAMARITAN HOSPITAL PROVIDED HOUSING AND/OR MEALS FOR 51 STUDENTS WHO COMPLETED 68 ROTATIONS IN FISCAL YEAR 2013 OTHER STUDENTS FROM VARIOUS PROGRAMS AND COLLEGES ARE PROVIDED EDUCATIONAL EXPERIENCES	
		AT GOOD SAMARITAN HOSPITAL APRNS, RNS, LPNS, PSYCH STUDENTS, MASTER'S LEVEL COUNSELING STUDENTS, AND RECREATIONAL THERAPISTS ARE PROVIDED A BROAD RANGE OF EDUCATIONAL EXPERIENCES FROM FIELD EXPERIENCES TO	
		INTERNSHIPS RURAL FAMILY PRACTICE RESIDENCY PROGRAM THE KEARNEY RURAL TRAINING TRACK OF THE UNIVERSITY OF NEBRASKA MEDICAL CENTER (UNMC) FAMILY PRACTICE RESIDENCY PROGRAM BEGAN AT GOOD SAMARITAN HOSPITAL (GSH) IN JULY 1993 GSH	
		AND UNMC ENTERED INTO AN AGREEMENT TO PROVIDE CLINICAL TEACHING FOR UNMC FAMILY PRACTICE RESIDENTS AT GOOD SAMARITAN HOSPITAL AND CLINICAL SERVICES FOR PATIENTS OF THE HOSPITAL GOOD SAMARITAN IS COMMITTED TO PROVIDING	
		APPROPRIATE GENERAL AND SPECIALTY REQUIREMENTS FOR GRADUATE MEDICAL EDUCATION AS DESCRIBED IN THE ESSENTIALS OF ACCREDITED RESIDENCIES IN GRADUATE MEDICAL EDUCATION TWENTY-ONE RESIDENTS HAVE GRADUATED FROM THE UNMC/KEARNEY	
		RURAL TRAINING TRACK PROGRAM WITH SEVERAL CURRENTLY PRACTICING FAMILY MEDICINE IN THE KEARNEY AREA GOOD SAMARITAN HOSTED TWO FAMILY PRACTICE RESIDENTS IN THE 2013 FISCAL YEAR THE	
		EXPENSES OF THE RESIDENCY PROGRAM ARE SHARED BETWEEN GSH AND UNMC WHILE KEARNEY PHYSICIANS PROVIDE SPECIALTY ROTATION SUPERVISION THIS RESIDENCY PROGRAM IS UNIQUE IN THAT THERE ARE A MAXIMUM OF FOUR FAMILY MEDICINE RESIDENTS IN	
		KEARNEY AT ONE TIME THE RESIDENTS COMPLETE THEIR FIRST YEAR OF RESIDENCY AT UNMC AND THE FOLLOWING TWO YEARS ARE COMPLETED IN KEARNEY IN FISCAL YEAR 2013, THE RESIDENTS SAW PATIENTS ON A REGULAR BASIS AT FAMILY PRACTICE ASSOCIATES	
		CLINIC IN KEARNEY I RESEARCH THE ONCOLOGY PHYSICIANS AND STAFF IN THE CANCER CENTER AT GOOD SAMARITAN HOSPITAL ARE ACTIVE IN CLINICAL RESEARCH FOR THE TREATMENT AND PREVENTION OF CANCER IN FISCAL YEAR 2013, GOOD SAMARITAN	
		HOSPITAL SPENT \$378,058 ON MAINTAINING A CANCER REGISTRY AND CONDUCTING CANCER RESEARCH STUDIES CONT'D	

Identifier	ReturnReference	Explanation
LINES 2,4 AND 5 - NEEDS ASSESSMENT AND COMMUNITY	SCHEDULE H, PART VI	J COMMUNITY BUILDING ACTIVITIES BUFFALO COUNTY COMMUNITY PARTNERS THE BUFFALO COUNTY
INFORMATION		COMMUNITY PARTNERS IS A NON-PROFIT ORGANIZATION WHOSE MISSION IS TO ASSESS,
		PROMOTE AND STRENGTHEN THE HEALTH OF BUFFALO COUNTY COMMUNITY PARTNERS 'IDENTIFIES' PRIORITY WELL-BEING ISSUES IN THE COMMUNITY, 'CREATES'
		COUNTY-WIDE STRATEGIES TO TARGET THESE ISSUES, 'BUILDS' COMMUNITY PARTNERSHIPS, AND 'IMPROVES'
		OVERALL HEALTH STATUS BY MEASURING COMMUNITY PROGRESS TODAY, 1,000 INDIVIDUALS AND 200
		ORGANIZATIONS IN BUFFALO COUNTY ARE WORKING TOGETHER TO CREATE POSITIVE CHANGE IN THEIR
		COMMUNITY THESE VOLUNTEERS ARE MAKING 450,000 PERSONAL CONTACTS ANNUALLY THIS "BUILDING A HEALTHIER COMMUNITY" INITIATIVE BEGAN IN 1995,
		WHEN GOOD SAMARITAN HOSPITAL CONVENED A GROUP OF 25 ORGANIZATIONS TO CONDUCT A COUNTY-WIDE
		HEALTH ASSESSMENT TODAY, GOOD SAMARITAN HOSPITAL IS ONE OF 25 ORGANIZATIONS REPRESENTED
		ON THE PARTNERS BOARD OF DIRECTORS THE VISION OF THE PARTNERS IS THAT "EVERYONE FROM ALL CORNERS OF BUFFALO COUNTY WORK TOGETHER TO
		IMPROVE THE QUALITY OF LIFE OF THOSE WHO LIVE IN AND WORK IN THIS COMMUNITY "IN 2009 AND 2010, THE
		PARTNERS CONDUCTED A COUNTY WIDE HEALTH RE- ASSESSMENT FROM THAT ASSESSMENT, BUFFALO
		COUNTY 2020 VISION WAS DEVELOPED THE VISION IS GROUNDED IN FIVE STRATEGIC DIRECTIONS 1) ACTIVE LIVING AND HEALTHY EATING, 2) ELIMINATE HEALTH
		DISPARITIES, 3) HIGH IMPACT PREVENTION SERVICES, 4) HEALTHY HOMES AND SUSTAINABLE COMMUNITIES,
		AND 5) INJURY FREE LIVING AS A PART OF THE 2020 VISION, COMMUNITY PARTNER COALITIONS WILL ELEVATE HEALTH ISSUES IN BUFFALO COUNTY, ENGAGE
		RESIDENTS IN ACCOUNTABILITY TO HEALTH, EMPOWER RESIDENTS TO CREATE CHANGE, AND EVALUATE
		PROGRESS TOWARD BUILDING A HEALTHIER BUFFALO COUNTY BUILDING A HEALTHY COMMUNITY
		CELEBRATION 2013 GOOD SAMARITAN HOSPITAL, IN CONJUNCTION WITH THE KEARNEY PARK AND RECREATION DEPARTMENT, ORGANIZED THE 18TH
		ANNUAL COMMUNITY OLYMPIC GAMES JUNE 28-30, 2013 THIS YEAR BOASTED THE LARGEST TEAM AND
		PARTICIPANT COUNT IN THE EVENT'S HISTORY, WITH 1,060 PEOPLE REPRESENTING 40 TEAMS THE GAMES ARE
		DESIGNED TO PROMOTE A HEALTHY LIFESTYLE, COMMUNITY SPIRIT, TEAMWORK, SOCIALIZATION AND FUN OTHER SUMMER HEALTHY COMMUNITY EVENTS
		INCLUDED THE GOOD SAMARITAN HOSPITAL 19TH ANNUAL 5K RUN/WALK OLYMPIAD, WITH AN ADDITIONAL
		200 PARTICIPANTS HEALTHY COMMUNITY AWARDS IN JUNE, GOOD SAMARITAN HOSPITAL RECOGNIZED AREA
		RESIDENTS AND ORGANIZATIONS FOR THEIR WORK IN DEVELOPING PROGRAMS THAT MAKE CENTRAL NEBRASKA A HEALTHIER PLACE TO LIVE THE
		RECOGNITION IS PART OF THE HEALTHY COMMUNITY AWARDS PROGRAM, A UNIQUE OPPORTUNITY TO
		CELEBRATE THE GOOD HEALTH OF KEARNEY AND BUFFALO COUNTY CITIZENS AND THOSE INDIVIDUALS
		AND GROUPS WHO, THROUGH THEIR LEADERSHIP, EDUCATION AND ASSISTANCE, HELP MAKE THE COMMUNITY A HEALTHIER PLACE TO LIVE THE HEALTHY
		COMMUNITY AWARDS PROGRAM IS IN ITS THIRD YEAR AT GOOD SAMARITAN A COMMUNITY ADVISORY
		COMMITTEE SELECTED AWARD RECIPIENTS BASED ON THEIR CONTRIBUTIONS IN A PARTICULAR CATEGORY THE AWARDS ARE WIDELY PUBLICIZED TO ENCOURAGE
		OTHER INDIVIDUALS AND ORGANIZATIONS TO SUPPORT HEALTHY BEHAVIORS THE HEALTHY COMMUNITY
		AWARDS WERE GIVEN IN A TOTAL OF SIX CATEGORIES ADVOCACY, EDUCATION, PREVENTION, PARTNERSHIP,
		LEADERSHIP AND RECREATION WELLNESS WORKS IN 2001, KEARNEY CELEBRATED ACHIEVING WELL CITY USA STATUS IN FULFILLMENT OF A GOAL SET BY THE
		KEARNEY AREA WELL WORKPLACE TASK FORCE IN 1996 THE PHILOSOPHY OF WELL CITY, USA ISTO HAVE
		WORKSITES, INDIVIDUALLY AND COLLECTIVELY, TAKE STEPS TO CONTINUALLY IMPROVE THE HEALTH OF
		EMPLOYEES AND THEIR FAMILIES WELLNESS WORKS MEMBER BENEFITS INCLUDE ANNUAL EDUCATION AND TRAINING OF SITE COORDINATORS, A WEBSITE
		ACCESSIBLE ONLY TO MEMBERS AS A HUB FOR ALL WELLNESS WORKS RELATED ACTIVITIES, QUARTERLY
		LUNCH AND LEARN OPPORTUNITIES, INCLUSION IN PARTICIPATION OF COMMUNITY EVENTS SUCH AS WALK OUT ON YOUR JOB, THE ANNUAL HEALTH AND SAFETY
		CONFERENCE AND THE DOMESTIC VIOLENCE 5K WALK, AND DISCOUNTS FOR EMPLOYEES ON VARIOUS
		PRODUCTS AND SERVICES OFFERED AT PARTICIPATING WELLNESS WORKS MEMBER BUSINESSES IN 2009,
		WELLNESS WORKS OF KEARNEY RELEASED NEW MEMBERSHIP CRITERIA TO PROVIDE KEARNEY AREA BUSINESSES THE OPPORTUNITY TO STRIVE TO BETTER
		THEIR WORKPLACE HEALTH PROMOTION PROGRAMS BY APPLYING FOR THE GOVERNOR'S AWARD FOR WELLNESS,
		WHICH WAS CREATED TO ENCOURAGE ALL BUSINESSES IN NEBRASKA TO OFFER WELLNESS AND HEALTH
Patient education of eligibility for assistance	Schedule H, Part VI, Line 3	PROGRAMS FOR THEIR EMPLOYEES GOOD SAMARITAN HOSPITAL, ALONG WITH ITS AFFILIATED OUTPATIENT FACILITIES ARE PART OF
		CATHOLIC HEALTH INITIATIVES "CHI" CHI HAS A WRITTEN POLICY (STEWARDSHIP POLICY NO 15)
		GOVERNING THE PROCEDURES FOR DETERMINING AND INFORMING PATIENTS ABOUT THE ENTITY'S FINANCIAL ASSISTANCE POLICY ALL HOSPITAL FACILITIES
		INCLUDED IN THE FILING ORGANIZATION HAVE ADOPTED THE POLICY THE POLICY STATES THE
		ORGANIZATION WILL INCLUDE INFORMATION CONCERNING ITS FINANCIAL ASSISTANCE POLICY ON
		ITS WEBSITE IN ADDITION, GOOD SAMARITAN HOSPITAL, PROMINENTLY DISPLAYS ITS FINANCIAL ASSISTANCE POLICY IN BOTH ENGLISH AND SPANISH IN
		OBVIOUS LOCATIONS THROUGHOUT THE HOSPITALS, INCLUDING THE EMERGENCY ROOMS AND OTHER
		PATIENT INTAKE AREAS, AS WELL AS IN GOOD SAMARITAN HOSPITAL OUTPATIENT FACILITIES IN ADDITION, GOOD SAMARITAN HOSPITAL, REGISTRATION
		CLERKS ARE TRAINED TO PROVIDE CONSULTATION TO THOSE WHO HAVE NO INSURANCE OR POTENTIALLY
		INADEQUATE INSURANCE CONCERNING THEIR FINANCIAL OPTIONS INCLUDING APPLICATION FOR
		MEDICAID AND FOR FINANCIAL ASSISTANCE UNDER GOOD SAMARITAN HOSPITAL'S FINANCIAL ASSISTANCE POLICY UPON REGISTRATION (AND ONCE ALL EMTALA
		REQUIREMENTS ARE MET), PATIENTS WHO ARE IDENTIFIED AS UNINSURED (AND NOT COVERED BY
		MEDICARE OR MEDICAID) ARE PROVIDED WITH A PACKET OF INFORMATION THAT ADDRESSES THE FINANCIAL
		ASSISTANCE POLICY AND PROCEDURES INCLUDING AN APPLICATION FOR ASSISTANCE GOOD SAMARITAN HOSPITAL REGISTRATION CLERKS READ THE
		ORGANIZATION'S MEDICAL ASSISTANCE POLICY TO THOSE WHO APPEAR TO BE INCAPABLE OF READING, AND
		PROVIDE TRANSLATORS FOR NON ENGLISH-SPEAKING INDIVIDUALS GOOD SAMARITAN HOSPITAL'S STAFF
		WILL ALSO ASSIST THE PATIENT/GUARANTOR WITH APPLYING FOR OTHER AVAILABLE COVERAGE (SUCH AS MEDICAID), IF NECESSARY COUNSELORS ASSIST
		MEDICAID), IF NECESSARY COUNSELORS ASSIST MEDICARE ELIGIBLE PATIENTS IN ENROLLMENT BY PROVIDING REFERRALS TO THE APPROPRIATE
<u> </u>		GOVERNMENT AGENCIES

Identifier	ReturnReference	Explanation
Affiliated health care system	Schedule H, Part VI, Line 6	GOOD SAMARITAN HOSPITAL ALONG WITH ITS AFFILIATED OUTPATIENT FACILITIES ARE PART OF CATHOLIC HEALTH INITIATIVES CATHOLIC HEALTH INITIATIVES (CHI) IS A NATIONAL FAITH-BASED NONPROFIT HEALTH CARE ORGANIZATION WITH HEADQUARTERS IN ENGLEWOOD, COLORADO CHI'S EXEMPT PURPOSE IS TO SERVE AS AN INTEGRAL PART OF ITS NATIONAL SYSTEM OF HOSPITALS AND OTHER CHARITABLE ENTITIES, WHICH ARE DESCRIBED AS MARKET-BASED ORGANIZATIONS, OR MBOS AN MBO IS A DIRECT PROVIDER OF CARE OR SERVICES WITHIN A DEFINED MARKET AREA THAT MAY BE AN INTEGRATED HEALTH SYSTEM AND/OR A STAND-ALONE HOSPITAL OR OTHER FACILITY OR SERVICE PROVIDER CHI SERVES AS THE PARENT CORPORATION OF ITS MBOS WHICH ARE COMPRISED OF 73 HOSPITALS, 40 LONG-TERM CARE, ASSISTED- AND RESIDENTIAL-LIVING FACILITIES, TWO COMMUNITY HEALTH-SERVICES ORGANIZATIONS, TWO ACCREDITED NURSING COLLEGES, AND HOME HEALTH AGENCIES TOGETHER, THESE FACILITIES PROVIDED \$762 MILLION IN CHARITY CARE AND COMMUNITY BENEFIT IN THE 2013 FISCAL YEAR, INCLUDING SERVICES FOR THE POOK, FREE CLINICS, EDUCATION AND RESEARCH CHI PROVIDES STRATEGIC PLANNING AND MANAGEMENT SERVICES AS WELL AS CENTRALIZED "SHARED SERVICES" FOR THE MBOS THE PROVISION OF CENTRALIZED MANAGEMENT AND SHARED SERVICES - INCLUDING AREAS SUCH AS ACCOUNTING, HUMAN RESOURCES, PAYROLL AND SUPPLY CHAIN PROVIDES ECONOMIES OF SCALE AND PURCHASING POWER TO THE MBOS THE COST SAVINGS ACHIEVED THROUGH CHI'S CENTRALIZATION ENABLE MBOS TO DEDICATE ADDITIONAL RESOURCES TO HIGH-QUALITY HEALTH CARE AND COMMUNITY OUTREACH SERVICES TO THE MOST VULNERABLE MEMBERS OF OUR SOCIETY GOOD SAMARITAN HOSPITAL OPERATES WITH ITS WHOLLY OWNED AFFILIATES AND COMMUNITY PARTNERS, ALONG WITH ITS FUNDRAISING ARM, THE GOOD SAMARITAN HOSPITAL FOUNDATION, TO SERVE THE HEALTH CARE
State filing of community benefit report	Schedule H, Part VI, Line 7	NEEDS OF THE KEARNEY, NEBRASKA COMMUNITIES NE

Part I General Information on Grants and Assistance

Schedule I

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

OMB No 1545-0047

DLN: 93493134001014

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

GOOD SAMÁRITAN HOSPITAL

(Form 990)

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

> Employer identification number 47-0379755

		Governments and recipient that received					l "Yes" to
 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 gra or assistance
) KEARNEY PUBLIC CHOOLS O W 24TH STREET CARNEY,NE 68845	47-6001393	N/A	50,000				PROGRAM SUPPO
) BUFFALO COUNTY DMMUNITY HEALTH RTNERS INC D BOX 1466 FARNEY, NE 68845	20-5852415	501(C)(3)	35,000				PROGRAM SUPPO
) GOOD SAMARITAN DSPITAL FOUNDATION 1 WEST 31ST STREET ARNEY,NE 68847	47-6059443	501(C)(3)	350,000				PROGRAM SUPPO
) GOOD SAMARITAN JTREACH SERVICES 19 CENTRAL AVENUE JITE 105 ARNEY,NE 68847	47-0659440	N/A	22,893				PRO GRAM SUPPO
) ST MARY'S DMMUNITY HOSPITAL 14 3RD AVENUE BRASKA CITY, NE 410	47-0443636	501(C)(3)		20,813	B BOOK VALUE	FIXED ASSETS	PROGRAM SUPPO
) THE PHYSICIAN ETWORK 100 Q STREET SUITE 500 NCOLN,NE 68503	47-0780857	501(C)(3)	ı	32,237	BOOK VALUE	FIXED ASSETS	PROGRAM SUPPO

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. Part III can be duplicated 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
(1) PATIENT FINANCIAL ASSISTANCE	219	27,651			
				1	

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
PROCEDURES FOR MONITORING FINANCIAL ASSISTANCE GRANTS	,	FUNDS ARE RELEASED TO THE HOSPITAL FOR USE FOR CANCER PATIENTS THE CANCER CENTER STAFF PROVIDES GAS CARDS FOR PATIENTS IN NEED TO TRAVEL TO THE CANCER CENTER TO RECEIVE WEEKLY TREATMENTS THE FUNDS ARE MONITORED BY PATIENTS SHOWING UP FOR APPOINTMENTS IN SOME CASES PATIENTS ARE ALSO PROVIDED HOUSING TO BE ABLE TO STAY IN KEARNEY NEAR THE HOSPITAL WHILE THEY ARE RECEIVING TREATMENT
Procedures for monitoring use of grant funds	, ,	IN THE CASE OF A RELATED PARTY, A RESTRICTED FUND AGREEMENT IS IN PLACE AND, IN OTHER CASES A PLEDGE AGREEMENT MAY BE IN PLACE DONATIONS ARE ALSO MADE AS SOLICITED BY VARIOUS EXEMPT ORGANIZATIONS AND GOOD SAMARITAN HOSPITAL RELIES ON THOSE ORGANIZATIONS TO USE THE GRANTS IN ACCORDANCE WITH EACH ORGANIZATION'S EXEMPT PURPOSE

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DLN: 93493134001014

OMB No 1545-0047

Open to Public Inspection

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Compensation Information

Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Name of the organization GOOD SAMARITAN HOSPITAL

