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Form 990 Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-0047 <div>2012</div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 07-01-2012 , 2012, and ending 06-30-2013

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CATHOLIC HEALTH INITIATIVES-COLORADO		D Employer identification number 84-0405257
	Doing Business As		
	Number and street (or P O box if mail is not delivered to street address) 188 INVERNESS DRIVE WEST	Room/suite	E Telephone number (303) 290-6500
	City or town, state or country, and ZIP + 4 ENGLEWOOD, CO 80112		G Gross receipts \$ 1,621,612,108
	F Name and address of principal officer GARY CAMPBELL 188 INVERNESS DRIVE WEST SUITE 500 ENGLEWOOD, CO 80112		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number <input checked="" type="checkbox"/> 0928
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () <input type="checkbox"/> (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: <input checked="" type="checkbox"/> WWW.CENTURA.ORG	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities CATHOLIC HEALTH INITIATIVES-COLORADO IS A FAITH BASED ORGANIZATION THAT INVESTS IN CHARITY CARE, COMMUNITY PROGRAMS AND SPONSORSHIPS DESIGNED TO NURTURE THE HEALTH OF THE PEOPLE OF COLORADO			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
	3	Number of voting members of the governing body (Part VI, line 1a)	3	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	0	
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	10,537	
6	Total number of volunteers (estimate if necessary)	1,344		
7a	Total unrelated business revenue from Part VIII, column (C), line 12	4,082,844		
7b	Net unrelated business taxable income from Form 990-T, line 34	0		
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 10,136,677	Current Year 5,713,234
	9	Program service revenue (Part VIII, line 2g)	1,500,983,983	1,582,030,490
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11,765,511	18,675,531
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	16,352,093	14,413,536
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,539,238,264	1,620,832,791
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	5,498,403
14		Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	549,501,123	579,021,908
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b		Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0		
17		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	904,348,698	957,545,125
18		Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,459,348,224	1,543,030,108
19		Revenue less expenses Subtract line 18 from line 12	79,890,040	77,802,683
Net Assets or Fund Balances				Beginning of Current Year
	20	Total assets (Part X, line 16)	1,598,067,497	1,682,878,444
	21	Total liabilities (Part X, line 26)	420,787,758	439,214,203
	22	Net assets or fund balances Subtract line 21 from line 20	1,177,279,739	1,243,664,241

Part II Signature Block

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

Sign Here	<div> <div></div> <div>Signature of officer</div> </div>			<div> <div>2015-05-14</div> <div>Date</div> </div>		
	<div> <div>DAN ENDERSON SVP CFO/TREASURER</div> <div>Type or print name and title</div> </div>					
Paid Preparer Use Only	<div> <div>Print/Type preparer's name</div> <div>MARK STOCKI</div> </div>		<div> <div>Preparer's signature</div> <div></div> </div>		<div> <div>Date</div> <div></div> </div>	
	<div> <div>Check <input type="checkbox"/> if self-employed</div> <div>PTIN</div> </div>				<div> <div>P00642127</div> </div>	
	<div> <div>Firm's name</div> <div>CATHOLIC HEALTH INITIATIVES</div> </div>				<div> <div>Firm's EIN</div> <div>47-0617373</div> </div>	
<div> <div>Firm's address</div> <div>198 INVERNESS DRIVE WEST</div> <div>ENGLEWOOD, CO 80112</div> </div>				<div> <div>Phone no</div> <div>(303) 298-9100</div> </div>		

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

Part III

Statement of Program Service Accomplishments

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

1

Briefly describe the organization’s mission

WE EXTEND THE HEALING MINISTRY OF CHRIST BY CARING FOR THOSE WHO ARE ILL AND BY NURTURING THE HEALTH OF THE PEOPLE IN OUR COMMUNITIES

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

If “Yes,” describe these changes on Schedule O

4

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

4a

(Code) (Expenses \$ 1,307,278,671 including grants of \$ 6,463,075) (Revenue \$ 1,581,282,314)