Employer identification number 47-0379755 **Questions Regarding Compensation** Yes No 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 Travel for companions Payments for business use of personal residence 굣 Health or social club dues or initiation fees Tax idemnification and gross-up payments 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 or provision of all of the expenses described above? If "No," complete Part III to explain 1b Yes Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, 2 directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Yes Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III 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? 4a Νo 4b Yes Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? **4**c Νo 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? 5a 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 7 payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Νo 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 Regulations section 53 4958-4(a)(3)? If "Yes," describe ın 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 duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of	(F) Compensation
	(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	reported as deferred in prior Form 990
See Additional Data Table							

Schedule J (Form 990) 2012

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Identifier	Return Reference	Explanation
Travel for companions	Schedule J, Part I, Line 1a	GOOD SAMARITAN HOSPITAL PROVIDES FOR COMPANION TRAVEL FOR ITS BOARD MEMBERS WHEN DEEMED APPROPRIATE THESE BENEFITS ARE PAID AND GROSSED-UP PURSUANT TO A WRITTEN POLICY ALL SUCH BENEFITS ARE INCLUDED IN THE INDIVIDUAL'S FORM W-2
Tax indemnification and gross-up payments	Schedule J, Part I, Line 1a	GOOD SAMARITAN HOSPITAL PROVIDES FOR COMPANION TRAVEL FOR ITS BOARD MEMBERS WHEN DEEMED APPROPRIATE THESE BENEFITS ARE PAID AND GROSSED-UP PURSUANT TO A WRITTEN POLICY ALL SUCH BENEFITS ARE INCLUDED IN THE INDIVIDUAL'S FORM W-2
Arrangement used to establish the top management official's compensation	Schedule J, Part I, Line 3	COMPENSATION FOR THE TOP MANAGEMENT OFFICIAL WAS ESTABLISHED AND PAID BY CATHOLIC HEALTH INITIATIVES (CHI), A RELATED ORGANIZATION CHI USED THE FOLLOWING TO ESTABLISH THE TOP MANAGEMENT OFFICIAL'S COMPENSATION (1) COMPENSATION COMMITTEE, (2) INDEPENDENT COMPENSATION CONSULTANT, (3) WRITTEN EMPLOYMENT CONTRACTS, (4) COMPENSATION SURVEY OR STUDY, (5) APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE
SEVERANCE	SCHEDULE J, PART I, LINE 4A	POST-TERMINATION PAYMENTS ARE ADDRESSED IN EXECUTIVE EMPLOYMENT AGREEMENTS FOR CATHOLIC HEALTH INITIATIVES ("CHI") AND RELATED ORGANIZATIONS' EMPLOYEES AT THE LEVEL OF VICE PRESIDENT AND ABOVE, INCLUDING THE MBO CEOS THESE EMPLOYMENT AGREEMENTS REQUIRE THAT IN ORDER FOR THE EXECUTIVE TO RECEIVE POST-TERMINATION PAYMENTS, THESE INDIVIDUALS MUST EXECUTE A GENERAL RELEASE AND SETTLEMENT AGREEMENT POST-TERMINATION PAYMENT ARRANGEMENTS ARE PERIODICALLY REVIEWED FOR OVERALL REASONABLENESS IN LIGHT OF THE EXECUTIVE'S OVERALL COMPENSATION PACKAGE
Supplemental nonqualified retirement plan	Schedule J, Part I, Line 4b	DURING THE 2012 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 SCHNIEDERS, ROBERT LANIK DURING 2012 THE FOLLOWING CONTRIBUTIONS WERE MADE BY CHI TO THE DEFERRED COMPENSATION PLAN MICHAEL SCHNIEDERS \$33,341 DURING 2012 THE FOLLOWING DISTRIBUTIONS WERE MADE BY CHI FROM THE DEFERRED COMPENSATION PLAN ROBERT LANIK \$152,674 DUE TO THE "SUPER" VESTING RULES UNDER THE CHI DEFERRED COMPENSATION PLAN, PARTICIPANTS WHO HAVE MET CERTAIN REQUIREMENTS SUCH AS TERMINATION, AGE, OR YEARS OF SERVICE ARE ELIGIBLE TO RECEIVE THEIR 2012 CONTRIBUTIONS IN CASH THESE CASH PAYOUTS ARE INCLUDED IN THE PARTICIPANT'S REPORTABLE COMPENSATION IN COLUMN (III) OTHER REPORTABLE COMPENSATION ON SCHEDULE J PART II DURING 2012, THE FOLLOWING CONTRIBUTIONS THAT WOULD HAVE BEEN MADE BY CHI TO THE DEFERRED COMPENSATION PLAN WERE PAID IN CASH ROBERT LANIK \$66,797 DURING THE CALENDAR YEAR 2012 GOOD SAMARITAN HOSPITAL INSTITUTED A CALL PAY PLAN THE PLAN IS A DEFINED CONTRIBUTION, NONQUALIFIED DEFERRED COMPENSATION PLAN THAT PROVIDES FOR CONTRIBUTIOINS TO A PARTICIPANT'S ACCOUNT, BUT DOES NOT PROMISE ANY PARTICULAR ULTIMATE BENEFIT TO PARTICIPANTS THE FOLLOWING REPORTABLE INDIVIDUALS WERE ELIGIBLE TO PARTICIPATE IN THE PLAN RICHARD HRANAC CLINTON JONES DURING THE CALENDAR YEAR 2012 THE FOLLOWING CONTRIBUTIONS WERE MADE TO THE CALL PAY PLAN RICHARD HRANAC - \$29,414

Software ID: 12000266

Software Version: v2012.1.0

EIN: 47-0379755

Name: GOOD SAMARITAN HOSPITAL

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown o	(B) Breakdown of W-2 and/or 1099-MISC compensation			(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) O ther compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
CAROL WAHL	(I) (II)		30,697	9,730	28,096 0	7,748 0	•	0
CLARESSA L MILLSAP	(ı) (ıı)		9,384	115	14,089	19,092	157,574	0 0
DAVID HUEBNER MD	(ı) (ıı)		0	350,701	1	O C	350,701	0 0
ELIZABETH TAYLOR- TRUJILLO	(ı) (ıı)		9,999	396	1 ' 1	19,291	1 151,783	0 0
FISHEL LIBERMAN	(ı) (ıı)		0 123,564	0 7,158	0 20,596	0 20,622	0 2 761,244	0
GEORGE HARMS	(ı) (ıı)							
HUGO GONZALEZ NIETO	(ı) (ıı)		0 59,166	0 2,189	1 "1	0 15,070	0 0 336,030	0
KENNETH SMOOT	(ı) (ıı)		18,095	1				0 0
LEIGH BERTHOLF	(ı) (ıı)		0 12,023	0 3 1,437	0 26,048	0 18,140	0 271,779	, o
MICHAEL SCHNIEDERS	(ı) (ıı))) 369,123	0 167,378	0 30,644	0 53,937	0 19,973	0 0 641,055	0
NICKI L BOHL	(ı) (ıı)		12,403	134	13,506	13,938	3 172,497 0 0	0 0
RO BERT CUNNINGHAM	(ı) (ıı)		28,003	14,507	21,848	3 18,105 0	274,328	0
ROBERT LANIK	(ı) (ıı)		0 188,534	0 251,569	0 33,096	0 14,053	0 0 1,071,404	0 152,674
STEPHEN LEURCK	(I) (II)	0	0	0 333,676	0	O C	0 0 333,676	, 0
TODD STOVER	(I) (II)		13,592	7,105	1 ' 1	19,144 0		0

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As Filed Data -

DLN: 93493134001014

C....................................

Department of the Treasury Internal Revenue Service

SCHEDULE 0

(Form 990 or 990-EZ)

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.

2012

Open to Public Inspection

Name of the organization GOOD SAMARITAN HOSPITAL

Employer identification number

47-0379755

Identifier	Return Reference	Explanation
Delegate broad authority to a committee	Form 990, Part VI, Section A, Line 1a	PURSUANT TO SECTION 8 6 OF THE BY LAWS OF GOOD SAMARITAN HOSPITAL, THE EXECUTIVE COMMITTEE IS COMPOSED OF THE BOARD CHAIR, THE BOARD VICE CHAIR, THE PRESIDENT AND CEO, THE VICE PRESIDENT OF MEDICAL AFFAIRS, THE TREASURER, AND THE PRESIDENT OF THE MEDICAL STAFF EACH OF WHOM SERVES AS AN EX OFFICIO VOTING MEMBER OF THE EXECUTIVE COMMITTEE, AND AT LEAST THREE DIRECTORS APPOINTED BY THE BOARD PURSUANT TO SECTION 8 1 OF THE CORPORATION'S BY LAWS, COMMITTEES, SUCH AS THE EXECUTIVE COMMITTEE, THAT ARE GRANTED THE AUTHORITY TO ACT ON BEHALF OF THE BOARD OF DIRECTORS MAY INCLUDE ONLY DIRECTORS OF THE CORPORATION FURTHER, PURSUANT TO SECTION 8 6 OF THE CORPORATION'S BY LAWS, THE EXECUTIVE COMMITTEE HAS AND MAY EXERCISE SUCH POWERS AS MAY BE DELEGATED TO IT BY THE BOARD OF DIRECTORS THE EXECUTIVE COMMITTEE ALSO POSSESSES THE POWER TO TRANSACT ROUTINE BUSINESS OF THE CORPORATION IN THE INTERIM PERIOD BETWEEN REGULARLY SCHEDULED MEETINGS OF THE BOARD OF DIRECTORS

ldentifier	Return Reference	Explanation
Classes of members or stockholders	Form 990, Part VI, Section A, Line 6	THE SOLE MEMBER OF THE CORPORATION IS CHI NEBRASKA, A NEBRASKA NONPROFIT CORPORATION

ldentifier	Return Reference	Explanation
Members or stockholders electing members of governing body	Form 990, Part VI, Section A, Line 7a	CHI NEBRASKA HAS THE POWER TO APPOINT, REMOVE OR REPLACE THE MEMBERS OF THE BOARD OF DIRECTORS

ldentifier Return Reference	Explanation
Decisions requiring approval by members or stockholders Form 990, Part VI, Section A, Line 7b	THE ORGANIZATION'S CORPORATE MEMBER IS CHI NEBRASKA PURSUANT TO SECTION 5 1 OF THE ORGANIZATION'S BYLAWS, THE CORPORATE MEMBER SHALL HAVE THE SPECIFIC RIGHTS SET FORTH IN THE GOVERNANCE MATRIX PURSUANT TO THE GOVERNANCE MATRIX THE FOLLOWING RIGHTS ARE RESERVED TO THE CHI NEBRASKA BOARD DIRECTLY OR THROUGH POWERS DELEGATED TO THE CHI NEBRASKA CHIEF EXECUTIVE OFFICER -APPROVE MEMBERS OF THE GOOD SAMARITAN HOSPITAL BOARD-AMENDMENT OF THE CORPORATE DOCUMENTS OF THE GOOD SAMARITAN HOSPITAL -APPROVE REMOVAL OF A MEMBER OF THE GOVERNING BODY OF THE GOOD SAMARITAN HOSPITAL -ADOPTION OF LONG RANGE AND STRATEGIC PLANS FOR THE GOOD SAMARITAN HOSPITAL -SUBSTANTIAL CHANGE IN THE MISSION OR PHILOSOPHY OF THE GOOD SAMARITAN HOSPITAL -REMOVAL OF A MEMBER OF THE GOVERNING BODY OF THE GOOD SAMARITAN HOSPITAL -APPROVAL OF DEBT BY GOOD SAMARITAN HOSPITAL IN A JOINT VENTURE -APPROVAL OF FORMATION OF A NEW CORPORATION BY GOOD SAMARITAN HOSPITAL - APPROVAL OF THE SALE OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF THE GOOD SAMARITAN HOSPITAL -TO REQUIRE THE TRANSFER OF ASSETS BY THE GOOD SAMARITAN HOSPITAL TO CHI TO ACCOMPLISH CHI'S GOALS AND OBJECTIVES, AND TO SATISFY CHI DEBTS PURSUANT TO SECTION 5 2 OF THE ORGANIZATION'S BYLAWS, GOOD SAMARITAN HOSPITAL OR CHI NEBRASKA MAY, IN EXERCISE OF THEIR APPROVAL POWERS, GRANT OR WITHHOLD APPROVAL IN WHOLE OR IN PART, OR MAY, IN TS COMPLETE DISCRETION, AFTER CONSULTATION WITH THE BOARD AND ITS PRESIDENT AND THE CHIEF EXECUTIVE OFFICER OF THE ORGANIZATION, RECOMMEND SUCH OTHER OR DIFFERENT ACTIONS AS IT DEEMS APPROPRIATE

ldentifier	Return Reference	Explanation
Review of form 990 by governing body		CHI NEBRASKA'S (THE ORGANIZATION'S CORPORATE MEMBER) CFO IS RESPONSIBLE FOR REVIEWING THE FINAL TAX RETURN PREPARED BY THE CHI TAX DEPARTMENT FOR ANY POTENTIAL ERRORS, OMISSIONS, OR CLARIFICATIONS NEEDED FOR PROPER PRESENTATION AFTER THE FINAL CHANGES ARE MADE TO THE FORM 990, THE RETURNS ARE POSTED TO A SECURED BOARD COLLABORATION SITE FOR REVIEW BY THE BOARD MEMBERS SUBSEQUENT TO DISTRIBUTION TO THE BOARD, THE TAX DEPARTMENT FILES THE RETURN WITH THE APPROPRIATE FEDERAL AND STATE AGENCIES, MAKING ANY NON-SUBSTANTIVE CHANGES NECESSARY TO EFFECT E-FILING ANY SUCH CHANGES ARE NOT RE-SUBMITTED TO THE BOARD

ldentifier	Return Reference	Explanation
ınterest F policy S	Form 990, Part VI, Section B, Line 12c	DISCLOSURE, REVIEW AND INITIAL DETERMINATION 1) GENERAL OBLIGATION EACH DIRECTOR MUST FRO MPTLY AND FULLY REPORT TO THE BOARD CHAR STIVLATIONS THAT MAY CREATE A CONFLICT OF INTERES TWHEN HE OR SHE BECOMES AWARE OF SUCH STIVLATIONS. IN ANY STILLATION WHEN DEECTOR IS IN DOUBT, FULL DISCLOSURE SHOULD BE MADE SO AS TO FERMIT AN IMPARTIAL AND DEJECTIVE DETERMINATION A WRITTEN RECORD OF THE DISCLOSURE WILL BE MADE 2) ANNUAL DISCLOSURE STATEMENT IN ADDITION TO THE CORDON DISCLOSURE SHOULD BE MADE 20 ANNUAL DISCLOSURE STATEMENT TO ALD INFECTIORS A COPY OF THIS POLICY. AND THE CONFLICT OF INTEREST DISCLOSURES SHALL ANNUALLY SENDENT OF ALD INTERESTORS A COPY OF THIS POLICY. AND THE CONFLICT OF INTEREST DISCLOSURE SHALL ANNUALLY SENDENT OF ALD INTERESTORS AND CHEET EXECUTIVE OFFICER THE COMPLETED STATEMENT TO THE CORPORATIONS PRESIDENT AND CHIEF EXECUTIVE OFFICER THE COMPLETED STATEMENT WILL BE REVIEWED BY THE PRESIDENT AND CHIEF EXECUTIVE OFFICER AND THE BOARD CHAR TO SHE WILL WE REVIEWED BY THE PRESIDENT AND CHIEF EXECUTIVE OFFICER AND THE BOARD CHAR IS REVIEWED BY THE PRESIDENT AND CHIEF EXECUTIVE OFFICER AND THE BOARD CHAR IS REVIEW. EVALUATION AND INITIAL DETERMINATION THE BOARD CHAR OR DESIGNAE SHALL MAKE SUCH FURTHER INVESTIGATION OF ANY ONFILED. THE PRESIDENT AND CHIEF EXECUTIVE OFFICER AND THE BOARD CHAR IN THE PRESIDENT AND CHIEF EXECUTIVE OFFICER AND THE BOARD CHAR IN THE PRESIDENT AND CHIEF EXECUTIVE OFFICER AND THE BOARD CHAR IN THE PRESIDENT AND CHIEF EXECUTIVE OFFICER AND THE BOARD CHAR IN THE PRESIDENT AND CHIEF EXECUTIVE OFFICER AND THE BOARD CHAR IN THE PRESIDENT AND CHIEF EXECUTIVE OFFICER AND THE BOARD CHAR IN THE PRESIDENT AND CHIEF EXECUTIVE CONFIDENCE AND AND THE BOARD CHAR IN THE PRESIDENT AND CHIEF EXECUTIVE CONFIDENCE AND AND THE BOARD CHAR IN THE PRESIDENCE AND AND THE BOARD CHAR IN THE PRESIDENCE AND AND THE BOARD CHAR IN THE PRESIDENCE AND AND THE BOARD CHAR IN THE BOARD CHAR IN THE PRESIDENCE AND AND THE BOARD CHAR IN THE PRESIDENT AND AND THE BOARD CHAR IN THE PRESIDENT AND THE BOARD CHAR IN

Conflict of interest policy Part VI, Section B, Line 12c POTENTIAL CONFLICT OF INTEREST, OR ALL MATERIAL FACTS SURROUNDING AN ACTUAL OR POSSIBLE CONFLICT AS REQUIRED BY THIS POLICY, THE DIRECTOR WILL BE GIVEN AN OPPORTUNITY TO EXPLAIN SUCH ALLEGED FAILURE TO DISCLOSE AFTER HEARING THA RESPONSE OF THE DIRECTOR, THE BOARD DETERMINES T HAT THE DIRECTOR HAS IN FACT FAILED TO DISCLOSE AS REQUIRED BY THIS POLICY, THE BOARD DETERMINES T HAT THE DIRECTOR HAS IN FACT FAILED TO DISCLOSE AS REQUIRED BY THIS POLICY, THE BOARD DETERMINES T HAT THE DIRECTOR HAS IN FACT FAILED TO DISCLOSE AS REQUIRED BY THIS POLICY, THE BOARD DETERMINES T HAT THE BOARD SHALL TAKE APPROPRIATE DISCIPLINARY OR CORRECTIVE ACTION WHETHER BOARD OF DIRECTORS REVIEW AN D APPROVAL OR OTHER ACTION IS REQUIRED WITHIN THIS POLICY, THE MATTER SHALL BE SUBMITTED T O THE BOARD SEXECUTIVE COMMITTEE, WHICH SHALL MAKE A FINAL DETERMINATION AS TO THE MATTER PRESENTED SUCH DETERMINATION, INCLUDING REPORTED TO THE BOARD OF DIRECTORS IT IS ESSENTIAL THAT ALL EMPLOYEES OF GOOD SAMARITAN HOSPITAL AVOID ANY SITUATION OR ENDEAVOR THAT COUL D INTERFERE WITH OR CREATE CONFLICTS WITH PERSONAL INTEREST ALL MANAGEMENT EMPLOYEES OF GOOD SAMARITAN HOSPITAL (GSH) WILL COMPLETE THE "AGREEMENT TO DISCLOSE CONFLICT OF INTEREST AND MAINTAIN CONFIDENTIALITY OF INFORMATION" FORM UPON ASSUMING OFFICE OR EMPLOY MENT, AND ANNUALLY THEREAFTER IF A POTENTIAL CONFLICT OF INTEREST ARISES BETWEEN ANNUAL DISCLOSURE DATES, THE INDIVIDUAL WILL IMMEDIATELY DISCLOSE RELEVANT INFORMATION TO THE CEO OR VP, HR OF GSH DISCLOSURE STATEMENTS PROVIDE GSH WITH A METHOD OF RESOLVING POTENTIAL CONFLICTS OF INTEREST. THE GUIDING PRINCIPLES ARE FAIRNESS AND REASONABLENESS IT IS NOT THE INTENT TO INHIBIT INVESTMENT OR CONDUCT MAY BE HARMFUL TO GSH	Identifier	Return Reference	Explanation
	ınterest	Part VI, Section B,	POTENTIAL CONFLICT OF INTEREST, OR ALL MATERIAL FACTS SURROUNDING AN ACTUAL OR POSSIBLE CONFLICT AS REQUIRED BY THIS POLICY, THE DIRECTOR WILL BE GIVEN AN OPPORTUNITY TO EXPLAIN SUCH ALLEGED FAILURE TO DISCLOSE. AFTER HEARING THE RESPONSE OF THE DIRECTOR, THE BOARD WILL CONDUCT SUCH ADDITIONAL INVESTIGATION AS MAY BE APPROPRIATE. IF THE BOARD DETERMINES THAT THE DIRECTOR HAS IN FACT FAILED TO DISCLOSE AS REQUIRED BY THIS POLICY, THE BOARD SHALL TAKE APPROPRIATE DISCIPLINARY OR CORRECTIVE ACTION WHETHER BOARD OF DIRECTORS REVIEW AND APPROVAL OR OTHER ACTION IS REQUIRED WITHIN THIS POLICY, THE MATTER SHALL BE SUBMITTED TO THE BOARD'S EXECUTIVE COMMITTEE, WHICH SHALL MAKE A FINAL DETERMINATION AS TO THE MATTER PRESENTED. SUCH DETERMINATION, INCLUDING RELEVANT FACTS AND CIRCUMSTANCES, WILL BE REFLECTED IN THE COMMITTEE MINUTES AND WILL BE REPORTED TO THE BOARD OF DIRECTORS IT IS ESSENTIAL THAT ALL EMPLOYEES OF GOOD SAMARITAN HOSPITAL AVOID ANY SITUATION OR ENDEAVOR THAT COULD INTERFERE WITH OR CREATE CONFLICTS WITH PERSONAL INTEREST ALL MANAGEMENT EMPLOYEES OF GOOD SAMARITAN HOSPITAL (GSH) WILL COMPLETE THE "AGREEMENT TO DISCLOSE CONFLICT OF INTEREST AND MAINTAIN CONFIDENTIALITY OF INFORMATION' FORM UPON ASSUMING OFFICE OR EMPLOY MENT, AND ANNUALLY THEREAFTER. IF A POTENTIAL CONFLICT OF INTEREST ARISES BETWEEN ANNUAL DISCLOSURE DATES, THE INDIVIDUAL WILL IMMEDIATELY DISCLOSE RELEVANT INFORMATION TO THE CEO OR VP, HR OF GSH DISCLOSURE STATEMENTS PROVIDE GSH WITH A METHOD OF RESOLVING POTENTIAL CONFLICTS OF INTEREST. THE GUIDING PRINCIPLES ARE FAIRNESS AND REASONABLENESS. IT IS NOT THE INTENT TO INHIBIT

ldentifier	Return Reference	Explanation
PROCESS USED TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	FORM 990, PART VI, LINE 15A	THE ORGANIZATION'S CEO'S COMPENSATION IS PAID BY CHI CHI HAS A DEFINED COMPENSATION PHILOSOPHY BOTH THE EXECUTIVE AND NON-EXECUTIVE COMPENSATION STRUCTURES AND RANGES ARE REVIEWED ANNUALLY IN COMPARISON TO MARKET DATA CHI USES THE HAY GROUP AS THE INDEPENDENT THIRD PARTY TO ASSESS EXECUTIVE COMPENSATION PROGRAMS AND TO ENSURE THE REASONABLENESS OF ACTUAL SALARIES AND TOTAL COMPENSATION PACKAGES COMPENSATION OF THE SENIOR MOST EXECUTIVES IS REVIEWED ANNUALLY THE HAY GROUP REVIEWS BOTH CASH AND TOTAL COMPENSATION FOR OVERALL REASONABLENESS, FOR ADHERENCE TO CHI'S COMPENSATION PHILOSOPHY, AND FOR COMPARABILITY TO THE NOT-FOR-PROFIT HEALTHCARE MARKET THIS INDEPENDENT REVIEW IS DELIVERED BY HAY GROUP TO THE HR COMMITTEE OF THE CHI BOARD OF STEWARDSHIP TRUSTEES ANNUALLY AT THEIR SEPTEMBER MEETING AND MINUTES ARE SHARED WITH THE FULL BOARD AT THE DECEMBER MEETING. THE LAST REVIEW WAS SEPTEMBER 17, 2013 IN ADDITION, IN DECEMBER 2009, HAY GROUP COMPLETED A COMPREHENSIVE REVIEW OF ALL POSITIONS AT THE LEVEL OF VICE PRESIDENT AND ABOVE TO DETERMINE AND VALIDATE APPROPRIATE COMPENSATION LEVELS. THESE LEVELS HAVE BEEN REVIEWED ANNUALLY SINCE AND REVISED BASED ON MARKET DATA, WHERE APPLICABLE

ldentifier	Return Reference	Explanation
Process used to establish compensation of other officers/key employees	Form 990, Part VI, Section B, Line 15b	HR ADVANTAGE HAS SERVED AS THE INDEPENDENT COMPENSATION CONSULTANT FOR THE NEBRASKA FACILITIES IN 2012-2013 HR ADVANTAGE REVIEWED ALL NEBRASKA MINISTRIES' VP AND EXECUTIVE DIRECTORS COMPENSATION LEVELS AND PROVIDED A REPORT WITH COMPARABILITY DATA TO CHI NEBRASKA HR LEADERS TO REVIEW WITH LOCAL CEOS, CONFIRMING THE REASONABLENESS OF MBO EXECUTIVES COMPENSATION AND PHILOSOPHY COMPENSATION PACKAGE AND BONUS POTENTIAL FOR EXECUTIVE LEADERS IS APPROVED BY EACH MINISTRIES LOCAL BOARDS THE HIGHEST PAID EMPLOYEES ARE DIRECTORS

ldentifier	Return Reference	Explanation
FORMAL POLICIES CONCERNING PARTICIPATION IN JOINT VENTURES	FORM 990, PART VI, LINE 16B	GOOD SAMARITAN HOSPITAL HAS NOT FORMALLY ADOPTED A WRITTEN POLICY OR WRITTEN PROCEDURE REGARDING JOINT VENTURES HOWEVER CHI'S 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	Form 990, Part VI, Section C, Line 19	THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON REQUEST THE ORGANIZATION'S FINANCIAL STATEMENTS ARE INCLUDED IN CATHOLIC HEALTH INITIATIVES' CONSOLIDATED AUDITED FINANCIAL STATEMENTS THAT ARE AVAILABLE AT WWW CATHOLICHEALTHINIT ORG OR AT WWW DACBOND ORG

ldentifier	Return Reference	Explanation
Other Expenses	Form 990, Part IX, Line 11g	OTHER FEES FOR SERVICES - TOTAL EXPENSE 1809768, PROGRAM SERVICE EXPENSE 1338096, MANAGEMENT AND GENERAL EXPENSES 471672, FUNDRAISING EXPENSES , CONTRACT LABOR - TOTAL EXPENSE 2796842, PROGRAM SERVICE EXPENSE 2490027, MANAGEMENT AND GENERAL EXPENSES 306815, FUNDRAISING EXPENSES , CONTRACTED PROFESSIONALS - TOTAL EXPENSE 8104182, PROGRAM SERVICE EXPENSE 6927685, MANAGEMENT AND GENERAL EXPENSES 1176497, FUNDRAISING EXPENSES , CONTRACT SERVICES - TOTAL EXPENSE 18484836, PROGRAM SERVICE EXPENSE 8650179, MANAGEMENT AND GENERAL EXPENSES 9834657, FUNDRAISING EXPENSES ,

ldentifier	Return Reference	Explanation
Other changes in net assets or fund balances	Form 990, Part XI, Line 9	CHI CONNECT DEPRECIATION - 162820,

SCHEDULE R Related Ord

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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

Employer identification number

2012

DLN: 93493134001014

Open to Public Inspection

or more related tax-exempt organizations during the tax year.) (a) Name, address, and EIN of related organization (b) Primary activity Legal domicile (state or foreign country) Exempt Code section (d) Exempt Code section (f) Public charity status (if section 501(c)(3)) Primary activity Test (a) Exempt Code section (b) Public charity status (if section 501(c)(3)) Primary activity Test (a) Section 512 (a) Section 512 (b) Exempt Code section (d) Exempt Code section (if section 501(c)(3)) Public charity status (if section 501(c)(3)) Primary activity In section 512 (a) Section 512 (b) Exempt Code section (if section 501(c)(3)) Primary activity In section 512 (a) Section 512 (b) Exempt Code section (if section 501(c)(3)) Primary activity In section 512 (if section 512 (if section 512 (if section 501(c)(3)) Primary activity In section 512 (if section 501(c)(3)) Primary activity In section 512 (if section 501(c)(3)) Primary activity In section 512 (if section 512 (if section 501(c)(3)) In section 512 (if section 512 (if section 512 (if section 501(c)(3)) In section 512 (if section 50	OOD SAMARITAN HOSPITAL				47-037	9755			
Rame, address, and EB (d applicable) of disregarded entity Primary activity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Name, address, and EB (d applicable) of disregarded entity Primary activity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Name, address, and EB (d applicable) of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Primary activity Legislations of Find in country (b) (c) (c) (c) (c) (d) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	Part I Identification of Disregarded Entities (Complet	e if the organizatio	n answered "Yes" t	o Form 990, P	art IV, line 33	.)			
or more related tax-exempt organizations during the tax year.) (a) Name, address, and EIN of related organization (b) Primary activity Legal domicile (state or foreign country) Exempt Code section (c) Exempt Code section (f) Exempt Code section 501(c)(3)) Direct controlling entity (a) (b) Exempt Code section 501(c)(3)) Public charity status (if section 501(c)(3)) Public charit	(a) Name, address, and EIN (ıf applıcable) of dısregarded entity		Legal domicile (state			ts [Direct controlling		
or more related tax-exempt organizations during the tax year.) (a) Name, address, and EIN of related organization (b) Primary activity Legal domicile (state or foreign country) Exempt Code section (c) Exempt Code section (f) Exempt Code section 501(c)(3)) Direct controlling entity (a) (b) Exempt Code section 501(c)(3)) Public charity status (if section 501(c)(3)) Public charit									
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Name, address, and EIN of related organization Primary activity Legal domicile (state or foreign country) Legal domicile (state or foreign country) Exempt Code section Public charity status (if section 501(c)(3)) Exempt Code section Public charity status (if section 501(c)(3)) Exempt Code section Public charity status (if section 501(c)(3)) Exempt Code section Public charity status (if section 501(c)(3)) Exempt Code section Public charity status (if section 501(c)(3)) Exempt Code section Public charity status (if section 501(c)(3)) Exempt Code section Public charity status (if section 501(c)(3)) Exempt Code section Public charity status (if section 501(c)(3)) Exempt Code section Public charity status (if section 501(c)(3)) Exempt Code section 12 (13) controlling section 12 (13) controlling section 512 (13	or more related tax-exempt organizations during the	ations (Complete if a tax year.)	f the organization a	answered "Yes	" to Form 990	, Part IV,	, line 34 because i	t had oi	ne
ee Additional Data Table	(a) Name, address, and EIN of related organization		Legal domicile (state	(d) Exempt Code sec	tion Public char	ity status	Direct controlling	Section 512((13) control	
	and Address I Date Table							Yes	No
Department Reduction Act Nation con the Textwestions for Form 900	ee Additional Data Table	+							Π
On Description Act Notice and the Instructions for Form 900									
For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50135Y Schedule R (Form 990) 2012									
On Departure Act Notice and the Instructions for Form 000									
Cat No. 50125V									
or Denominal Padistion Act Notice and the Instructions for Form 000									
	an Danamark Dadastin, Ast Matin.		G. I. N. 524	257			Cabad I D (T	000) 7	

	Primary activit	y Legal domicile (state or foreign country)	entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income		Disproprial allocate		Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)		iging ner?	Percenta ownersh
							Yes	No		Yes	No	
							swere	d "Ye	s" to Form	990,	Part	IV,
(a) (b) Name, address, and EIN of Primary activity related organization			(d) Direct controlli entity	(e) Type of entity (C corp, S corp, or trust)	Share of to income	otal Share e of	of end- year			(i) Section 512 (b)(13) controlled entity?		
								_		Yes		No
-								1				
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	nore related organi	nore related organizations treated a (b) (c) Primary activity Legal domicile	(b) (c) Primary activity Legal domicile (state or foreign	nore related organizations treated as a corporation or (b) (c) (d) (d) Direct controlli domicile (state or foreign	(b) Primary activity (c) Legal domicile (state or foreign) (d) (d) Direct controlling entity (C corp, S corp,	rore related organizations treated as a corporation or trust during the tax year (b) (c) (d) (e) (f) Primary activity Legal domicile (state or foreign entity (C corp, S corp,)	nore related organizations treated as a corporation or trust during the tax year.) (b) (c) (d) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	nore related organizations treated as a corporation or trust during the tax year.) (b) (c) (d) (e) (f) Share of total of-year assets (C corp, S corp, (state or foreign)	rore related organizations treated as a corporation or trust during the tax year.) (b) (c) (d) (e) (f) (g) Share of total of entity (C corp, S income corp, entity (State or foreign)) (c) (d) (e) (f) (f) Share of total of end-of-year assets)	nore related organizations treated as a corporation or trust during the tax year.) (b) (c) (d) (e) (f) (g) (h) Primary activity Legal domicile domicile (state or foreign (state or foreign)) (c) (d) (e) (f) (g) (h) Type of entity (C corp, S income of-year assets)	rore related organizations treated as a corporation or trust during the tax year.) (b) (c) (d) (e) (f) (g) (g) (h) (state or foreign country) (corp, or trust) (corp, or trust)	(b) (c) (d) (e) (f) (g) (h) (i) Primary activity Legal domicile of state or foreign (state or foreign) (d) (e) (f) Share of total of-year ownership (b)(13) (c) (c) (e) (f) (g) (h) (i) Share of end-of-year ownership ownership controlled)

Part V	Transactions With Related Organizations (Complete if the organization	on answered	"Yes" to Form	n 990, Part IV, lin	e 34, 35b, or 36.)			
Note	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule						Yes	No
1 During	the tax year, did the organization engage in any of the following transactions with one or	more related o	organizations lis	sted in Parts II-IV?				
a Rec	eipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity					1a		No
b Gift	, grant, or capital contribution to related organization(s)					1b	Yes	
c Gıft	, grant, or capital contribution from related organization(s)					1c	Yes	
d Loa	ns or loan guarantees to or for related organization(s)					1d		No
e Loa	ns or loan guarantees by related organization(s)					1e	Yes	
f Div	idends from related organization(s)					1f		No
g Sal	e of assets to related organization(s)					1 g		No
h Pur	chase of assets from related organization(s)					1h		No
i Exc	hange of assets with related organization(s)					1 i		No
j Lea:	se of facilities, equipment, or other assets to related organization(s)					1j	Yes	
k Lea	se of facilities, equipment, or other assets from related organization(s)					1k		No
I Perf	ormance of services or membership or fundraising solicitations for related organization(s)				11		No
m Perf	ormance of services or membership or fundraising solicitations by related organization(s))				1m	Yes	
n Shai	ring of facilities, equipment, mailing lists, or other assets with related organization(s)					1n		No
o Sha	ring of paid employees with related organization(s)					10		No
p Rei	mbursement paid to related organization(s) for expenses					1 p		No
q Rei	mbursement paid by related organization(s) for expenses					1 q		No
r Oth	er transfer of cash or property to related organization(s)					1r	Yes	
s Oth	er transfer of cash or property from related organization(s)					1s		No
2 If th	e answer to any of the above is "Yes," see the instructions for information on who must c	omplete this lir	ne, including co	vered relationships	and transaction thres	holds		
	(a) Name of other organization		(b) Transaction type (a-s)	(c) Amount involved	Method of determin	(d) ning amount	ınvolved	1
(1) GOOD S	AMARITAN HOSPITAL FOUNDATION	В		350,000	FMV			
(2) GOOD S	AMARITAN HOSPITAL FOUNDATION	С		1,992,678	FMV			
					<u> </u>			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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 re	garding exclu	sion for ce		nent	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 section 512- 514)	org	(e) all partners section 501(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
												1	

 Software ID:
 12000266

 Software Version:
 v2012.1.0

 EIN:
 47-0379755

Name: GOOD SAMARITAN HOSPITAL

Schedule R (Form 990) 2012

Part VII Supplemental Information

Page **5**

	ental Informations part to provide add		<u>formatı</u> on for r	esponses to qu	estions on Schedule	R (see instructions)					
Identifier		Return	Reference			Explanation					
Form 990, Schedule R	, Part III - Iden	tificatio (c)		d Organizat (e)		a Partnership	(h)			i)	
(a) Name, address, and EIN of related organization	(b) Primary activity	Legal Domicile (State or Foreign Country)	Controlling Entity	Predominant income (related, unrelated, excluded from tax under sections	(f) Share of total Income	(g) Share of end- of-year assets	Disproprtionatel	(i) Code V-UBI amount on Box 20 of K-1	Gen	eral r agıng	(k) Percentage ownership
AUDUBON LAND	REAL ESTATE	СО	CHIC	512-514) RELATED	34,991	8,665,388	Yes No	0	Yes	No No	50 1 %
COMPANY LLC 5390 N ACADEMY BLVD SUITE 300 COLORADO SPRINGS, CO 80918 84-1513085	NEME ESTATE		GIII C	NED/NED	31,331	0,003,300		Ü			301 %
AVANTAS LLC 11128 JOHN GALT BLVD SUITE 400 OMAHA, NE 68137 39-2045003	STAFFING OF NURSES	NE	AHBMHS	RELATED	-210,405	4,806,071	No	-439,536		No	95 %
BERYWOOD OFFICE PROPERTIES LLC	PHYS OFFICE	TN	MHCS	RELATED	57,545	1,013,237	No	0	Yes		63 %
400 BERYWOOD TRAIL CLEVELAND, TN 37312 62-1875199											
BLUEGRASS REGIONAL IMAGING CENTER 1218 SOUTH BROADWAY SUITE 310	DIAGNOSTIC	КҮ	SJHS	RELATED	308,428	3,317,191	No	0		No	65 %
LEXINGTON, KY 40504 61-1386736 CENTRAL NEBRASKA HOME CARE SERVICES	HEALTHCARE SRVC	NE	NA	RELATED	228,435	675,251	No	0	Yes		100 %
PO BOX 1146-4510 SECOND AVENUE KEARNEY, NE 68848 47-0692112											
CENTRAL NEBRASKA REHAB SERVICES	PHYSICAL THERAPY	NE	SFMC	RELATED	1,710,199	2,712,656	No	0		Νo	51 %
3004 W FAIDLEY AVE GRAND ISLAND, NE 68802 81-0653461											
CHI OPERATING INVESTMENT PROGRAM LP	INVESTMENTS	СО	СНІ	UNRELATED	344,962,532	4,617,413,792	No	0	Yes		79 92 %
SERVICES PO BOX 9804 GRAND ISLAND, NE 68802	LAUNDRY	NE	NA	RELATED	98,583	3,190,677	No	0		No	100 %
72-1546196 MRI AT ST JOSEPH	MEDICAL	MD	SJMC	RELATED	423,167	2,174,155	No	0	Yes		51 %
MEDICAL CENTER LLC 7253 AMBASSADOR ROAD BALTIMORE, MD 21244 52-1958002	IMAGING							_			
NORTH RIVER SURGERY CENTER LLC 2209 WILDWOOD AVENUE	AMBUL SURG CTR	AR	SVIMC	RELATED	81,071	1,077,536	No	0		No	57 45 %
SHERWOOD, AR 72120 71-0799771											
O'DEA MEDICAL ARTS LIMITED PARTNERSHIP 7601 OSLER DRIVE	REAL ESTATE	MD	ТМІ	RELATED	9,490	0	No	0	Yes		66 58 %
TOWSON, MD 21204 52-1682964											
ORTHOCOLORADO LLC 11650 WEST 2ND PLACE LAKEWOOD, CO 80255 37-1577105	ORTHO HOSPITAL	СО	тнс	RELATED	1,846,153	8,411,844	No	0		Νo	60 %
PENINSULA RADIATION ONCOLOGY LLC 315 MARTIN LUTHER	HEALTHCARE SRVC	WA	FHS	RELATED	256,567	3,262,002	No	0		No	60 %
KING JR WAY 111 TACOMA, WA 98405 87-0808610 PENRAD IMAGING	MEDICAL	СО	СНІС	RELATED	715,094	3,489,436	No	0		No	70 %
1390 KELLY JOHNSON BLVD COLORADO SPRINGS, CO 80920 84-1072619	IMAGING										
RUXTON SURGICENTER LLC 8322 BELLONA AVENUE SUITE 201 BALTIMORE, MD 21204 52-2095835	SURGERY CENTER	MD	SJMC	RELATED	-69,345	0	No	0	Yes		51 %