SEE SCHEDULE H

4b

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

4c

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

4d

Other program services (Describe in Schedule O)













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

4e

Total program service expenses 1,307,278,671





Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 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		
a 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
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d Yes	
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
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, 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 Yes	
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? 	20b Yes	

Part 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? <i>If "Yes," complete Schedule I, Parts I and II</i> 	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
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? <i>If "Yes," complete Schedule J</i> 	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> 	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> 	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2b	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).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	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.		
13b	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.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Part VI

Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	3	
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			
1b	Enter the number of voting members included in line 1a, above, who are independent	0	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	8a	Yes
8b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	15a	No
15b	Other officers or key employees of the organization	15b	Yes
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	No

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed
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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization KYLE ENGMAN 188 INVERNESS DRIVE WEST SUITE 500 ENGLEWOOD, CO (303) 804-8108

Part VII

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation 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) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DEAN SWINDLE CPA	1 00	X						0	1,303,966	187,885
BOARD MEMBER/EVP CHI CFO	59 00									
(2) JOHN DICOLA	1 00	X						0	912,976	147,477
BOARD MEMBER/SVP CHI	59 00									
(3) MICHAEL ROWAN FACHE	1 00	X						0	1,652,367	220,553
BOARD MEMBER/EVP CHI COO	59 00									
(4) DAN ENDERSON	1 00			X				0	0	0
Treasurer/SVP Chief Finance Officer	0 00									
(5) GARY CAMPBELL	1 00			X				0	0	0
CEO/PRESIDENT	0 00									
(6) KRIS ORDELHEIDE	1 00			X				0	0	0
SECRETARY/SVP LEGAL SVCS	0 00									
(7) DANIEL REEVES	40 00				X			246,664	0	28,821
CFO - PENROSE ST FRANCIS	0									
(8) DAVID THOMPSON	40 00				X			376,996	0	30,640
CFO - ST ANTHONY CENTRAL	1 00									
(9) JAMESON SMITH	40 00				X			329,518	0	38,686
COO - PENROSE ST FRANCIS	0									
(10) JEFFREY BRICKMAN	40 00				X			924,038	0	91,160
Group CEO - ST ANTHONY	0 00									
(11) MARGARET SABIN	40 00				X			757,414	0	150,606
CEO - PENROSE ST FRANCIS	0 00									
(12) A STEWART LEVY	40 00					X		822,696	0	27,497
PHYSICIAN	0									
(13) DIRK PIKAART	40 00					X		851,644	0	19,997
PHYSICIAN	0									
(14) JOHN MEHALL	40 00					X		834,013	0	26,148
PHYSICIAN	0									
(15) MARK ROBINSON	40 00					X		700,113	0	34,923
Physician	0									
(16) MICHAEL DREWEK	40 00					X		920,388	0	38,673
PHYSICIAN	0									

Part VII

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								6,763,484	3,869,309	1,043,066

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **490**

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

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
ANESTHESIA AND INTENSIVE CARE SPECIALISTS LLP 4323 S HOLLY STREET ENGLEWOOD CO 80228	MEDICAL SERVICES	3,748,306
COLORADO IMAGING ASSOCIATES PC 2490 W 26TH AVE SUITE 220A DENVER CO 80211	MEDICAL SERVICES	2,443,006
ACADEMY WOMENS HEALTHCARE 6071 E WOODMEN ROAD SUITE 405 COLORADO SPRINGS CO 80923	MEDICAL SERVICES	1,903,644
CRITICAL CARE PULMONARY & SLEEP ASSOCIATES 274 UNION BLVD SUITE 110 LAKEWOOD CO 80228	MEDICAL SERVICES	1,595,981
COLORADO SPRINGS HEALTH PARTNERS PC 1633 MEDICAL CENTER POINTE COLORADO SPRINGS CO 80907	MEDICAL SERVICES	1,584,386