Form 990, Schedule F	२, Part III - Iden।		n of Relate		ons Taxable as	a Partnership	ı		ı	. ا		
(a) Name, address, and EIN of related organization	Primary activity	(c) Legal Domicile (State or Foreign Country)	Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under	(f) Share of total Income	(g) Share of end- of-year assets	(h) Dispropi allocatio		(i) Code V-UBI amount on Box 20 of K-1	Ger Man	j) neral or aging ner?	(k) Percentage ownership
		Country)		sections 512-514)			Yes	No		Yes	No	
SAINT JOSEPH - SCA HOLDINGS LLC	OP SURGERY	DE	SJHS	RELATED	0	0		No	0	Yes		51 %
1451 HARRDOSBURG ROAD LEXINGTON, KY 40504 45-3801157												
SCA PREMIER SURGERY CENTER OF LOUISVILLE LLC	SURGERY CENTER	KY	Э Н	RELATED	3,388	666,017		No	0	Yes		51 %
200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202												
72-1386840 ST FRANCIS LAND COMPANY LLC	REAL ESTATE	СО	CHIC	RELATED	-130,967	13,823,763		No	0		No	51 %
	MED OFFICE	WA	FHS	RELATED	238,717	1,907,063		No	0		No	58 46 %
CENTER ASSOCIATES 1717 SOUTH J STREET TACOMA, WA 98405												
91-1352698 ST JOSEPH-PAML LLC	MGMT SVCS	KY	SJHS	RELATED	30,446	1,149,003		No	0	Yes		62 5 %
424 LEWIS HARGETT CIRCLE STE 160 LEXINGTON, KY 40503 45-2116736												
	OP DIAGNOSTICS	NE	SERMC	RELATED	-200,323	821,112		No	0	Yes		51 %
5000 NORTH 26TH STREET LINCOLN, NE 68521												
26-2884555 SURGERY CENTER OF LEXINGTON LLC	SURGERY CENTER	DE	SJHS	RELATED	-200,318	4,079,584		No	0	Yes		51 %
424 LEWIS HARGETT CIRCLE STE 160 LEXINGTON, KY 40503 62-1179539												
SURGERY CENTER OF LOUISVILLE LLC	SURGERY CENTER	KY	ЈΗ	RELATED	-15,452	396,101		No	0	Yes		51 %
200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 62-1179537 ALEGENT HEALTH	OP DIAGNOSTICS	NE	ACH	RELATED	116,752	776,649		No	0	Yes		51 %
NORTHWEST IMAGING CENTER LLC 3606 N 156TH STREET	OP DIAGNOSTICS	IN E	АСП	RELATED	116,/52	776,649		IN O	U	res		51 %
OMAHA, NE 68116 06-1786985	AMBUL SURG CTR	NE	ACH	RELATED	142,085	3,294,472		No	0		No	63 94 %
SURGERY CENTER LLC 7710 MERCY ROAD STE	ATTOOL SONG CTN			NELA TED	112,003	3,231,172		110				03 31 70
100 ОМАНА, NE 68124 20-8671994												
LAKESIDE AMBULATORY SURGICAL CENTER LLC	AMBUL SURG CTR	NE	ACH	RELATED	3,465,880	1,951,221		No	0		No	516%
17031 LAKESIDE HILLS DR OMAHA, NE 68130												
20-4267902 LAKESIDE ENDOSCOPY CENTER LLC	ENDOSCOPY SRVC	NE	АСН	RELATED	1,455,294	1,013,126		No	0		No	52 28 %
17001 LAKESIDE HILLS PLZ STE 201 OMAHA, NE 68130 20-5544496												
	SPINE HOSPITAL	NE	ACH	RELATED	10,501,730	17,301,869		No	0		No	51 %
6901 N 72ND STREET OMAHA, NE 68122 27-0263191												
	TECH SERVICES	NE	AH-IMC	RELATED	1,011,804	5,564,586		No	68,565	Yes		627%
421 S 9TH ST 102 LINCOLN, NE 68508 20-4962103												
SAINT JOSEPH-ANC HOME CARE SERVICES	HOME HEALTH	KY	JН	RELATED	3,208,139	9,684,824		No	0		No	96 9 %
1700 EDISON DRIVE SUITE 300 MILFORD, OH 45150 26-3330545												

Form 990, Schedule F	R, Part III - Ider	ntificati	on of Related	Organizatio	ns Taxable as a	Partnership						
(a) Name, address, and EIN of related organization	(b)	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant Income (related, unrelated, excluded from tax under sections	(f) Share of total Income	(g)	(h) Disproprtiona allocations? Yes No		(i) Code V-UBI amount on Box 20 of K-1	Gen o Mana Parti	tner?	(k) Percentage ownership
LINCOLN CK LEASING	REAL ESTATE	NE	SERMC	512-514) RELATED	397,452	439,334			0	Yes	No No	53 76 %
LLC 8770 BRYN MAWR SUITE 1370 CHICAGO, IL 60631 26-2496856											140	
HIGHLINE IMAGING LLC 275 SW 160TH ST BURIEN, WA 98166 20-0460005	DIAGNOSTIC	WA		RELATED	840,222	1,784,058		No	0		No	80 %
18000 WEST SARAH LANE SUITE 250 BROOKFIELD, WI 53045 27-0453767			VINTAGE	RELATED	1,027,057	105,658,490		No	0		No	51 %
ST LUKE'S HOSPITAL AT THE VINTAGE LLC 6624 FANNIN SUITE 2505 HOUSTON, TX 77030 26-3734516	HOSPITAL		SL CDC - VINTAGE	RELATED	-19,253,743	69,158,748		No	0	Yes		51 %
PMC HOSPITAL LLC 6624 FANNIN SUITE 2505 HOUSTON, TX 77030 27-3280598	HOSPITAL	ТХ	SL CDC - PMC	RELATED	1,092,540	20,751,174		No	0	Yes		51 %
ST LUKE'S DIAGNOSTIC CATH LAB LLP 6620 MAIN ST SUITE 1520 HOUSTON, TX 77030 71-0959365			SLHS HOLDINGS	RELATED	273,448	868,814		No	0		No	57 3 %
HOSPITAL LLC 6624 FANNIN SUITE 2505 HOUSTON, TX 77030 30-0427437	HOSPITAL		WOODLANDS	RELATED	1,106,628			No	0	Yes		51 %
ST LUKE'S THE WOODLANDS SLEEP CENTER LLC 6624 FANNIN SUITE 800 HOUSTON, TX 77030 46-2795726	DIAGNOSTIC		SLHS HOLDINGS	RELATED	0	0		No	0		No	51 %

Form 990, Schedule R, Part IV - Identi						(-)	<i>(</i> E)		
(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	Secti 512(b) contro entity	on (13) lled
ALTERNATIVE INSURANCE MANAGEMENT SERVICE	MANAGEMENT SERVICES		СНІ	C CORPORATION	0	6,272,746	100 %	Yes	
3900 OLYMPIC BOULEVARD SUITE 400 ERLANGER, KY 41018		со							
84-1112049 AMERICAN NURSING	HOME HEALTH		CHS	С	5,118,606	51,920,207	100 %	Yes	
CARE 1700 EDISON DRIVE MILFORD, OH 45150 31-1085414		он		CORPORATION					
AMERIMED INC 1700 EDISON DRIVE MILFORD, OH 45150 31-1158699	HOME HEALTH	он	ANC	C CORPORATION	2,134,392	14,669,219	100 %	Yes	
BC HOLDING COMPANY INC	FITNESS CLUB		Э Н	C CORPORATION	0	0	100 %	Yes	
1850 BLUEGRASS AVE LOUISVILLE, KY 40215 31-1542851		кү							
CADUCEUS MEDICAL ASSOCIATES INC	HEALTHCARE		MHCS	C CORPORATION	0	1,008	100 %	Yes	
5600 BRAINERD ROAD SUITE 500 CHATTANOOGA, TN 37411 62-1570736		TN							
CAPTIVE MANAGEMENT INITIATIVES	CAPTIVE MANAGEMENT	CJ	CHI	C CORPORATION	0	0	100 %	Yes	
PO BOX 10073 APO GEORGETOWN, GRAND CAYMAN KY1-1001 CJ									
98-0663022 CATHOLIC HEALTH INITIATIVES CENTER FOR TRANSLATIONAL RESEARCH	RESEARCH		CIRI	C CORPORATION	-2,286,538	1,241,259	100 %	Yes	
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 27-2269511		со							
CGH REALTY COMPANY INC 2500 BERNVILLE RD READING, PA 19603	REAL ESTATE	PA	SJHM	C CORPORATION	0	0	100 %	Yes	
23-2326801 COMCARE SERVICES	INACTIVE		CHIC	С	0	0	100 %	Yes	
4231 W 16TH AVENUE DENVER, CO 80204 84-0904813		со		CORPORATION					
CONSOLIDATED HEALTH SERVICES	HOME HEALTH		CHI	C CORPORATION	-879,467	52,379,487	100 %	Yes	
1700 EDISON DRIVE MILFORD, OH 45150		ОН							
31-1378212 DES MOINES MEDICAL CENTER INC	REAL ESTATE		CHI-IA CORP	C CORPORATION	61,204	1,064,032	92 98 %	Yes	
1111 6TH AVENUE DES MOINES, IA 50314 42-0837382		IA							
FIRST INITIATIVES INSURANCE LTD PO BOX 10073 APO GEORGETOWN,	INSURANCE	CJ	СНІ	C CORPORATION	0	0	100 %	Yes	
GRAND CAYMAN KY1-1001 CJ 98-0203038									
FRANCISCAN SERVICES INC	HEALTHCARE		СНІ	CORPORATION	-7,868	718,254	100 %	Yes	
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 23-2487967		со							
GOOD SAMARITAN OUTREACH SERVICES	MEDICAL CLINIC		CHI NEBRASKA	C CORPORATION	-257,418	180,468	100 %	Yes	
PO BOX 1990 KEARNEY, NE 68848 47-0659440		NE							
HEALTH SYSTEMS ENTERPRISES INC PO BOX 1990 KEARNEY NE 68848	MANAGEMENT	NE	GSH	C CORPORATION	87,278	1,377,820	100 %	Yes	
KEARNEY, NE 68848 47-0664558		1							

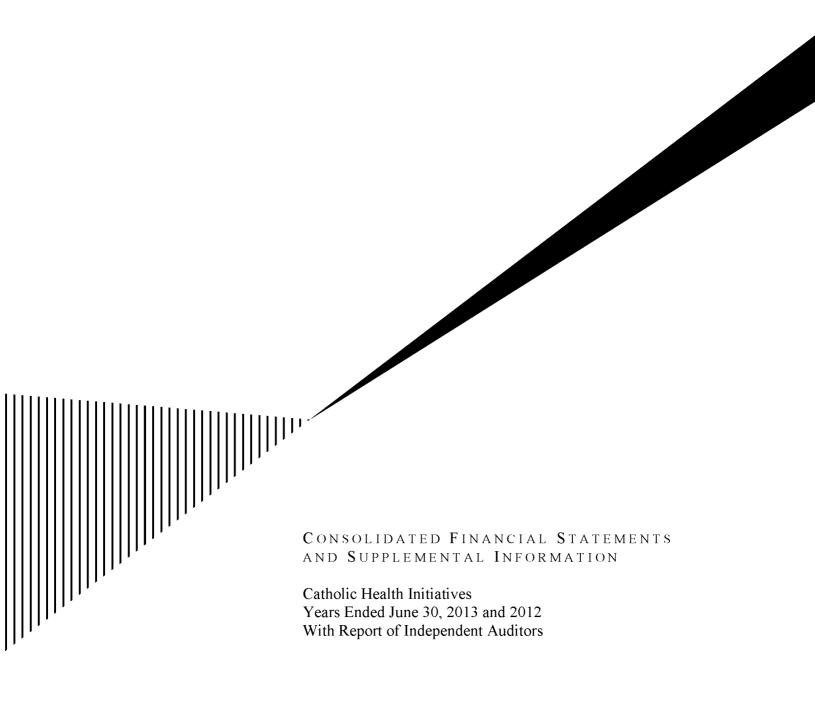
Form 990, Schedule R, Part IV - Identi							<i>a</i> = 1		
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile	(d) Direct controlling	(e) Type of entity (C corp, S	(f) Share of total Income	(g) Share of end- of-year	(h) Percentage ownership	(i) Section 512(b)(on
related organization		(state or foreign country)	entity	corp, s	income	assets	ownership	control	led
HEALTHCARE MGMT	HEALTH ORG	,,	FHS	C	0	0	100 %	Yes Yes	No
SERVICES ORG INC		WA		CORPORATION	_		100 /0		
1149 MARKET ST TACOMA, WA 98402		VVA							
91-1865474 MEDQUEST	SALE OF DME		MMC	C	153,510	1,152,715	100 %	Yes	
1301 15TH AVENUE WEST		ND	WILLISTON	CORPORATION					
WILLISTON, ND 58801		, we							
45-0392137 MERCY PARK	HOUSING		CHI-IA CORP	С	369,231	1,937,218	100 %	Yes	
APARTMENTS LTD				CORPORATION					
1111 6TH AVENUE DES MOINES, IA 50314		IA							
42-1202422 MERCY SERVICES	RETAIL SALES		ммс	С	-440,596	1,423,377	100 %	Yes	
CORP	RETAIL SALES			CORPORATION		1,123,377	100 /0		
2700 STEWART PARKWAY		OR							
ROSEBURG, OR 97470 93-0824308									
MHSERVICES CORPORATION	DME		SJRMC	C CORPORATION	0	0	100 %	Yes	
198 INVERNESS		МО							
DRIVE WEST ENGLEWOOD, CO		MO							
80112 43-1457881								.	
MOUNTAIN MANAGEMENT SERVICES INC	MGMT SVC ORG		MHCS	C CORPORATION	96,044	6,465,179	100 %	Yes	
5600 BRAINERD		TN							
ROAD SUITE 500 CHATTANOOGA, TN									
37411 62-1570739									
NAZARETH ASSURANCE	INSURANCE	CJ	CHI	C CORPORATION	0	0	100 %	Yes	
COMPANY PO BOX 10073 APO									
GEORGETOWN, GRAND CAYMAN									
KY1-1001 CJ									
03-0304831 PATIENT TRANSPORT	HOME HEALTH		ANC	С	-164,340	5,488,275	100 %	Yes	
SERVICES INC 1700 EDISON DRIVE		ОН		CORPORATION					
MILFORD, OH 45150 31-1100798									
PHYSICIAN HEALTH SYSTEM NETWORK	HEALTH ORG		FHS	C CORPORATION	0	0	100 %	Yes	
1149 MARKET ST		WA							
TACOMA, WA 98402 91-1746721	DILLING SERVICES		5555		257.262	1 261 242	1000		
SAINT CLARES PRIMARY CARE INC	BILLING SERVICES		sccc	C CORPORATION	-357,263	1,361,242	100 %	Yes	
66 FORD ROAD DENVILLE, NJ 07834		NJ							
22-2441202 SAMARITAN FAMILY	HEALTHCARE		SHP	С	0	0	100 %	Yes	
CARE INC				CORPORATION					
40 W FOURTH ST 1700 DAYTON, OH 45402		ОН							
31-1299450 SJH SERVICES	HEALTHCARE		FSI	С	-197,039	3,331,737	100 %	Yes	
CORPORATION			, = <u>-</u>	CORPORATION		_,,,,,,,,			
198 INVERNESS DRIVE WEST		со							
ENGLEWOOD, CO 80112 23-2307408									
SJL PHYSICIAN MANAGEMENT	MANAGEMENT		SJHS	C CORPORATION	0	0	100 %	Yes	
SERVICES INC									
424 LEWIS HARGETT CR 160		KY							
LEXINGTON, KY 40503 27-0164198									
ST ANTHONY DEVELOPMENT	ATHLETIC CLUB		SAH	C CORPORATION	114,663	2,936,102	100 %	Yes	
COMPANY		0.0							
1415 SOUTHGATE PENDLETON, OR		OR							
97801 93-1216943			lava:			15.55		 	
ST VINCENT COMMUNITY HEALTH SERVICES INC	HEALTHCARE		SVIMC	C CORPORATION	2,408,638	15,225,732	100 %	Yes	
TWO ST VINCENT		AR							
CIRCLE LITTLE ROCK, AR]							
72205 71-0710785									

March Marc	Form 990, Schedule R, Part IV - Ide						1	ı	1
Second	Name, address, and EIN of		Legal	Direct	Type of entity	Share of total	Share of end-	Percentage	Section
Description	related organization		(state or foreign	_	corp,	Income		ownership	controlled
Section Sect	CT 10 CEDIA	DENTAL	- Country,	rc i	·	655.479	12 257 419	100.0/	Yes No
1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975 1975	DEVELOPMENT	RENTAL		1,21		655,478	12,357,418	100 %	res
TACCHARA, AN SERVICE COMPONENTIAL COMPONENTIA			WA						
## STOCKET OFFICE ## ASSOCIATION ##	TACOMA, WA 98405								
PASS ASSOCIATION PASS ASSOCI		MANAGEMENT		SJHS	С	0	882,139	85 %	Yes
Read Ball Card Control Card Co					CORPORATION				
MONORMAN MANAGEMENT MANAG	ROAD BLDG B70		KY						
Total Control Total Contro	40504								
MO	TOWSON			FSI			197,196	100 %	Yes
COMPONENT CONTROL CO		SERVICES	MD		CORPORATION				
MANAGED	TOWSON, MD 21204								
SET PRINTERS COMPONE WEST COMP		HOLDING CO		СНІ	C CORPORATION		23,806,707	100 %	Yes
SALE WEST SALE SALE SALE SALE SALE SALE SALE SALE	SOLUTIONS INC								
### STATE OF THE PART OF THE P	DRIVE WEST		СО						
COLORPORATION COMPORATION	80112								
CO	COLLABHEALTH PLAN	ADMIN SERVICES		CHMS	_		38,272,608	100 %	Yes
DRIVE WEST ENGLEWOOD, CO					CORPORATION				
## 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 1224037 ### 122	DRIVE WEST		СО						
SADUP SADU	80112								
SET LINE'S ARABIN SUITE TX SEPE SEZONATION TX SEPE SEZONATION TX TX SEP SEZONATION TX SEP SEZON	HIGHLINE MEDICAL	MEDICAL SERVICES		нмс	_		5,689,139	100 %	Yes
SURPLY S	15811 AMBAUM BLVD		WA						
SOUNDATH HEALTH INSURANCE	BURIEN, WA 98166								
32128 MEDITE 201 SEPERATUSER WAY WA SOUTH 201 SEPERATUSER WAY WAS SOUTH 201 SEPERATUSER WAY WAS SEPERATUSER WAY SEPERATUSER	SOUNDPATH HEALTH	INSURANCE		CHPS			10,976,973	556%	Yes
WEYERAEUSER WAY S SUITE 201 FEDERAL WAY, WA 9800.00 FEDERAL WAY, WA 9800.00 FEDERAL WAY, WA 9800.00 FEDERAL WAY, WA 9800.00 FEDERAL WAY, WAS 9800.00 FEDERAL WAY					CORPORATION				
FEDERAL WAY, WA 98001 42-1720801 58UHS C C C C C C C C C	WEYERHAEUSER WAY		WA						
A2-1728801	FEDERAL WAY, WA								
TX	42-1720801	HOLDING CO		SIHS		1 4 2 5 3 1 3	33 114 103	100%	Yes
SOUND STEELING SUPERIOR S		HOLDING CO		32113	CORPORATION		33,114,103	100 %	
STUKE'S MEDICAL CLINIC SLMC C CORPORATION No. Ves	800		I X						
ASSOCIATES 6624 FANNIN SUITE 1100 HOUSTON, TX 77030 46-1517163 SLMT PARKING INC 6624 FANNIN SUITE 800 HOUSTON, TX 77030 76-0637140 ST LIKE'S 6620 MAIN CONDOMINIUM ASSOCIATION 6624 FANNIN SUITE 1100 HOUSTON, TX 77030 30-0355517 ST LIKE'S FPISCOPAL HOSPITAL PHYSICIAN HOSPITAL HO		MEDICAL CLINIC		SLMC	_		0	100 %	Yes
100 HOUSTON, TX 77030					CORPORATION				
HOUSTON, TX 77030			ТХ						
SLMT PARKING INC	HOUSTON, TX 77030								
TX Struck		PARKING		SLHS		1,117,934	13,768,221	100 %	Yes
TA			тх						
CONDOMINIUM ASSOCIATION CORPORATION CORPORATION CORPORATION TX CORPORATION TX CORPORATION CORPORATION TX CORPORATION TX CORPORATION TX CORPORATION TX CORPORATION CORPORATION TX									
TX		CONDOMINIUM ASSOC		SLPC	C CORPORATION		0	100 %	Yes
1100			тх						
30-0355517 ST LUKE'S EPISCOPAL HOSPITAL PHYSICIAN HOSPITAL ORGANIZATION INC 6720 BERTNER HOUSTON, TX 77030 76-0377932 ST LUKE'S MEDICAL ARTS CENTER I CONDOMINIUM ASSOCIATION 6624 FANNIN SUITE	1100								
EPISCOPAL HOSPITAL PHYSICIAN HOSPITAL ORGANIZATION INC 6720 BERTNER HOUSTON, TX 77030 76-0377932 ST LUKE'S MEDICAL ARTS CENTER I CONDOMINIUM ASSOCIATION TX CORPORATION TX CORPORATION TX CORPORATION TX CORPORATION TX	30-0355517	PHO		SIMC	C			60 º/-	Vas
PHYSICIAN HOSPITAL ORGANIZATION INC 6720 BERTNER HOUSTON, TX 77030 76-0377932 ST LUKE'S MEDICAL ARTS CENTER I CONDOMINIUM ASSOCIATION 6624 FANNIN SUITE TX TX TX ATX ATX BY TX TX TX ATX ATX ATX ATX BY TX ATX ATX ATX ATX ATX ATX ATX	EPISCOPAL				CORPORATION	-		55 /0	163
ORGANIZATION INC 6720 BERTNER HOUSTON, TX 77030 76-0377932 ST LUKE'S MEDICAL ARTS CENTER I CONDOMINIUM ASSOCIATION TX SLPC CORPORATION TX TX	PHYSICIAN HOSPITAL		TV						
HOUSTON, TX 77030 76-0377932 ST LUKE'S MEDICAL ARTS CENTER I CONDOMINIUM ASSOCIATION TX CORPORATION TX TX									
ST LUKE'S MEDICAL ARTS CENTER I CONDOMINIUM ASSOCIATION TX SLPC C C ORPORATION TX TX	HOUSTON, TX 77030								
CONDOMINIUM ASSOCIATION TX 6624 FANNIN SUITE	ST LUKE'S MEDICAL	CONDOMINIUM ASSOC		SLPC	_	-	0	100 %	Yes
6624 FANNIN SUITE	CONDOMINIUM				CORPORATION				
			ТХ						
1100 HOUSTON, TX 77030	1100								
30-0355518 CONDOMINIUM ASSOC SLMTC C 0 0 100 % Yes	30-0355518	CONDOMINIUM ASSOC		SLMTC	c	0	0	100 %	Yes
TOWER CORPORATION CORPORATION	TOWER CONDOMINIUM				I -	_			
ASSOCIATION			тх						
6624 FANNIN SUITE 1100 HOUSTON, TX 77020	1100								
HOUSTON, TX 77030 76-0298751 GUGAB LAND	76-0298751	MEDICAL STATE		GL 0::5				4000	
SUGAR LAND DOCTOR GROUP MEDICAL CLINIC SL CHS C CORPORATION -1,159,411 566,590 100 % Yes		MEDICAL CLINIC		ISL CHS	_		566,590	100%	Yes
1317 LAKE POINTE PARKWAY			тх						
SUGAR LAND, TX 77478	SUGAR LAND, TX								
45-4270163				I		l			

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	(i) Secti 512(b) contro entity	on (13) lled y?
THE TEXAS HEART	CONDOMINIUM ASSOC		SLMC	c	0	0	100 %	Yes Yes	No
INSTITUTE AT ST LUKE'S EPISCOPAL HOSPITAL DENTON A COOLEY B UILDING CONDOMINIUM ASSOCIATION 6624 FANNIN SUITE 1100 HOUSTON, TX 77030 90-0064009	CONDOMINION ASSOC	ΤX		CORPORATION			100 %	1 es	
ALEGENT HEALTHCREIGHTON ST JOSEPH MANAGED CARE SERVICES INC	MANAGED CARE	NE	ACH	C CORPORATION	5,312,313	4,520,865	100 %	Yes	
12809 WEST DODGE ROAD OMAHA, NE 68154 47-0802396		N.C							
ALL SAINTS INSURANCE COMPANY SPC LTD	INSURANCE	CJ	SLHS	C CORPORATION	0	43,866,961	100 %	Yes	
PO BOX 69 GT 720 WEST BAY ROAD GEORGETOWN, GRAND CAYMAN KY- 1102 CJ									
VINTAGE DOCTOR GROUP	MEDICAL CLINIC		SLMC	C CORPORATION	0	0	100 %	Yes	
6624 FANNIN SUITE 1100 HOUSTON, TX 77030		ТХ							

>		



Ernst & Young LLP



Consolidated Financial Statements and Supplemental Information

Years Ended June 30, 2013 and 2012

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Report of Independent Auditors

The Board of Stewardship Trustees Catholic Health Initiatives

We have audited the accompanying consolidated financial statements of Catholic Health Initiatives (CHI), which comprise the consolidated balance sheets as of June 30, 2013 and 2012, and the related consolidated statements of operations, changes in net assets, and cash flows for the years then ended, and the related notes to the consolidated financial statements

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in conformity with US generally accepted accounting principles, this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free of material misstatement, whether due to fraud or error

Auditor's Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We did not audit the financial statements of Alegent Health—Bergan Mercy Health System, a wholly sponsored direct affiliate of CHI, which statements reflect total assets of \$716.0 million as of June 30, 2012, and total revenues of \$452.0 million for the year then ended Those statements were audited by other auditors whose report has been furnished to us, and our opinion, insofar as it relates to the amounts included for Alegent Health—Bergan Mercy Health System is based solely on the report of other auditors. We conducted our audits in accordance with auditing standards generally accepted in the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are

appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control Accordingly, we express no such opinion An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion

Opinion

In our opinion, based on our audits, and for 2012 the report of other auditors, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Catholic Health Initiatives at June 30, 2013 and 2012, and the consolidated results of its operations and its cash flows for the years then ended, in conformity with U S generally accepted accounting principles

Adoption of ASU No. 2011-07, Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities

As disclosed in Note 1 to the consolidated financial statements, CHI changed its presentation and disclosure of bad debt expense as a result of the adoption of the amendments to the Financial Accounting Standards Board's Accounting Standards Codification resulting from Accounting Standards Update No 2011-07, Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities Our opinion is not modified with respect to this matter

Ernst + Young LLP

September 17, 2013

Consolidated Balance Sheets (In Thousands)

	June 30					
	20	013		2012		
Assets						
Current assets						
Cash and equivalents	\$	609,226	\$	403,972		
Net patient accounts receivable, less allowances for bad debt						
of \$858,394 and \$687,631 in 2013 and 2012, respectively	1,7	755,348		1,353,928		
Other accounts receivable	1	197,917		115,884		
Current portion of investments and assets limited as to use		11,697		1,901		
Inventories	2	247,720		185,571		
Assets held for sale	2	215,777		485,074		
Prepaid and other	1	137,776		87,125		
Total current assets	3,1	175,461		2,633,455		
Investments and assets limited as to use:						
Internally designated for capital and other funds	5,4	152,023		4,588,520		
Mission and Ministry Fund		121,109		110,918		
Capital Resource Pool	2	116,938		320,218		
Held by trustees		16,726		228		
Held for insurance purposes	8	825,885		745,127		
Restricted by donors	2	266,325		162,776		
Total investments and assets limited as to use	7,0	099,006		5,927,787		
Property and equipment, net	7.7	786,240		5,346,535		
Deferred financing costs		36,557		28,717		
Investments in unconsolidated organizations	2	416,816		307,918		
Intangible assets and goodwill, net		364,751		162,880		
Notes receivable and other		130,888		605,094		
Total assets		309,719	\$	15,012,386		

3 1309-1126999

	June 30			
	2013	2012		
Liabilities and net assets		_		
Current liabilities				
Compensation and benefits	\$ 600,837	\$ 418,596		
Third-party liabilities	110,571	76,660		
Accounts payable and accrued expenses	1,066,930	717,087		
Liabilities held for sale	91,412	105,446		
Variable-rate debt with self liquidity	321,455	321,455		
Commercial paper and current portion of debt	749,617	643,083		
Total current liabilities	2,940,822	2,282,327		
Pension liability	472,852	892,820		
Self-insured reserves and claims	616,652	513,584		
Other liabilities	698,283	236,763		
Long-term debt	6,334,985	3,778,709		
Total liabilities	11,063,594	7,704,203		
Net assets				
Net assets attributable to CHI	7,769,310	6,922,466		
Net assets attributable to noncontrolling interests	175,663	180,863		
Unrestricted	7,944,973	7,103,329		
Temporarily restricted	214,524	136,821		
Permanently restricted	86,628	68,033		
Total net assets	8,246,125	7,308,183		
Total liabilities and net assets	\$ 19,309,719	\$ 15,012,386		

See accompanying notes.

Consolidated Statements of Operations (In Thousands)

	Year Ended June 30 2013 2012					
Revenues			0.000			
Net patient services revenues before provision for doubtful accounts	\$	10,714,455 \$	9.223.859			
Provision for doubtful accounts Net patient services revenues		(821,465) 9,892,990	(708,458) 8,515,401			
The patient solvices revenues		2,022,220	0.515.401			
Nonpatient						
Donations		31,089	25,833			
Changes in equity of unconsolidated organizations		19,056	22,934			
Investment income used for operations		66,529	37,169			
Other		698,561	532,303			
Total nonpatient revenues		815,235	618.239			
Total operating revenues		10,708,225	9,133,640			
Expenses						
Salaries and wages		4,424,404	3,776,086			
Employee benefits		970,824	749,098			
Purchased services, medical professional fees, consulting and legal		1,361,778	924.785			
Supplies		1,832,984	1,566,359			
Utilities		152,979	120,201			
Rentals, leases, maintenance and insurance		616,683	523,042			
Depreciation and amortization		555,064	473,768			
Interest		164,353	129,648			
Other		624,756	511,152			
Total operating expenses before restructuring, impairment		·				
and other losses		10,703,825	8,774,139			
Income from operations before restructuring, impairment		·				
and other losses		4,400	359,501			
Restructuring, impairment, and other losses		59,343	47,735			
(Loss) income from operations		(54,943)	311,766			
Nonoperating gains (losses)						
Investment income, net		488,824	19,770			
Loss on defeasance of bonds		(17,998)	(70,555)			
Realized and unrealized gains (losses) on interest rate swaps		65,843	(153,411)			
Other nonoperating gains (losses)		7,977	(12.215)			
Total nonoperating gains (losses)		544,646	(216,411)			
Excess of revenues over expenses		489,703	95,355			
(Deficit) excess of revenues over expenses attributable to noncontrolling interest		(37)	537			
Excess of revenues over expenses attributable to CHI	\$	489,740 \$	94,818			

See accompanying notes

Consolidated Statements of Changes in Net Assets (In Thousands)

	Unrestricted Net Assets						
	Attributable to CHI		_/		Temporarily Restricted Net Assets	Permanently Restricted Net Assets	Total Net Assets
Balances, June 30, 2011	\$ 7,448,16	51 \$	8.967 \$	7.457.128	\$ 122.795	\$ 62.426	\$ 7,642,349
Excess of revenues over expenses	94.81	8	537	95,355	_	_	95,355
Net loss from discontinued operations	(45.09	95)	_	(45,095)	_	_	(45,095)
Increase in pension funded status	(618.1-	11)	(878)	(619,019)	_	_	(619,019)
Temporarily and permanently restricted contributions		_	_	_	39,117	(122)	38,995
Net assets released from restriction for capital	18.11	9	-	18,119	(18,119)	_	
Net assets released from restriction for operations		_	_	_	(19,689)	_	(19.689)
Investment income	23	32	_	232	1,007	47	1.286
KentuckyOne Health noncontrolling interest		_	181,551	181,551	_	_	181,551
Other changes in net assets	24.37	72	(9.314)	15,058	11,710	5.682	32,450
Net (decrease) increase in net assets	(525.69	95)	171.896	(353,799)	14.026	5,607	(334,166)
Balances, June 30, 2012	6,922,46	66	180,863	7,103,329	136,821	68,033	7,308,183
Excess of revenues over expenses	489,7-	10	(37)	489,703	_	_	489,703
Net loss from discontinued operations	(108,59	94)	_	(108,594)	_	_	(108,594)
Decrease in pension funded status	483,46	68	2,082	485,550	_	_	485,550
Temporarily and permanently restricted contributions		_	_	_	33,056	(1,554)	31,502
Net assets released from restriction for capital	15,79	1	_	15,791	(15,791)	_	_
Net assets released from restriction for operations		_	_	_	(15,728)	_	(15,728)
Investment (loss) income	(-	(5)	_	(45)	5,393	1,280	6,628
Temporarily and permanently restricted assets from acquisitions		_	_	_	74,253	19,171	93,424
Other changes in net assets	(33,51	(6)	(7,245)	(40,761)	(3,480)	(302)	(44,543)
Net increase (decrease) in net assets	846,8-	14	(5,200)	841,644	77,703	18,595	937,942
Balances, June 30, 2013	\$ 7,769,31	0 \$	175,663	7,944,973	\$ 214,524	\$ 86,628	\$ 8,246,125

See accompanying notes

Consolidated Statements of Cash Flows (In Thousands)

	Year Ended 2013	d June 30 2012		
Operating activities				
Increase (decrease) in net assets	\$ 937,942 \$	5	(334,166)	
Adjustments to reconcile increase (decrease) in net assets to				
net cash provided by operating activities				
Depreciation and amortization	555,064		473,768	
Provision for bad debts	821,465		708,458	
Changes in equity of unconsolidated organizations	(19,056)		22,934	
Net gains on sales of facilities and investments in				
unconsolidated organizations	(85,969)		(57,383)	
Noncash operating expenses related to restructuring.				
impairment, and other losses	4,872		16,024	
Loss on defeasance of bonds	17,998		70,555	
(Increase) decrease in fair value of interest rate swaps	(98,799)		121,949	
(Decrease) increase in unfunded pension liability	(484,049)		601,990	
Net changes in current assets and liabilities				
Net patient and other accounts receivable	(1,067,716)		(883,703)	
Other current assets	(6,725)		(10.992)	
Current liabilities	89,868		2,771	
Noncontrolling equity of acquisition of JHSMH	_		(181.551)	
Other changes	193,461		(120,416)	
Net cash provided by operating activities, before net change				
in investments and assets limited as to use	858,356		430,238	
Net decrease in investments and assets limited as to use	474,258		286,773	
Net cash provided by operating activities	1,332,614		717.011	
Investing activities				
Purchases of property, equipment, and other capital assets	(1,285,330)		(861,034)	
Purchase of St Luke's Health System, net of cash acquired	(961,014)		_	
Purchase of Alegent Creighton Health, net of cash acquired	(505,542)		_	
Cash acquired on affiliation agreement with UMC	53,458		_	
Cash acquired on contribution of Highline Medical Center	14,238		_	
Purchase of Nebraska Heart, net of cash acquired	, <u> </u>		(130,982)	
Purchase of JHSMH, net of cash acquired	_		(28,685)	
Net cash proceeds from asset sales	218,002		22,159	
Distributions from investments in unconsolidated organizations	35,224		40,214	
Cash from net repayments of notes receivable	2,843		29,740	
Other changes	35,306		21,373	
Net cash used in investing activities	(2,392,815)		(907,215)	

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Consolidated Statements of Cash Flows (continued) (In Thousands)

	Year Ended June 30			
	2013			2012
Financing activities				
Proceeds from issuance of debt	\$	1,591,465	\$	1,126,463
Costs associated with issuance of debt		(12,170)		(8,855)
Repayment of debt		(313,840)		973,106
Net cash provided by financing activities		1,265,455		144,502
Increase (decrease) in cash and equivalents		205,254		(45,702)
Cash and equivalents at beginning of year		403,972		449,674
Cash and equivalents at end of year	\$	609,226	\$	403,972
Supplemental disclosures of cash flow information				
Cash paid during the year for interest, including amounts capitalized		199,413	\$	151,837

See accompanying notes

Notes to Consolidated Financial Statements

June 30, 2013

1. Summary of Significant Accounting Policies

Organization

Catholic Health Initiatives (CHI), established in 1996, is a tax-exempt Colorado corporation and has been granted an exemption from federal income tax under Section 501(c)(3) of the Internal Revenue Code CHI sponsors market-based organizations (MBO) and other facilities in 17 states, including 86 acute-care hospitals, of which 23 are designated as critical access hospitals by the Medicare program, two community health service organizations, two accredited nursing colleges, home health agencies, and several other sites including long-term care, assisted living and residential facilities CHI also has an offshore captive insurance company, First Initiatives Insurance, Ltd (FIIL)

The mission of CHI is to nurture the healing ministry of the Church by bringing it new life, energy and viability in the 21st century Fidelity to the Gospel urges CHI to emphasize human dignity and social justice as it moves toward the creation of healthier communities

Principles of Consolidation

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

Fair Value of Financial Instruments

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

Cash and Equivalents

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

Notes to Consolidated Financial Statements (continued)

1. Summary of Significant Accounting Policies (continued)

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

Net Patient Accounts Receivable and Net Patient Services Revenues

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

The provision for bad debts is based upon management's assessment of historical and expected net collections, taking into consideration historical business and economic conditions, trends in health care coverage and other collection indicators. Management routinely assesses the adequacy of the allowances for uncollectible accounts based upon historical write-off experience by payor category. The results of these reviews are used to modify, as necessary, the provision for bad debts and to establish appropriate allowances for uncollectible net patient accounts receivable. After satisfaction of amounts due from insurance, CHI follows established guidelines for placing certain patient balances with collection agencies, subject to the terms of certain restrictions on collection efforts as determined by each facility. In accordance with Accounting Standards Update (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, the provision for bad debts is presented on the consolidated statement of operations as a deduction from patient services revenues (net of contractual allowances and discounts) since CHI accepts and treats all patients without regard to the ability to pay

During fiscal year 2013, CHI added approximately \$400 0 million in net patient accounts receivable due to the acquisition of various new subsidiaries – see Note 4, *Acquisitions and Divestitures* As a result, the accounts receivable reserve and allowance accounts have increased materially from June 30, 2012 Exclusive of acquisition activity, the total write-offs of uncollectible accounts and reserves on self-pay patient accounts have not changed significantly

Notes to Consolidated Financial Statements (continued)

1. Summary of Significant Accounting Policies (continued)

from year to year CHI has not experienced significant changes in write-off trends and there have been no significant changes to its charity care policy Details of CHI's allowance activity is as follows

	Reserve for Contractual A	llowance for Bad Debt	Reserve for Charity	Total Accounts Receivable Allowances
Balance at July 1, 2011 Additions Reductions	\$ (1,543,707) \$ (17,362,247) 16,958,204	6 (636,815) 5 (809,567) 758,751	(1,027,652) 1,000,851	\$ (2,305,069) (19,199,466) 18,717,806
Balance at June 30, 2012	(1,947,750)	(687,631)	(151,348)	(2,786,729)
Additions	(21,690,860)	(886,571)	(1,219,555)	(23,796,986)
Reductions	20,778,640	715,808	803,787	22,298,235
Balance at June 30, 2013	\$ (2,859,970) \$	6 (858,394) 5	(567,116)	\$ (4,285,480)

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

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

Investments and Assets Limited as to Use

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

Notes to Consolidated Financial Statements (continued)

1. Summary of Significant Accounting Policies (continued)

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

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

Investments in limited partnerships and limited liability companies are 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

Inventories

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

Assets and Liabilities Held for Sale

A long-lived asset or disposal group of assets and liabilities that is expected to be sold within one year is classified as held for sale. For long-lived assets held for sale, an impairment charge is recorded if the carrying amount of the asset exceeds its fair value less costs to sell. Such valuations include estimates of fair values generally based upon firm offers, discounted cash flows and incremental direct costs to transact a sale (Level 2 and Level 3 inputs)

Property and Equipment

Property and equipment are stated at historical cost or, if donated or impaired, at fair value at the date of receipt or impairment Depreciation is provided over the estimated useful life of each class of depreciable asset and is computed using the straight-line method. For property and equipment under capital lease, amortization is determined over the shorter period of the lease term or the estimated useful life of the property and equipment. Interest cost incurred during the

Notes to Consolidated Financial Statements (continued)

1. Summary of Significant Accounting Policies (continued)

period of construction of major capital projects is capitalized as a component of the cost of acquiring those assets Capitalized interest of \$30.4 million and \$14.6 million was recorded in 2013 and 2012, respectively

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

Investments in Unconsolidated Organizations

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

During fiscal year 2013, CHI entered into an eleven-year agreement with Conifer Health Solutions (Conifer) to provide revenue cycle services for CHI acute care operations. The agreement allows CHI to earn shares in Conifer as transition and other activities are completed per the agreement. Such shares will be issued at specified future dates. As of June 30, 2013, CHI has received 2,000 shares in Conifer with a fair market value of \$19.3 million and which is reflected as an investment in unconsolidated organizations on the consolidated balance sheet CHI has also met certain transition milestones for which CHI has earned the right to additional future shares valued at \$19.1 million at June 30, 2013, which are reflected in notes receivable and other in the accompanying consolidated financial statements. This earned value will be amortized as an offset to revenue cycle service fees paid to Conifer over the life of the agreement.