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 ►77

Part VIII

Statement of Revenue

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

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	4,841,728			
	e	Government grants (contributions)	1e	436,713			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	434,793			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f			5,713,234		
Program Service Revenue	2a PATIENT SERVICES b EQUITY CHANGES OF UNCONSOLIDATED ORGS c RENTAL INCOME d EDUCATION e f All other program service revenue g Total. Add lines 2a-2f		Business Code				
			900099	1,559,441,407	1,558,693,231	748,176	
			900099	18,321,491	18,321,491		
			900099	3,624,960	3,624,960		
			611710	642,632	642,632		
				0			
			0	0	0	0	
				1,582,030,490			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		12,168,754		-730	12,169,484
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
	6a	(i) Real	(ii) Personal				
		339,433					
		13,939					
		325,494	0				
	d	Net rental income or (loss)		325,494			325,494
	7a	(i) Securities	(ii) Other				
		3,973,739	2,533,038				
		3,973,739	2,533,038				
	d	Net gain or (loss)		6,506,777			6,506,777
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18		0			
	a						
	b						
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities See Part IV, line 19		0			
	a						
	b						
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances		578,416			
	a	1,343,794					
	b	765,378					
	c	Net income or (loss) from sales of inventory					
	Miscellaneous Revenue		Business Code				
	11a	CAFETERIA	722100	4,877,528			4,877,528
b	PHARMACY SERVICES	446110	3,846,866		3,225,807	621,059	
c	SERVICES SOLD	900099	705,965		63,893	642,072	
d	All other revenue		4,079,267	0	45,698	4,033,569	
e	Total. Add lines 11a-11d		13,509,626				
12	Total revenue. See Instructions		1,620,832,791	1,581,282,314	4,082,844	29,754,399	

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 Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	6,463,075	6,463,075		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	0			
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	465,596,855	372,477,484	93,119,371	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	25,476,602	20,381,282	5,095,320	
9	Other employee benefits	55,635,576	44,508,461	11,127,115	
10	Payroll taxes	32,312,875	25,850,300	6,462,575	
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	481,793		481,793	
c	Accounting	43,123		43,123	
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)	339,566,701	271,653,360	67,913,341	0
12	Advertising and promotion	5,558,617	4,841,602	717,015	
13	Office expenses	238,470,429	220,579,238	17,891,191	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	32,529,760	26,023,808	6,505,952	
17	Travel	2,394,490	1,915,592	478,898	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	822,543	658,034	164,509	
20	Interest	15,998,968	15,998,968		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	90,924,845	72,739,876	18,184,969	
23	Insurance	10,112,054	8,089,643	2,022,411	
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)				
a	BAD DEBTS	99,081,314	99,081,314		
b	STATE PROVIDER TAX	93,927,715	93,927,715		
c	REPAIRS AND MAINTENANCE	23,502,536	18,802,029	4,700,507	
d	DUES & SUBSCRIPTIONS	2,261,412	1,809,130	452,282	
e	All other expenses	1,868,825	1,477,760	391,065	0
25	Total functional expenses. Add lines 1 through 24e	1,543,030,108	1,307,278,671	235,751,437	0
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