Intangible Assets and Goodwill

Intangible assets are comprised primarily of trade names and non-compete agreements, which are amortized over the estimated useful lives ranging from 10 to 15 years using the straight-line method Amortization expense of \$5 2 million and \$4 9 million was recorded in 2013 and 2012, respectively

Notes to Consolidated Financial Statements (continued)

1. Summary of Significant Accounting Policies (continued)

Goodwill is not amortized but is subject to annual impairment tests as well as more frequent reviews whenever circumstances indicate a possible impairment may exist Impairment testing of goodwill is done at the MBO level by comparing the fair value of the MBO's net assets against the carrying value of the MBO's net assets, including goodwill Each MBO is defined as a reporting unit for purposes of impairment testing. The fair value of net assets is calculated based on quantitative analysis of discounted cash flows. The fair value of goodwill is determined by assigning fair values to assets and liabilities and calculating any remaining fair value as the implied fair value of goodwill

A summary of intangible assets and goodwill is as follows as of June 30 (in thousands)

	 2013	2012
Intangible assets	\$ 107,603 \$	62,754
Less accumulated amortization	 (25,467)	(20,298)
	82,136	42,456
Goodwill	 282,615	120,424
Total intangible assets and goodwill, net	\$ 364,751 \$	162,880

Intangible assets and goodwill increased during fiscal year 2013 due to the acquisitions of Alegent Creighton Health and Affiliates, University Medical Center and University of Louisville Hospital, Highline Medical Center and St Luke's Health System as discussed in Note 4, *Acquisitions and Divestitures*

Notes Receivable and Other Assets

Other assets consist primarily of notes receivable, pledges receivable, deferred compensation assets, prepaid service contracts, deposits and other long-term assets. Notes receivable from related entities at June 30, 2013, include balances from Bethesda Hospital, Inc. (Bethesda), the non-CHI joint operating agreement (JOA) partner in the Cincinnati, Ohio JOA. As of June 30, 2012, notes receivable also included balances from Alegent Health Immanuel Medical Center (Immanuel), the non-CHI JOA partner, which was not a consolidated subsidiary of CHI until November 1, 2012, when CHI became the sole sponsor of Alegent Creighton Health and Affiliates (Alegent), including Immanuel Subsequent to November 1, 2012, the Immanuel notes receivable balance was recorded as an intercompany note and eliminated in consolidation. All of

Notes to Consolidated Financial Statements (continued)

1. Summary of Significant Accounting Policies (continued)

the notes bear interest at rates commensurate with the CHI blended interest cost and require monthly debt service payments

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

	2013			2012		
Total notes receivable from related entities Reinsurance recoverable on unpaid losses and loss	\$	188,275	\$	465,400		
adjustment expense		71,801		42,703		
Deferred compensation assets		41,014		29,027		
Other long-term assets		129,798		67,964		
Total notes receivable and other	\$	430,888	\$	605,094		

Bethesda is a Designated Affiliate in the CHI credit group under the Capital Obligation Document (COD) As conditions of joining the CHI credit group, Bethesda has agreed to certain covenants related to corporate existence, insurance coverage, exempt use of bond-financed facilities, maintenance of certain financial ratios, and compliance with limitations on the incurrence of additional debt Based upon management's review of the creditworthiness of Bethesda and its compliance with the covenants and limitations, no allowances for uncollectible notes receivable were recorded at June 30, 2013 and 2012

Net Assets

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

Unconditional promises to receive cash and other assets are reported at fair value at the date the promise is received Conditional promises and indications of donors' intentions to give are reported at fair value at the date the conditions are met or the gifts are received All unrestricted

Notes to Consolidated Financial Statements (continued)

1. Summary of Significant Accounting Policies (continued)

contributions are included in the excess of revenue over expenses as donation revenues. Other gifts are reported as either temporarily or permanently restricted if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as donations revenue when restricted for operations or as unrestricted net assets when restricted for property and equipment

Performance Indicator

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

Operating and Nonoperating Activities

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

Charity Care

As an integral part of its mission, CHI accepts and treats all patients without regard to the ability to pay Services to patients are classified as charity care in accordance with standards established across all MBOs Charity care represents services rendered for which partial or no payment is expected, and includes the cost of providing services to persons who cannot afford health care due to inadequate resources and/or who are uninsured or underinsured CHI determines the cost

Notes to Consolidated Financial Statements (continued)

1. Summary of Significant Accounting Policies (continued)

of charity care on the basis of an MBO's total cost as a percentage of total charges applied to the charges incurred by patients qualifying for charity care under CHI's policy. This amount is not included in net patient services revenues in the accompanying consolidated statements of operations and changes in net assets. The estimated cost of charity care provided was \$320.7 million and \$248.7 million in 2013 and 2012, respectively, for continuing operations, and \$2.0 million and \$6.8 million in 2013 and 2012, respectively, for discontinued operations

Other Nonpatient Revenues

Other nonpatient revenues include services sold to external health care providers, gains on acquisitions of subsidiaries, cafeteria sales, rental income, retail pharmacy and durable medical equipment sales, auxiliary and gift shop revenues, meaningful use payments, gains and losses on the sales of assets, the operating portion of revenue-sharing income or expense associated with Direct Affiliates that are part of JOAs, and revenues from other miscellaneous sources

Derivative and Hedging Instruments

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

Functional Expenses

CHI provides inpatient, outpatient, ambulatory, long-term care and community-based services to individuals within the various geographic areas supported by its facilities. Support services include administration, finance and accounting, information technology, public relations, human resources, legal, mission services and other functions that are supported centrally for all of CHI Support services expenses as a percentage of total operating expenses were approximately 5.5% and 5.0% in 2013 and 2012, respectively

Notes to Consolidated Financial Statements (continued)

1. Summary of Significant Accounting Policies (continued)

Restructuring, Impairment and Other Losses

CHI periodically evaluates property, equipment, goodwill and certain other intangible assets to determine whether assets may have been impaired Management determined there were certain property and equipment impairments in both 2013 and 2012 to the extent that the fair values (estimated based upon discounted cash flows) of those assets were less than the underlying carrying values

During the years ended June 30, 2013 and 2012, CHI recorded total charges of \$155 3 million and \$58 7 million, respectively, relating to asset impairments and changes in business operations, including reorganization and severance costs Of this amount, \$59 3 million and \$47 7 million were from continuing operations and reported in the consolidated statements of operations for 2013 and 2012, respectively, and \$96 0 million and \$11 0 million were reported as discontinued operations in the consolidated statements of changes in net assets for 2013 and 2012, respectively

Income Taxes

CHI is a tax-exempt Colorado corporation and has been granted an exemption from federal income tax under Section 501(c)(3) of the Internal Revenue Code CHI owns certain taxable subsidiaries and engages in certain activities that are unrelated to its exempt purpose and therefore subject to income tax

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

Use of Estimates

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

Notes to Consolidated Financial Statements (continued)

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

CHI 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 CHI recognized \$32.5 million and \$11.3 million of Medicare meaningful use revenues and \$8.2 million and \$20.7 million of Medicaid meaningful use revenues in its consolidated statements of operations for fiscal year 2013 and 2012, respectively

Reclassifications

Certain reclassifications were made to the 2012 consolidated financial statement presentation to conform to the 2013 presentation

2. Community Benefit (Unaudited)

In accordance with its mission and philosophy, CHI commits substantial resources to sponsor a broad range of services to both the poor and the broader community Community benefit provided to the poor includes the cost of providing services to persons who cannot afford health care due to inadequate resources and/or who are uninsured or underinsured. This type of community benefit includes the costs of traditional charity care, unpaid costs of care provided to beneficiaries of Medicaid and other indigent public programs, services such as free clinics and

Notes to Consolidated Financial Statements (continued)

2. Community Benefit (Unaudited) (continued)

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

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

	2013		2012
Cost of community benefit			_
Cost of charity care provided	\$	320,666	\$ 248,667
Unpaid cost of public programs, Medicaid and other			
indigent care programs		289,436	280,785
Nonbilled services		36,237	28,514
Cash and in-kind donations		3,904	3,221
Education research		48,186	49,640
Other benefit		55,427	52,369
Total cost of community benefit from			
continuing operations		753,856	663,196
Total cost of community benefit from			
discontinued operations		8,095	18,785
Total cost of community benefit		761,951	681,981
Unpaid cost of Medicare from continuing operations		392,485	368,245
Unpaid cost of Medicare from discontinued operations		27,055	26,226
Total unpaid cost of Medicare	_	419,540	394,471
Total cost of community benefit and the unpaid cost		717,540	377,771
of Medicare	\$	1,181,491	\$ 1,076,452

Notes to Consolidated Financial Statements (continued)

2. Community Benefit (Unaudited) (continued)

The summary above has been prepared in accordance with the Catholic Health Association of the United States (CHA) publication, *A Guide for Planning & Reporting Community Benefit* Community benefit is measured on the basis of total cost, net of any offsetting revenues, donations or other funds used to defray cost During fiscal year 2013, CHI received \$28.3 million in funds used to subsidize charity care provided

The total cost of community benefit from continuing and discontinued operations was 6 8% and 7 2% of total expenses before operating expenses related to restructuring, impairment and other losses in 2013 and 2012, respectively The total cost of community benefit and the unpaid cost of Medicare from continuing and discontinued operations was 10 5% and 11 3% of total expenses before operating expenses related to restructuring, impairment and other losses in 2013 and 2012, respectively

3. Joint Operating Agreements and Investments in Unconsolidated Organizations

Joint Operating Agreements

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

As of June 30, 2013, CHI has a 70% interest in a JOC based in Colorado and has a 50% interest in two other JOCs associated with other JOAs As of June 30, 2012, CHI also held a 50% interest in the Alegent JOC, which was dissolved in November 2012 when CHI became the sole sponsor of Alegent The dissolution resulted in a remeasurement of CHI's interest and the recognition of a \$21 0 million gain in fiscal year 2013 Such gain is reflected in other nonpatient revenues in the consolidated statements of operations

CHI's interests in the JOCs are included in investments in unconsolidated organizations and totaled \$103 0 million and \$99 0 million at June 30, 2013 and 2012, respectively CHI recognizes its investment in all JOCs under the equity method of accounting The JOCs provide

Notes to Consolidated Financial Statements (continued)

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

varying levels of services to the related JOA sponsors, and operating expenses of the JOCs are allocated to each sponsoring organization. The unconsolidated JOCs had total assets of \$484.0 million and \$688.0 million at June 30, 2013 and 2012, respectively, and net assets of \$161.0 million and \$156.0 million, respectively

Investments in Unconsolidated Organizations

CHI Kentucky – Effective on January 1, 2012, CHI purchased a controlling interest in Jewish Hospital and St Mary's Healthcare Inc and affiliates (JHSMH) CHI contributed its controlling interest, including its 25% joint venture investment in JHSMH, into a newly formed consolidated subsidiary, KentuckyOne Health (see Note 4, *Acquisitions and Divestitures*) As a result of the change in control of its investment in JHSMH, CHI recognized a gain in fiscal year 2012 on the remeasurement of its joint venture investment of \$45 0 million reported in other nonpatient revenues in the consolidated statements of operations

Preferred Professional Insurance Corporation (PPIC) – PPIC is an unconsolidated affiliate of CHI PPIC provides professional liability insurance and other related services to preferred physician and other health care providers that are associated with its owners CHI owns a 27% interest in PPIC and accounts for its investment under the equity method of accounting The book value of the investment was \$56 0 million and \$50 0 million at June 30, 2013 and 2012, respectively PPIC had net assets of \$208 0 million and \$184 0 million at December 31, 2012 and 2011, respectively

Notes to Consolidated Financial Statements (continued)

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

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

	2013									
	Medical Office Buildings	Outpatient and Diagnostic Services	Ambulatory Surgery Centers	Physician Practices	Other Investees	Total				
Total assets Total debt Net assets Net patient services	\$ 34,746 33,106 1,414	\$ 265,568 24,408 195,874	\$ 65,084 11,998 44,996	\$ 28,697 12,535 8,758	\$ 275,661 60,474 172,800	\$ 669,756 142,521 423,842				
revenues Total revenues, net Excess of revenues over expenses	6,309 872	260,204 353,484 34,633	138,577 142,775 44,385	34,197 37,065 4,241	167,914 310,439 29,416	600,892 850,072 113,547				
		Outpatient	,							
	Medical Office Buildings	and Diagnostic Services	Ambulatory Surgery Centers	Physician Practices	Other Investees	Total				
Total assets Total debt Net assets Net patient services	\$ 29.557 27.793 1.160	\$ 259.753 12.866 195.293	\$ 58.575 10.627 42.396	\$ 19.997 8.637 8.462	\$ 140.714 18.062 76.977	\$ 508.596 77.985 324.288				
revenues Total revenues net Excess of revenues	5.845	277.668 380.983 37.039	125,121 125,326	33.254 35.685 5.854	109,779 218,627	545,822 766,466 93,021				

Notes to Consolidated Financial Statements (continued)

4. Acquisitions and Divestitures

Continuing Operations

The following table is a summary of the business combinations that occurred in fiscal year 2013

	St. Luke's		Highline		UMC		Alegent		Total	
Fiscal Year 2013										
Purchase consideration										
Cash	\$	1,000,000	\$ - \$	5	_	\$	553,700	\$	1,553,700	
Note payable		260,000	_		_		_		260,000	
Contingent										
consideration		_	_		217,709		_		217,709	
Equity interest in										
Alegent		_	_		_		33,934		33,934	
Gain on business										
combination			55,436		_		20,989		76,425	
	\$	1,260,000	\$ 55,436 \$	5	217,709	\$	608,623	\$	2,141,768	
		St. Luke's	Highline		UMC		Alegent		Total	
Fiscal Year 2013										
Purchase price allocation										
Cash and investments	\$	1,153,253	\$ 57,133 \$	5	94,061	\$	496,309	\$	1,800,756	
Patient and other										
accounts receivable		180,106	27,268		65,723		118,833		391,930	
Other current assets		37,413	5,081		29,601		34,884		106,979	
Property and equipment		1,046,341	137,148		176,004		474,996		1,834,489	
Intangible assets		41,124	1,494		_		982		43,600	
Goodwill		_	_		53,178		92,964		146,142	
Other assets		25,600	17,745		9,367		63,798		116,510	
Current liabilities		(175,081)	(34,087)		(76,202)		(206,630)		(492,000)	
Pension liability		(3,559)	(12,307)		_		(48,216)		(64,082)	
Other liabilities		(153,436)	(5,355)		(11,202)		(81,344)		(251,337)	
Notes payable to CHI		_	_		_		(337,953)		(337,953)	
Debt		(891,761)	(138,684)		(122,821)		_ _		(1,153,266)	
	\$	1,260,000	\$ 55,436 \$	5	217,709	\$	608,623	\$	2,141,768	

Notes to Consolidated Financial Statements (continued)

4. Acquisitions and Divestitures (continued)

St. Luke's Health System – Effective June 1, 2013, CHI acquired the operations of St Luke's Health System (St Luke's), a six-hospital system based in Houston, Texas, from Episcopal Health Foundation for cash and a note payable For the month of June 2013, the operations of St Luke's contributed \$95.2 million in operating revenues and \$12.8 million of deficit of revenues over expenses to the CHI consolidated results of operations

Highline Medical Center – Effective April 1, 2013, Highline Medical Center (Highline) was acquired by CHI for no consideration, resulting in the recognition of a \$55.4 million gain calculated as the fair value of assets acquired and liabilities assumed determined based upon observable (Level 2) inputs Highline is a 154-bed acute care hospital based in Burien, Washington Including the contribution gain, Highline reported \$103.7 million in operating revenues and \$52.8 million in excess of revenues over expenses to the CHI consolidated results of operations for the period April 1 through June 30, 2013

University Medical Center and University of Louisville Hospital – Effective March 1, 2013, KentuckyOne Health, University Medical Center (UMC) and the University of Louisville entered into a partnership, structured as a joint operating agreement between University Medical Center and KentuckyOne Health, whereby KentuckyOne Health controls substantially all of UMC's operations, which consist of the University of Louisville Hospital and the James Graham Brown Cancer Center (ULH) As part of the agreement, KentuckyOne Health has committed to provide financial support to the University of Louisville over the next 20 years, which as of the acquisition date had a fair value of \$217.7 million based upon discounted cash flows and probability-weighted performance assumptions (Level 3 inputs). The value of such contingent consideration will be remeasured at fair value on an annual basis. For the period from March 1 through June 30, 2013, the operations of ULH contributed \$166.3 million of operating revenues and \$11.8 million of excess of revenues over expenses to the CHI consolidated results of operations, prior to the effects of the JOA revenue-sharing arrangement

Alegent Creighton Health and Affiliates – Effective November 1, 2012, CHI became the sole corporate sponsor of Alegent based in Omaha Nebraska In addition to the operations of Bergan Mercy Health System and Affiliates (Bergan Mercy) previously owned and consolidated by CHI, CHI now consolidates the Alegent operations, which include the operations of Immanuel and the operations of Creighton University Medical Center For the period from November 1, 2012 through June 30, 2013, incremental Alegent (excluding the Bergan Mercy component) contributed \$611 1 million in operating revenues and \$18 1 million of excess of revenues over expenses to the CHI consolidated results of operations

Notes to Consolidated Financial Statements (continued)

4. Acquisitions and Divestitures (continued)

Soundpath Health – Effective on March 1, 2013, CHI acquired a 55 6% majority interest in Soundpath Health, Inc , (Soundpath), a provider-owned health care plan based in Federal Way, Washington, that offers Medicare Advantage plans CHI paid \$12 1 million for shares of common stock and an additional \$12 1 million for preferred shares in Soundpath Of the total purchase price, \$16 3 million was allocated to goodwill

The following table is a summary of the business combinations that occurred in fiscal year 2012

	JHSMH	Nebraska Heart	Total
Fiscal Year 2012			
Purchase consideration			
Cash	\$ _	\$ 131,127	\$ 131,127
Equity interest in JHSMH	19,659	_	19,659
Gain on business combination	57,293	_	57,293
Fair market value of noncontrolling interests	181,551	_	181,551
	\$ 258,503	\$ 131,127	\$ 389,630
Purchase price allocation			
Cash and investments	\$ 275,764	\$ 146	\$ 275,910
Patient and other accounts receivable	123,040	9,815	132,855
Other current assets	33,011	3.079	36,090
Property and equipment	451,662	45,150	496,812
Intangible assets	_	10,123	10,123
Goodwill	_	69,786	69,786
Other assets	17,330	_	17,330
Current liabilities	(143,277)	(6,417)	(149,694)
Other liabilities	(87,459)	(555)	(88,014)
Debt	(411,568)		(411,568)
Net consideration/assets acquired	\$ 258,503	\$ 131,127	\$ 389,630

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Notes to Consolidated Financial Statements (continued)

4. Acquisitions and Divestitures (continued)

KentuckyOne Health – Effective on January 1, 2012, CHI acquired an additional 58% interest in JHSMH from Jewish Hospital HealthCare Services, Inc (JHHS) in exchange for a noncontrolling interest in KentuckyOne Health, a new statewide health care network in the state of Kentucky, through the combination of JHSMH and St Joseph Health System, a CHI-sponsored MBO CHI has a controlling interest of approximately 83% in KentuckyOne Health and JHHS has the remaining 17% interest The fair value of the noncontrolling interest upon acquisition of \$1816 million was determined using valuation techniques including discounted cash flows For the period from January 1 to June 30, 2012, JHSMH contributed \$4771 million of operating revenues and \$622 million of deficit of revenues over expenses to the CHI consolidated results of operations

Nebraska Heart Hospital and Nebraska Heart Institute – Effective on August 1, 2011, CHI acquired Nebraska Heart Hospital and Nebraska Heart Institute (Nebraska Heart) for a gross purchase price of \$131 1 million in cash consideration The acquisition allowed CHI to expand cardiac, thoracic and vascular care across the state of Nebraska

On an unaudited pro forma basis, had CHI owned or been party to agreements with St Luke's, Highline, University Medical Center and Alegent at the beginning of fiscal year 2013, these entities would have contributed \$2 8 billion of operating revenues and \$62 6 million of operating income before restructuring Had CHI owned or been party to agreements with St Luke's, Highline, University Medical Center, Alegent, JHSMH, and Nebraska Heart at the beginning of fiscal year 2012, these entities would have contributed \$3 7 billion in operating revenues and \$56 5 million operating income before restructuring However, unaudited pro forma information is not necessarily indicative of the historical results that would have been obtained had the transaction actually occurred on those dates, nor of future results

Discontinued Operations

In 2012, CHI committed to a plan to sell the MBOs in Denville, New Jersey, Towson, Maryland, and Pierre, South Dakota The Towson MBO was sold to the University of Maryland Medical System effective on December 1, 2012, for preliminary sales proceeds of \$154.0 million Contingent sales proceeds of \$45.7 million have been placed in escrow pending final disposition of certain open items. A final determination is expected by December 31, 2013. The Pierre MBO was sold to Avera Health effective January 1, 2013, for net sales proceeds of \$50.0 million and a loss on disposition of \$27.7 million. In May 2013, CHI agreed to sell the Denville MBO to Prime

Notes to Consolidated Financial Statements (continued)

4. Acquisitions and Divestitures (continued)

Healthcare Services for \$100 0 million The transaction is subject to governmental and Church approvals and is expected to close towards the middle of fiscal year 2014 In accordance with Accounting Standards Codification (ASC) 205-20, Discontinued Operations, and ASC 360-10, Impairment or Disposal of Long-Lived Assets, the results of operations associated with these MBOs have been reported as discontinued operations and are included in the consolidated statements of changes in net assets Assets held for sale consist primarily of net patient accounts receivable, net property and other long-term assets Liabilities held for sale consist primarily of accrued compensation and benefits, accounts payable and deferred revenues

Related to discontinued operations, CHI recorded a deficiency of revenues over expenses of \$108 6 million and \$45 1 million for the years ended June 30, 2013 and 2012, respectively, which is reported as discontinued operations in the accompanying consolidated statements of changes in net assets Included in fiscal year 2013 is an impairment loss of \$64 8 million related to adjusting the carrying value of property, plant and equipment at the Denville MBO to its net realizable value Total operating revenues and deficiency of revenues over expenses included in the results of discontinued operations for the years ended June 30 are summarized below (in thousands)

	 2013	2012
Total operating revenues	\$ 464,809 \$	687,971
Total operating expenses	(485,949)	(721,930)
Restructuring and other losses	(95,924)	(10,987)
Nonoperating gains (losses)	8,470	(149)
Deficiency of revenues over expenses	\$ (108,594) \$	(45,095)

The consolidated statements of cash flows include the use of \$24.9 million and \$45.4 million of operating, investing and financing activities related to discontinued operations for the years ended June 30, 2013 and 2012, respectively

5. Net Patient Services Revenues

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

Notes to Consolidated Financial Statements (continued)

5. Net Patient Services Revenues (continued)

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

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

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

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

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

2013	2012
32%	31%
8	7
40	39
8	8
12	15
100%	100%
	32% 8 40 8 12

Notes to Consolidated Financial Statements (continued)

5. Net Patient Services Revenues (continued)

Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. Estimated settlements related to Medicare and Medicaid of \$103.0 million and \$57.0 million at June 30, 2013 and 2012, respectively, are included in third-party liabilities. Net patient services revenues from continuing operations increased by \$38.0 million in 2013 and \$20.5 million in 2012 due to favorable changes in estimates related to prior-year settlements. Also during 2012, CHI prevailed on the appeal of two cost report settlements from the Centers for Medicare and Medicaid Services (CMS) related to the calculation used by CMS for the rural floor wage index and for the disallowance of insurance premiums paid to FIIL. The settlement amounts are included in the 2012 net patient services revenues from continuing operations, and totaled \$76.7 million for the rural floor wage index and \$19.8 million for the insurance premiums. The appeals spanned years from 1997 through 2011.

6. Investments and Assets Limited as to Use

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

		2013		2012
Cash and equivalents CHI Investment Program Marketable equity securities Marketable fixed-income securities Hedge funds and other investments	\$	244,077 4,911,135 858,537 773,069 323,885	\$	153,459 4,821,534 315,064 477,440 162,191
Less current portion	_	7,110,703 (11,697) 7,099,006	\$	5,929,688 (1,901) 5,927,787
	<u> </u>	7,099,000	Ф	3,921,181

Net unrealized gains at June 30, 2013 and 2012, were \$297.3 million and \$144.0 million, respectively

Notes to Consolidated Financial Statements (continued)

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

CHI attempts to reduce its market risk by diversifying its investment portfolio using cash equivalents, fixed-income securities, marketable equity securities and alternative investments Most of the US Treasury, money market funds and corporate debt obligations as well as exchange-traded marketable securities held by CHI and the CHI Investment Program (the Program) have an actively traded market However, CHI also invests in commercial paper, mortgage-backed or other asset-backed securities, alternative investments (such as hedge funds, private equity investments, real estate funds, funds of funds, etc.), collateralized debt obligations, municipal securities and other investments that have potential complexities in valuation based upon the current conditions in the credit markets For some of these instruments, evidence supporting the determination of fair value may not come from trading in active primary or secondary markets Because these investments may not be readily marketable, the estimated value is subject to uncertainty and, therefore, may differ from the value that would have been used had an active market for such investments existed Such differences could be material However, management reviews the CHI investment portfolio on a regular basis and seeks guidance from its professional portfolio managers related to U S and global market conditions to determine the fair value of its investments CHI believes the carrying amount of these financial instruments in the consolidated financial statements is a reasonable estimate of fair value Additionally, CHI assesses the risk of impairment related to securities held in its investment portfolio on a regular basis and noted no impairment during the years ended June 30, 2013 and 2012

Substantially all CHI long-term investments are held in the Program The Program is structured under a Limited Partnership Agreement with CHI as managing general partner and numerous limited partners, most sponsored by CHI The partnership provides a vehicle whereby virtually all entities associated with CHI, as well as certain other unrelated entities, can seek to optimize investment returns while managing investment risk Entities participating in the Program that are not consolidated in the accompanying financial statements have the ability to direct their invested amounts and liquidate and/or withdraw their interest without penalty as soon as practicable based on market conditions but within 180 days of notification The Limited Partnership Agreement permits a majority vote of the noncontrolling limited partners to terminate the partnership Accordingly, CHI recognizes only the portion of Program assets attributable to CHI and its sponsored affiliates Program assets attributable to CHI and its Direct Affiliates represented 90% and 86% of total Program assets at June 30, 2013 and 2012

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Notes to Consolidated Financial Statements (continued)

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

The Program asset allocation at June 30 is as follows

	2013	2012
Marketable equity securities	43%	44%
Marketable fixed-income securities	32	35
Alternative investments	24	19
Cash and equivalents	1	2
	100%	100%

The CHI Investment Committee (the Investment Committee) of the Board of Stewardship Trustees is responsible for determining asset allocations among fixed-income, equity, and alternative investments At least annually, the Investment Committee reviews targeted allocations and, if necessary, makes adjustments to targeted asset allocations Given the diversity of the underlying securities in which the Program invests, management does not believe there is a significant concentration of credit risk Investment income is comprised of the following for the years ended June 30 (in thousands)

		2013	2012
Dividend and interest income Net realized gains Net unrealized gains (losses)	\$	142,054 262,067 151,232	\$ 123,310 86,517 (152,888)
Total investment income from continuing operations	\$	555,353	\$ 56,939
Included in other nonpatient revenue Included in nonoperating gains Total investment income from continuing operations	\$	66,529 488,824 555,353	\$ 37,169 19,770 56,939
Total investment income (loss) from discontinued operations Total investment income	<u> </u>	8,470 563,823	\$ (149) 56,790

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

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Notes to Consolidated Financial Statements (continued)

7. Fair Value of Assets and Liabilities

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

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

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

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

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

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

Notes to Consolidated Financial Statements (continued)

7. Fair Value of Assets and Liabilities (continued)

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

2013

				20	13			
	Fair Value Measurements at Reporting Date Using							
			((Level 1)	(Level 2)	(Level 3)
	F	air Value		oted Prices		Other		
		as of	_	in Active	O	bservable	Un	observable
		June 30		Markets		Inputs		Inputs
Assets						•		
Assets limited as to use								
Cash and short-term								
investments	\$	244,077	\$	197,385	\$	46,692	\$	_
Marketable equity						•		
securities		858,537		858,537		_		_
Marketable fixed-income		,		,				
securities		773,069		123,996		649,073		_
Other investments		11,718		, –		, _		11,718
		,						,
Deferred compensation								
assets								
Cash and short-term								
investments		12,035		12,035		_		_
	\$	1,899,436	\$	1,191,953	\$	695,765	\$	11,718
Liabilities								
Interest rate swaps	\$	271,634	\$	_	\$	271,634	\$	_
Deferred compensation		,				,		
liability		12,035		12,035		_		_
<u>, </u>	\$	283,669	\$	12,035	\$	271,634	\$	
	_							

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Notes to Consolidated Financial Statements (continued)

7. Fair Value of Assets and Liabilities (continued)

	2012 Fair Value Measurements at Reporting Date Using							e Using
				(Level 1)		(Level 2)		Level 3)
		air Value as of June 30	i	oted Prices n Active Markets		Other bservable Inputs		observable Inputs
Assets						•		
Assets limited as to use								
Cash and short-term								
investments	\$	153,459	\$	106,489	\$	46,970	\$	_
Marketable equity								
securities		315,064		315,064		_		_
Marketable fixed-income								
securities		477,440		900		476,540		_
Other investments		1,953		_		_		1,953
Deferred compensation assets								
Cash and short-term								
investments		10,852		10,852		_		
	\$	958,768	\$	433,305	\$	523,510	\$	1,953
Liabilities								
Interest rate swaps	\$	238,549	\$	_	\$	238,549	\$	_
Deferred compensation								
liability		10,852		10,852		_		_
	\$	249,401	\$	10,852	\$	238,549	\$	_

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

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Notes to Consolidated Financial Statements (continued)

7. Fair Value of Assets and Liabilities (continued)

securities are determined primarily through information obtained from the relevant counterparties for such investments Information on which these securities' fair values are based is generally not readily available in the market

8. Property and Equipment

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

	2013	2012
Land and improvements Buildings and improvements Equipment	\$ 596,548 \$ 6,399,345 4,612,302	392,427 5,098,617 3,814,431
Less accumulated depreciation	11,608,195 (5,009,102)	9,305,475 (4,594,250)
Construction in progress	6,599,093 1,187,147	4,711,225 635,310
· ·	\$ 7,786,240 \$	5 5,346,535

CHI evaluates whether events and circumstances have occurred that indicate the remaining useful life of property, equipment and certain other intangible assets may not be recoverable Management determined there were impairment issues in both 2013 and 2012, to the extent that the undiscounted cash flows estimated to be generated by certain assets were less than the underlying carrying value CHI recorded \$4.9 million and \$16.0 million in impairment losses in continuing operations for 2013 and 2012, respectively, resulting from charges related to estimated fair value deficiencies (based upon projected discounted cash flows) at various MBOs

Notes to Consolidated Financial Statements (continued)

9. Debt Obligations

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

	Interest Rates at June 30, 2013	2013	2012
CHI debt issued under the COD	· · · · · · · · · · · · · · · · · · ·		
Vanable-rate Bonds			
Series 1997B, maturing through 2022	0 14° o	\$ 9,200	\$ 18,900
Series 2000B, maturing 2027	0 07	24,000	27,300
Series 2002B, maturing 2032	0 07	97,800	103,300
Series 2004B, maturing through 2044	0 04-0 07	180,700	180,700
Series 2004C, maturing through 2044	0 05-0 07	163,300	163,300
Series 2008A, maturing 2036	0 14	120,260	120,260
Series 2008C, maturing 2041	0 06	50,000	50,000
Series 2011B, maturing 2046	0.06	158,155	158,155
Series 2011C. maturing 2046	0 13	123,000	125.000
Fixed-rate Bonds			
Series 2002A, maturing 2017	5 50	3,400	4,140
Series 2004A, maturing through 2034	4 75–5 00	146,605	146,605
Series 2006A, maturing 2041	4 00-5 00	270,635	384,135
Series 2006C, maturing through 2041	3 85-5 10	250,000	250,000
Series 2008C, maturing through 2041	4 00-5 00	105,000	105,000
Series 2008D, maturing through 2038	5 00-6 38	471,450	473,950
Series 2009A, maturing 2039	3 50-5 50	748,760	772,110
Series 2009B, maturing through 2039	4 00-5 00	252,360	260.995
Series 2011A. maturing 2041	3 00-5 25	506,090	526,090
Series 2017A, maturing 2047 Series 2012A, maturing 2035	3 00-5 00		
	1 60-4 35	271,260	271.260
Series 2012 Taxable. maturing 2042	1 00-4 33	1,500,000	_
Commercial Paper		442,475	475,625
Unamortized debt premium		59,538	58,832
Unamortized debt discount	_	(11,192)	(9,801)
Total CHI debt issued under the COD	_	5,942,796	4,665,856
St. Luke's debt issued under Master Trust Indenture			
Variable-rate Bonds			
Series 2012, maturing 2021	0 92° o	150,220	_
Series 2008, maturing 2041	0 10	100,000	_
Series 2005, maturing 2032	0 08	132,600	_
Fixed-Rate Series 2009, maturing 2025	3 75–5 625	150,798	_
Unsecured Bank Notes			
Maturing through 2014	0 67	7,200	=
Maturing through 2017	1 78	92,598	_
Total St Luke's debt issued under Master Trust Indenture	_	633,416	_
Note payable issued to Episcopal Foundation		260,000	_
Capital leases and other debt		569,845	77,391
	_	7,406,057	4,743,247
Less Amounts classified as current		/201 155	(221 155)
Variable-rate debt with self-liquidity		(321,455)	(321.455)
Commercial paper and current portion of debt	_	(749,617)	(643,083)
Long-term debt	=	\$ 6,334,985	\$ 3,778,709

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Notes to Consolidated Financial Statements (continued)

9. Debt Obligations (continued)

The fair value of debt obligations was approximately \$7 3 billion at June 30, 2013 Management has determined the carrying values of the variable-rate bonds are representative of fair values as of June 30, 2013, as the interest rates are set by the market participants. The fair value of the fixed-rate tax-exempt bond obligations as of June 30, 2013, is determined by applying credit spreads for similar tax-exempt obligations in the marketplace, which are then used to calculate a price/yield for the outstanding obligations

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

	Am	ounts Due
Year Ending June 30		
2014	\$	749,617
2015		244,184
2016		249,028
2017		216,493
2018		391,050

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

In October 2012, CHI issued \$1.5 billion of par value long-term, fixed-rate, taxable bonds Proceeds were used to finance a wide array of strategic initiatives, including affiliations in key areas

In November 2011, CHI issued \$809.2 million of fixed-rate, variable-rate and Windows variable-rate bonds (Windows) in the states of Colorado, Kentucky and Washington Proceeds were used to refund \$223.5 million of existing debt and to redeem \$116.8 million of commercial paper outstanding Concurrent with the issuance of these bonds, CHI converted \$50.0 million of Ohio Series 2008C-2 bonds to bear interest at weekly rates. Also, during November 2011, CHI redeemed \$55.8 million of existing debt. These redemptions resulted in a loss on extinguishment of \$0.7 million.

Notes to Consolidated Financial Statements (continued)

9. Debt Obligations (continued)

Total debt at June 30, 2013, includes \$894 9 million of debt related to the acquisition of St Luke's, including \$533 6 million of St Luke's series revenue bonds St Luke's is a member of the St Luke's Health System Obligated Group, and together with various of its consolidated subsidiaries, are the obligors under each of the St Luke's bond issues Obligated Group members are jointly and severally obligated to pay the notes issued under the master trust indenture Notes issued under the master trust indenture are equally and ratably secured by a pledge of the accounts receivable of St Luke's Medical Center and St Luke's Woodlands Hospital Payments to bondholders are funded by St Luke's under the St Luke's master trust indenture with the trustee of the respective bond issues Under the related indentures and agreements, St Luke's is required to satisfy and abide by certain measures of financial and operating performance

As part of the December 2012 divestiture of CHI's facilities in Towson, Maryland, \$113 5 million of Series 2006A bonds were legally defeased, resulting in a loss on defeasance of \$18 0 million

In connection with the acquisition of JHSMH in January 2012, CHI acquired \$342 0 million of JHSMH 2008 series bonds and \$43 0 million of JHSMH 1996 series bonds In January 2012, the 1996 bonds were legally defeased, which resulted in a loss on defeasance of \$0.5 million. In April 2012, CHI issued \$271.3 million of par value bonds in the state of Kentucky Debt proceeds of \$299.7 million and cash of \$114.3 million were used to refund \$322.9 million and legally defease \$88.4 million of the 2008 bonds. The transaction resulted in a loss on extinguishment of \$69.4 million.

CHI has two types of external liquidity facilities those that are dedicated to specific series of variable-rate demand bonds (VRDB) and those that are not dedicated to a particular series of VRDBs but may be used to support CHI's obligations to fund tenders of VRDBs and pay the maturing principal of commercial paper Liquidity facilities that are dedicated to specific series of bonds were \$605 0 million and \$625 5 million at June 30, 2013 and 2012, respectively, of which \$7 9 million and \$9 4 million, respectively, are classified as current debt. The remaining \$597 1 million and \$616 1 million at June 30, 2013 and 2012, respectively, are reported as long-term debt due to the repayment terms on any associated drawings extending beyond the subsequent fiscal year under the terms of the specific agreements

Notes to Consolidated Financial Statements (continued)

9. Debt Obligations (continued)

Liquidity facilities not dedicated for specific series of VRDBs but used to support CHI's obligations to fund tenders and to pay maturing principal of commercial paper were \$390 0 million and \$435 0 million at June 30, 2013 and 2012, respectively At June 30, 2013 and 2012, respectively, \$442 5 million and \$475 6 million of commercial paper were classified as current due to maturities of less than one year, and \$321 5 million of VRDBs and Windows were also classified as current due to the holder's ability to put such VRDBs and Windows back to CHI without liquidity facilities dedicated to these bonds

At June 30, 2013, CHI had a \$45 0 million credit facility with Wells Fargo Bank Letters of credit totaling \$41 7 million have been issued for the benefit of third parties, principally in support of the self-insurance programs administered by FIIL At June 30, 2013 and 2012, no amounts were outstanding under this credit facility

CHI is a party to 13 floating-to-fixed interest rate swap agreements with notional amounts totaling \$1 6 billion and \$931 8 million at June 30, 2013 and 2012, respectively Generally, it is CHI policy that all counterparties have an AA rating or better The swap agreements require CHI to provide collateral if CHI's liability, determined on a mark-to-market basis, exceeds a specified threshold that varies based upon the rating on the corporation's long-term indebtedness. These fixed-payor swap agreements convert CHI's variable-rate debt to fixed-rate debt. The swaps have varying maturity dates ranging from December 2014 to February 2047. The fair value of the swaps is estimated based on the present value sum of anticipated future net cash settlements until the swaps' maturities. At June 30, 2013 and 2012, the fair value was \$271.6 million and \$238.5 million, respectively. Cash collateral balances of \$107.5 million and \$140.7 million at June 30, 2013 and 2012, respectively, are netted against the fair value of the swaps, and the net amount is reflected in other liabilities. The change in the fair value of these agreements was a net gain of \$98.9 million in 2013 and a net loss of \$121.9 million in 2012.