Part X

Balance Sheet

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

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		62,455,198	1	40,511,908
	2	Savings and temporary cash investments		112,871	2	55,668
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		209,016,240	4	215,334,961
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.			5	0
	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.			6	0
	7	Notes and loans receivable, net		10,615,215	7	4,123,662
	8	Inventories for sale or use		28,474,709	8	31,488,600
	9	Prepaid expenses and deferred charges		5,480,036	9	4,472,590
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a1,653,800,272			
	b	Less: accumulated depreciation	10b645,228,609	1,014,042,525	10c	1,008,571,663
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11.		74,054,526	12	185,608,255
	13	Investments—program-related. See Part IV, line 11.		26,188,845	13	25,755,522
	14	Intangible assets		12,215,676	14	10,638,321
	15	Other assets. See Part IV, line 11.		155,411,656	15	156,317,294
	16	Total assets. Add lines 1 through 15 (must equal line 34).		1,598,067,497	16	1,682,878,444
Liabilities	17	Accounts payable and accrued expenses		150,791,460	17	173,549,101
	18	Grants payable			18	
	19	Deferred revenue		7,512,813	19	19,147,570
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.			22	0
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D.		262,483,485	25	246,517,532
	26	Total liabilities. Add lines 17 through 25.		420,787,758	26	439,214,203
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		1,177,259,518	27	1,243,644,020
	28	Temporarily restricted net assets		10,221	28	10,221
	29	Permanently restricted net assets		10,000	29	10,000
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		1,177,279,739	33	1,243,664,241
	34	Total liabilities and net assets/fund balances		1,598,067,497	34	1,682,878,444

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,620,832,791
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,543,030,108
3	Revenue less expenses Subtract line 2 from line 1	3	77,802,683
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,177,279,739
5	Net unrealized gains (losses) on investments	5	3,527,494
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	-14,945,675
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,243,664,241

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2012

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
CATHOLIC HEALTH INITIATIVES-COLORADO

Employer identification number
84-0405257

Part I

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Non-functionally integrated
- e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g

☐

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

(i)

A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii)

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

(iii)

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

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2011 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						▶
b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						▶
17a 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
b 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						▶

Part IIISupport 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 in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support tests—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 ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

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

Facts And Circumstances Test

Explanation

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

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

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

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

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

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

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

Name of the organization CATHOLIC HEALTH INITIATIVES-COLORADO	Employer identification number 84-0405257
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization’s direct and indirect political campaign activities in Part IV	
2	Political expenditures	▶ \$
3	Volunteer hours	

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

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If “Yes,” describe in Part IV	

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

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization’s funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

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

Part II-A

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

- A
- Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B
- Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 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 nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		63,929
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i.			63,929
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912.			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912.			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

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

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

Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) 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."

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

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, 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.	Schedule C, Part II-B, Line 1	THE ENTITY'S CONTROLLING ORGANIZATION, CATHOLIC HEALTH INITIATIVES, PAYS ANNUAL DUES TO THE AMERICAN HOSPITAL ASSOCIATION AND CATHOLIC HOSPITAL ASSOCIATION, A PORTION OF WHICH IS ALLOCATED TO LOBBYING. THE AMOUNT SHOWN IN LINE 1f REPRESENTS THIS ENTITY'S SHARE OF THE ALLOCATED LOBBYING EXPENSES. AMERICAN HOSPITAL ASSOCIATION \$12,344 CATHOLIC HEALTH ASSOCIATION \$4,789. ADDITIONALLY, CENTURA PAID ANNUAL DUES TO COLORADO HEALTH ASSOCIATION, A PORTION OF WHICH IS ALLOCATED TO LOBBYING. THE AMOUNT THAT REPRESENTS THIS ENTITY'S SHARE OF THE ALLOCATED LOBBYING EXPENSES IS AS FOLLOWS: COLORADO HEALTH ASSOCIATION \$46,796.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
CATHOLIC HEALTH INITIATIVES-COLORADO

Employer identification number
84-0405257

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	

Part II

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)☐ Preservation of an historically important land area☐ Protection of natural habitat☐ Preservation of a certified historic structure☐ Preservation of open space

2

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
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 ▶_____

4

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

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes☐ No

6

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

7

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

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes☐ No

9

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.

1a

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 service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

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

(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

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 52283D

Schedule D (Form 990) 2012

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance				
b	Contributions				
c	Net investment earnings, gains, and losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%

3a

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

Yes

No

4

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

Part VI

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		71,801,011		71,801,011
b Buildings	8,686,856	1,042,353,655	308,334,916	742,705,595
c Leasehold improvements				0
d Equipment	149,426	476,746,054	322,512,901	154,382,579
e Other		54,063,270	14,380,792	39,682,478
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,008,571,663

Schedule D (Form 990) 2012

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return					
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
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 XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return					
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
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	

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	CATHOLIC HEALTH INITIATIVES-COLORADO'S (CHIC) 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."