10. Retirement Plans

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

Notes to Consolidated Financial Statements (continued)

10. Retirement Plans (continued)

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

In connection with the acquisition of Alegent in November 2012 and St Luke's in June 2013, CHI acquired the pension plan assets and liabilities of each entity, herein referred to as the Alegent plan and St Luke's plan, respectively In connection with the acquisition of JHSMH in January 2012, CHI acquired the pension plan assets and liabilities of JHSMH, herein referred to as the JHSMH plan

Notes to Consolidated Financial Statements (continued)

10. Retirement Plans (continued)

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

		2013	2012
Change in benefit obligation			
Benefit obligation, beginning of year	\$	3,601,231 \$	2,767,988
Service cost		205,037	169,477
Interest cost		151,763	153,204
Actuarial (gain) loss		(170,282)	446,352
JHSMH plan		_	183,733
Alegent plan		120,115	_
St Luke's plan		267,074	_
Settlements		(17,931)	(8,495)
Curtailments		(134,233)	_
Benefits paid		(144,838)	(110,851)
Expenses paid		(451)	(177)
Benefit obligation, end of year		3,877,485	3,601,231
Change in the Plans' assets			
Fair value of the Plans' assets, beginning of year		2,708,411	2,452,465
Actual return on the Plans' assets, net of expenses		309,522	45,002
Employer contributions		203,564	194,279
JHSMH plan		_	136,188
Alegent plan		83,055	-
St Luke's plan		263,218	_
Settlements		(17,848)	(8,495)
Benefits paid		(144,838)	(110,851)
Expenses paid		(451)	(177)
Fair value of the Plans' assets, end of year		3,404,633	2,708,411
Funded status of the Plans	\$	(472,852) \$	(892,820)
End-of-year values	•	2.055.405.45	2 (01 221
Projected benefit obligation	\$	3,877,485 \$	3,601,231
Accumulated benefit obligation		3,844,708	3,428,819

Notes to Consolidated Financial Statements (continued)

10. Retirement Plans (continued)

As a result of market divestitures and other employee transitions in fiscal year 2013, one of the Plans was required to recognize a curtailment event, which is reflected in the June 30, 2013 benefit obligation Additionally, a curtailment related to the expected future services reductions has occurred as a result of plan design changes for certain Plans, which will be effective in January 2014

Included in net assets at June 30, 2013, are the following amounts that have not yet been recognized in net periodic pension cost unrecognized prior service cost of \$0.4 million and unrecognized actuarial losses of \$724.2 million. The prior service cost and actuarial losses included in net assets and expected to be recognized in net periodic pension cost during the fiscal year ending June 30, 2014, are \$0.1 million and \$32.8 million, respectively

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

	 2013	2012	
Components of net periodic pension expense			
Service cost	\$ 205,037 \$	169,477	
Interest cost	151,763	153,204	
Expected return on the Plans' assets	(220,236)	(198,093)	
Actuarial losses	91,606	39,029	
Amortization of prior service benefit	174	187	
Curtailments	367	_	
Settlements	 45		
	\$ 228,756 \$	163,804	
Weighted-average assumptions			
Discount rate, beginning of year	4.06%	5 39%	
Discount rate, end of year	4.58	4 06	
Expected return on Plans' assets	7.75	7 75	
Rate of compensation increase	3.75	3 75	

The assumption for the expected return on the Plans' assets is based on historical returns and adherence to the asset allocations set forth in the Plans' investment policies. The expected return on the Plans' assets for determining pension cost was 7.75% in 2013 and 2012. The increase in the discount rate to 4.58% at June 30, 2013 decreased the pension benefit obligation by approximately \$187.2 million.

Notes to Consolidated Financial Statements (continued)

10. Retirement Plans (continued)

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

	2013	2012	Target	Range	
Fixed-income securities	25.6%	29 8%	25 0%	15 0–35 0%	
Equity securities	55.1	51 2	52 5	42 5-62 5	
Alternative investments	19.3	19 0	22 5	12 5–32 5	

The Plans' assets are invested in a portfolio designed to preserve principal and obtain competitive investment returns and long-term investment growth, consistent with actuarial assumptions, while minimizing unnecessary investment risk Diversification is achieved by allocating assets to various asset classes and investment styles and by retaining multiple investment managers with complementary philosophies, styles and approaches Although the objective of the Plans is to maintain asset allocations close to target, temporary periods may exist where allocations are outside of the expected range due to market conditions. The use of leverage is prohibited except as specifically directed in the alternative investment allocation. The portfolio is managed on a basis consistent with the CHI social responsibility guidelines

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

	2013									
		Fair Value Measurements at Reporting Date Using								
				(Level 1)		(Level 2)		(Level 3)		
		Fair Value as of June 30		Quoted Prices in Active Markets		Other Observable Inputs		nobservable Inputs		
Cash and short-term investments	\$	115,586	\$	102,360	\$	13,226	\$	_		
Marketable equity securities		1,715,087		1,715,087		_		_		
Marketable fixed-income securities Alternative investments		916,766 657,194		220,833		695,933		- 657,194		
Antemative investments	\$	3,404,633	\$	2,038,280	\$	709,159	\$	657,194		

Notes to Consolidated Financial Statements (continued)

10. Retirement Plans (continued)

	2012							
		Fair Valu	e N	Measuremen	ts	at Reporting	g D	ate Using
				(Level 1)		(Level 2)		(Level 3)
		Fair Value as of June 30	Q	uoted Prices in Active Markets	\$	Other Observable Inputs	U	nobservable Inputs
Cash and short-term investments	\$	128,098	\$	117,585	\$	10,513	\$	_
Marketable equity securities Marketable fixed-income		1,318,456		1,318,456		_		_
securities		756,137		230,647		525,490		_
Alternative investments		505,720		_		_		505,720
	\$	2,708,411	\$	1,666,688	\$	536,003	\$	505,720

A summary of the changes in the fair value of the Plans' investments for which Level 3 inputs were used at the June 30 measurement dates is as follows (in thousands)

	 2013	2012
Beginning investments at fair value	\$ 505,720 \$	494,683
Purchases of investments	91,868	24,306
Proceeds from sale of investments	(47,376)	(32,860)
Net change in unrealized appreciation on investments		
and effect of foreign currency translation	12,778	2,426
Net realized gains on investments	25,424	17,346
St Luke's plan investments acquired	53,540	_
Net transfers into (out) of Level 3	15,240	(181)
Ending investments at fair value	\$ 657,194 \$	505,720

Notes to Consolidated Financial Statements (continued)

10. Retirement Plans (continued)

CHI expects to contribute \$111 4 million to the Plans in fiscal year 2014 A summary of expected benefits to be paid to the Plans' participants and beneficiaries is as follows (in thousands)

	Estimat Paymen	
Year Ending June 30		
2014	\$ 210,5	586
2015	203,0)28
2016	224,2	238
2017	238,9	993
2018	250,0	017
2019–2023	1,396,9	923

11. Concentrations of Credit Risk

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

	2013	2012
Medicare	28%	26%
Medicaid	10	11
Managed care	31	32
Self-pay	7	6
Commercial and other	24	25
	100%	100%
	· · · · · · · · · · · · · · · · · · ·	

CHI maintains long-term investments with various financial institutions and investment management firms through its investment program, and its policy is designed to limit exposure to any one institution or investment Management does not believe there are significant concentrations of credit risk at June 30, 2013 and 2012

Notes to Consolidated Financial Statements (continued)

12. Commitments and Contingencies

Litigation

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

Health Care Regulatory Environment

The health care industry is subject to numerous laws and regulations of federal, state and local governments. These laws and regulations include, but are not limited to, matters such as licensure, accreditation, government health care program participation requirements, reimbursement for patient services, and Medicare and Medicaid fraud and abuse Management believes CHI is in compliance with all applicable laws and regulations of the Medicare and Medicaid programs. Compliance with such laws and regulations is complex and can be subject to future governmental interpretation as well as significant regulatory action, including fines, penalties and exclusion from the Medicare and Medicaid programs. Certain CHI entities have been contacted by governmental agencies regarding alleged violations of Medicare practices for certain services. In the opinion of management after consultation with legal counsel, the ultimate outcome of these matters will not have a material adverse effect on CHI's consolidated financial position.

Notes to Consolidated Financial Statements (continued)

12. Commitments and Contingencies (continued)

Operating Leases

CHI leases certain real estate and equipment under operating leases, which may include renewal options and escalation clauses Future minimum lease payments required for the next five years and thereafter for all operating leases that have initial or remaining noncancelable lease terms in excess of one year at June 30, 2013, are as follows (in thousands)

	Am	ounts Due
Year Ending June 30		
2014	\$	154,915
2015		132,169
2016		113,672
2017		96,849
2018		82,143
Thereafter		381,561
	\$	961,309

Lease expense under operating leases for continuing operations for the years ended June 30, 2013 and 2012, totaled approximately \$223 0 million and \$176 0 million, respectively

13. Insurance Programs

FIIL, a wholly owned captive insurance company of CHI, provides hospital professional liability, employment practices liability, miscellaneous professional liability, and commercial general liability coverage, primarily to MBOs related to CHI either on a directly written basis or through reinsurance fronting relationships with commercial carriers such as PPIC Policies written provide coverage with primary limits in the amounts of \$10 0 million and \$8 0 million for each and every claim in fiscal years 2013 and 2012, respectively For the policy year July 1, 2012 to June 30, 2013, there is an annual policy aggregate of \$85 0 million eroded by hospital professional liability and commercial general liability claims, subject to a \$175,000 continuing underlying per claim limit Effective July 1, 2011, FIIL provided excess umbrella liability coverage for claims in excess of the underlying limits discussed above The limits provided under such excess coverage are \$200 0 million per claim and in the aggregate FIIL reinsured 100% of the excess coverage layer with various commercial insurance companies At June 30, 2013 and 2012, investments and assets limited as to use held for insurance purposes included \$55 0 million and \$59 0 million, respectively, held as collateral for the reinsurance fronting arrangement with PPIC

Notes to Consolidated Financial Statements (continued)

13. Insurance Programs (continued)

FIIL provides workers' compensation coverage, either on a directly written basis or through reinsurance fronting relationships with commercial carriers for amounts above \$10 million per claim Coverage of \$500,000 in excess of \$500,000 per claim is reinsured with an unrelated commercial carrier FIIL also underwrites the property and casualty risks of CHI for up to \$10 million per claim Unrelated commercial insurance carriers reinsure losses in excess of the perclaim limits

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

The estimates for loss reserves are subject to the effects of trends in loss severity and frequency Although considerable variability is inherent in such estimates, management believes that the reserves for unpaid losses and loss adjustment expenses are adequate. The estimates are reviewed periodically, with consultation from independent actuaries, and any adjustments to the loss reserves are reflected in current operations. As a result of these reviews of claims experience, estimated reserves were reduced by \$48.5 million and \$47.8 million in 2013 and 2012, respectively. The reserves for unpaid losses and loss adjustment expenses relating to the workers' compensation program were discounted, assuming a 4.0% annual return at June 30, 2013 and 2012, to a present value of \$151.2 million and \$147.1 million at June 30, 2013 and 2012, respectively, and represented a discount of \$51.3 million and \$46.3 million in 2013 and 2012, respectively. Reserves related to professional liability, employment practices and general liability are not discounted

FIIL holds \$751 9 million and \$722 1 million of investments held for insurance purposes as of June 30, 2013 and 2012, respectively Distribution of amounts from FIIL to CHI are subject to the approval of the Cayman Island Monetary Authority CHI established a captive management operation (Captive Management Initiatives, Ltd) based in the Cayman Islands, which currently manages FIIL as well as operations of other unrelated parties

CHI, through its Welfare Benefit Administration and Development Trust, provides comprehensive health and dental coverage to certain employees and dependents through a self-insured medical plan Accounts payable and accrued expenses include \$510 million and \$540 million for unpaid claims and claims adjustment expenses for CHI's self-insured medical plan at June 30, 2013 and 2012, respectively Those estimates are subject to the effects of trends in loss severity and

Notes to Consolidated Financial Statements (continued)

13. Insurance Programs (continued)

frequency Although considerable variability is inherent in such estimates, management believes that the reserves for unpaid losses and loss adjustment expenses are adequate. The estimates are reviewed periodically and, as adjustments to the liability become necessary, such adjustments are reflected in current operations. CHI has stop-loss insurance to cover unusually high costs of care beyond a predetermined annual amount per enrolled participant.

14. Subsequent Events

CHI's management has evaluated events subsequent to June 30, 2013 through September 17, 2013, which is the date these consolidated financial statements were available to be issued. There have been no material events noted during this period that would either impact the results reflected herein or CHI's results going forward, except as disclosed below

Effective in August 2013, a subsidiary of CHI entered into an affiliation agreement with Harrison Medical Center (Harrison), whereby the subsidiary will control the operations of Harrison Harrison is located in Bremerton, Washington, and operates two acute-care facilities in the area, as well as provides emergency services, and a range of general and specialized services to adjacent areas A valuation of assets and liabilities is in process. The fair value of the assets acquired net of liabilities assumed will be reported as other nonpatient revenue in 2014.

On July 1, 2013, CHI invested \$65 0 million in MedSynergies, Inc (MedSynergies), a national physician management services organization. In conjunction with this investment, CHI and MedSynergies have entered into a partnership to create successful physician alignment within CHI, and to enhance patient retention and practice performance within the physician services line of business. The initial term of this agreement is 9 years.

1309-1126999

Supplemental Information



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Report of Independent Auditors on Supplemental Information

The Board of Stewardship Trustees Catholic Health Initiatives

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements of Catholic Health Initiatives as a whole The following consolidating financial information is presented for purposes of additional analysis and is not a required part of the consolidated financial statements Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in our audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole

September 17, 2013

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Ernst + Young LLP

Consolidating Balance Sheet

June 30, 2013 (In Thousands)

	MBOs	Corporate	C'ollab Health	FIIL	CHI Welfare Benefits Trust	Other	Eliminations and Adjustments	Consolidated
Assets								
Current assets								
Cash and equivalents	\$ 263.377	\$ 330,564	\$ (190) \$	53	\$ 18,120 \$	(2.698)	\$ -	\$ 609,226
Net patient accounts receivable, less allowance								
of \$858.394	1,755,348	_	_	_	_	_	_	1.755.348
Other accounts receivable	165.547	107.082	7.620	9.892	11	25,533	(117.768)	197.917
Current portion of investments and assets limited as to use	4.829	=	6,868	_	=		=	11.697
Inventories	247,720	_	_	_	_	_	_	247,720
Assets held for sale	236,599	_	-	-	-	_	(20,822)	215,777
Prepaid and other	86,330	49.910	1.244	13	157	122	_	137,776
Total current assets	2.759.750	487.556	15,542	9.958	18,288	22.957	(138,590)	3,175,461
Investments and assets limited as to use								
Internally designated for capital and other funds	5,022,500	333,525	_	_	95,998	_	_	5,452,023
Mission and Ministry Fund	_	121,109	_	_	_	_	_	121,109
Capital Resource Pool	_	416,938	_	_	_	_	_	416,938
Held by trustees	16,726	_	_	_	_	_	_	16.726
Held for insurance purposes	57,904	_	16.053	751.928	_	_	_	825,885
Restricted by donors	265,652	673	_	_	_	_	_	266,325
Total investments and assets limited as to use	5,362,782	872,245	16.053	751.928	95,998	_	_	7.099.006
Property and equipment, net	7,034,446	750,192	784	_	=	818	=	7,786,240
Deferred financing costs	213	36,344	_	_	_	_	_	36,557
Investments in unconsolidated organizations	294,234	1,172,035	_	_	_	11,005	(1.060.458)	416,816
Intangible assets and goodwill, net	348,407	_	16,344	_	_	_	_	364,751
Notes receivable and other	118,174	3,000,584	201	23,723	_	4	(2.711.798)	430,888
Total assets	\$ 15,918,006	\$ 6,318,956	\$ 48,924 \$	785,609	\$ 114,286 \$	34,784	\$ (3,910,846)	\$ 19,309,719

Continued on following page

Consolidating Balance Sheet (continued)

June 30, 2013 (In Thousands)

		Collab			CHI Welfare		Eliminations	
	MBOs	Corporate	Health	FIIL	Benefits Trust	Other	and Adjustments	Consolidated
Liabilities and net assets								
Current liabilities								
Compensation and benefits	\$ 551,423	\$ 44,398	\$ 1.265 \$	_	\$ 1,595 \$	2,156	\$ -	\$ 600,837
Third-party liabilities	110,571	_	_	_	_	_	_	110,571
Accounts payable and accrued expenses	879,789	242,473	3,463	4,700	5(),66()	2,075	(116,230)	1,066,930
Liabilities held for sale	91,412	_	_	_	_	_	-	91,412
Variable-rate debt with self liquidity	_	321,455	_	_	_	_	_	321,455
Commercial paper and current portion of								
long-term debt	239,237	633,075	682	_	_	_	(123,377)	749,617
Total current liabilities	1,872,432	1,241,401	5,410	4,700	52,255	4.231	(239,607)	2,940,822
Pension liability	45,449	427,403						472,852
Self-insured reserves and claims	60,369	427,403	9.017	- 499,288	_	_	_	616.652
			8.917	499.288	_	_	(1.530)	
Other liabilities	551,432	148,390	1.530	_	_	_	(1.539)	698,283
Long-term debt	3,673,602	5,248,265	1,538	-	-		(2.588.420)	6,334,985
Total liabilities	6.203.284	7.113.537	15.865	503,988	52.255	4.231	(2.829.566)	11.063.594
Net assets								
Net assets attributable to CHI	9,418,781	(963,870)	22,678	281,621	62,031	30,553	(1,082,484)	7,769,310
Net assets attributable to noncontrolling interests	(4,723)	168,801	10,381	_	_	_	1,204	175,663
Unrestricted	9,414,058	(795,069)	33,059	281,621	62,031	30,553	(1,081,280)	7,944,973
Temporarily restricted	214,036	488	_	_	_	_		214,524
Permanently restricted	86,628	_	_	_	_	_	_	86,628
Total net assets	9,714,722	(794,581)	33,059	281.621	62,031	30,553	(1.081.280)	8,246,125
Total liabilities and net assets	\$ 15,918,006		\$ 48,924 \$	785,609	\$ 114,286 \$		\$ (3,910,846)	

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Consolidating Statement of Operations

Year Ended June 30, 2013 (In Thousands)

			6.11.1		CITI II II		Eliminations	
	MBOs	Corporate	Collab Health	FIIL	CHI Welfare Benefits Trust	Other	and Adjustments	Consolidated
Revenues	NEO	Corporate	Traitii	THE	Delicity 11 use	Other	-xujustinenes	Consolidated
Net patient services revenues	\$ 10 021 153	S - S	- \$	-	S - S	- \$	(128 163)	\$ 9.892.990
Nonpatient								
Donations	31 078	11	-	-	-	-	_	31,089
Changes in equity of unconsolidated organizations	9 532	11 982	-	_	_	(266)	(2 192)	19,056
Investment income used for operations	13 974	_	108	52 447	_	-	_	66,529
Other	508 466	975 554	50 503	147 219	407 601	3 598	(1 394 380)	698,561
Total nonpatient revenues	563 050	987 547	50 611	199 666	407 601	3 332	(1 396 572)	815 235
Total operating revenues	10 584 203	987 547	50 611	199 666	407 601	3 332	(1 524 735)	10 708 225
Expenses								
Salaries and wages	4 147 825	265 962	1 815	-	-	8 847	(45)	4,424,404
Employee benefits	985 326	93 696	328	-	413 431	1 721	(523 678)	970.824
Purchased services medical professional fees consulting and legal	1 495 686	219 389	48 515	744	2 532	3 425	(408 513)	1.361,778
Supplies	1 827 242	5 488	48	-	-	206	_	1.832,984
Utilities	138 872	14 034	54	-	-	19	_	152,979
Rentals leases maintenance and insurance	416 421	331 352	605	150 715	-	1 087	(283 497)	616,683
Depreciation and amortization	516 929	37 720	60	-	-	355	_	555,064
Interest	115 971	170 832	101	-	-	-	(122 551)	164,353
Other	771 993	34 716	287	466	670	882	(184 258)	624,756
Total operating expenses before restructuring impairment								_
and other losses	10 416 265	1 173 189	51 813	151 925	416 633	16 542	(1 522 542)	10,703,825
Income (loss) from operations before restructuring impairment								
and other losses	167 938	(185 642)	(1 202)	47 741	(9 032)	(13 210)	(2 193)	4,400
Restructuring impairment and other losses	27 117	32 214	_	-	_	12		59,343
Income (loss) from operations	140 821	(217 856)	(1 202)	47 741	(9 032)	(13 222)	(2 193)	(54,943)
Nonoperating gains (losses)								
Investment income (loss) net	324 210	158 503	(425)	-	6 550	(14)	-	488,824
Loss on defeasance of bonds	-	(17 998)	_	_	_	_	_	(17.998)
Realized and unrealized (losses) gains on interest rate swaps	14 244	51 599	_	-	-	_	_	65,843
Other nonoperating gains (losses)	7 977	(40 485)	-	_	_	_	40 485	7,977
Total nonoperating (losses) gains	346 431	151 619	(425)	_	6 550	(14)	40 485	544 646
Excess (deficiency) of revenues over expenses	\$ 487,252	\$ (66,237) \$	(1,627) \$	47,741	\$ (2,482) \$	(13,236) \$	38,292	\$ 489,703
Excess of revenues over expenses attributable to noncontrolling interest	\$ 5 972	\$ (6 745) \$	736 \$	_	\$ - \$	- S	-	\$ (37)
	\$ 481 280			47 741	\$ (2.482) \$	(13 236) \$	38 292	<u> </u>
Excess (deficiency) of revenues over expenses attributable to CHI	p +01 280	3 (33 +32) 3	(2 303) 3	+/ /+1	o (∠+o∠) o	(15 250) 3	30 292	3 +07/+0

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