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization
CATHOLIC HEALTH INITIATIVES-COLORADO

Employer identification number
84-0405257

Part I

General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.
- 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
3a Sub-total					
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT			1,000,000	HOSPITAL EQUIPMENT	FMV

2

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶

1

3

Enter total number of other organizations or entities ▶

0

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

[illegible]

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☐

Yes

☒

No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*

☐

Yes

☒

No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*

☐

Yes

☒

No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*

☐

Yes

☒

No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*

☐

Yes

☒

No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).*

☐

Yes

☒

No

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

[illegible]

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
CATHOLIC HEALTH INITIATIVES-COLORADO

Employer identification number
84-0405257

Part I

Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No	
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	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 <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> 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 Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care <input checked="" type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ % b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ % c If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care 4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	3a	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	3b	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	4	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5a	Yes	
6a	Did the organization prepare a community benefit report during the tax year?	5b	Yes	
b	If "Yes," did the organization make it available to the public?	5c		No
	Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.	6a	Yes	
		6b	Yes	

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			64,671,606		64,671,606	4 480 %
b Medicaid (from Worksheet 3, column a)			63,833,796		63,833,796	4 420 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			5,291,560		5,291,560	0 370 %
d Total Financial Assistance and Means-Tested Government Programs	0	0	133,796,962	0	133,796,962	9 270 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			8,399,047		8,399,047	0 580 %
f Health professions education (from Worksheet 5)			10,315,449		10,315,449	0 710 %
g Subsidized health services (from Worksheet 6)			2,883,346		2,883,346	0 200 %
h Research (from Worksheet 7)			6,576		6,576	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			860,039		860,039	0 060 %
j Total. Other Benefits	0	0	22,464,457	0	22,464,457	1 550 %
k Total. Add lines 7d and 7j	0	0	156,261,419	0	156,261,419	10 820 %

Part II

Community Building Activities

Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing		16,323		16,323	0 %
2	Economic development				0	0 %
3	Community support		57,910		57,910	0 %
4	Environmental improvements				0	0 %
5	Leadership development and training for community members		6,884		6,884	0 %
6	Coalition building				0	0 %
7	Community health improvement advocacy		1,715		1,715	0 %
8	Workforce development				0	0 %
9	Other		61,357		61,357	0 %
10	Total	0	144,189	0	144,189	0 %

Part III

Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1

Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No. 15?

1

Yes

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.

2

99,081,314

3

Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance 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.

3

0

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.

Section B. Medicare

5

Enter total revenue received from Medicare (including DSH and IME).

5

417,668,323

6

Enter Medicare allowable costs of care relating to payments on line 5.

6

503,436,602

7

Subtract line 6 from line 5. This is the surplus (or shortfall).

7

-85,768,279

8

Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.

☐ Cost accounting system

☒ Cost to charge ratio

☐ Other

Section C. Collection Practices

9a

Did the organization have a written debt collection policy during the tax year?

9a

Yes

9b

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

9b

Yes

Part IV

Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 ORTHOCOLORADO LLC	HOSPITAL	60 %	0 %	40 %
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V

Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?
9

Name, address, and primary website address

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	ST ANTHONY HOSPITAL 11600 WEST 2ND PLACE LAKEWOOD, CO 80228	X	X		X			X			
2	PENROSE HOSPITAL 2222 N NEVADA AVE COLORADO SPRINGS, CO 80907	X	X		X	X	X	X		ICU & CCU, CANCER CENTER, IP REHAB	
3	ST MARY-CORWIN MEDICAL CENTER 1008 MINNEQUA AVE PUEBLO, CO 81004	X	X		X			X			
4	ST FRANCIS MEDICAL CENTER 6001 E WOODMAN RD COLORADO SPRINGS, CO 80923	X	X					X		BIRTH CENTER, NICU - IIIA, ICU	
5	ST ANTHONY NORTH HOSPITAL 2551 W 84TH AVE WESTMINSTER, CO 80031	X	X		X			X			
6	MERCY REGIONAL MEDICAL CENTER 1010 THREE SPRINGS BLVD DURANGO, CO 81301	X	X					X			
7	ORTHOCOLORADO HOSPITAL 11650 WEST 2ND PLACE LAKEWOOD, CO 80255	X	X					X			
8	ST THOMAS MORE HOSPITAL 1338 PHAY AVENUE CANON CITY, CO 81212	X	X					X			
9	ST ANTHONY SUMMIT MEDICAL CENTER 340 PEAK ONE DRIVE FRISCO, CO 80443	X	X					X			

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)

ST ANTHONY HOSPITAL

Name of hospital facility or facility reporting group

For single facility filers only: line Number of Hospital Facility (from Schedule H, Part V, Section A)

1

		Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning 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 If "Yes," indicate what the CHNA report describes (check all that apply)	1	Yes	
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility			
b <input checked="" type="checkbox"/> Demographics of the community			
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d <input checked="" type="checkbox"/> How data was obtained			
e <input checked="" type="checkbox"/> The health needs of the community			
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs			
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests			
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs			
j <input type="checkbox"/> Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>12</u>			
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	
5 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	5	Yes	
a <input checked="" type="checkbox"/> Hospital facility's website			
b <input checked="" type="checkbox"/> Available upon request from the hospital facility			
c <input type="checkbox"/> 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)			
a <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b <input checked="" type="checkbox"/> Execution of the implementation strategy			
c <input checked="" type="checkbox"/> Participation in the development of a community-wide plan			
d <input checked="" type="checkbox"/> Participation in the execution of a community-wide plan			
e <input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans			
f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA			
g <input checked="" type="checkbox"/> Prioritization of health needs in its community			
h <input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i <input type="checkbox"/> 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		No
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		No
b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b		
c 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 hospital facilities? \$_____			

Part V

Facility Information (continued)

Financial 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?		9	Yes
10 Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate the FPG family income limit for eligibility for free care <u>100</u> % If "No," explain in Part VI the criteria the hospital facility used		10	Yes
11 Used FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>400</u> % If "No," explain in Part VI the criteria the hospital facility used		11	Yes
12 Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)		12	Yes
a <input checked="" type="checkbox"/> Income level			
b <input checked="" type="checkbox"/> Asset level			
c <input checked="" type="checkbox"/> Medical indigency			
d <input checked="" type="checkbox"/> Insurance status			
e <input checked="" type="checkbox"/> Uninsured discount			
f <input checked="" type="checkbox"/> Medicaid/Medicare			
g <input type="checkbox"/> State regulation			
h <input type="checkbox"/> 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? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		14	Yes
a <input checked="" type="checkbox"/> The policy was posted on the hospital facility's website			
b <input type="checkbox"/> The policy was attached to billing invoices			
c <input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d <input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices			
e <input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility			
f <input checked="" type="checkbox"/> The policy was available upon request			
g <input type="checkbox"/> Other (describe in Part VI)			
Billing and Collections			
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			
a <input type="checkbox"/> Reporting to credit agency			
b <input type="checkbox"/> Lawsuits			
c <input type="checkbox"/> Liens on residences			
d <input type="checkbox"/> Body attachments			
e <input type="checkbox"/> 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? If "Yes," check all actions in which the hospital facility or a third party engaged		17	No
a <input type="checkbox"/> Reporting to credit agency			
b <input type="checkbox"/> Lawsuits			
c <input type="checkbox"/> Liens on residences			
d <input type="checkbox"/> Body attachments			
e <input type="checkbox"/> Other similar actions (describe in Part VI)			

Part V

Facility Information (continued)

- 18
- Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a

☐

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

☐

Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy
- e

☐

Other (describe in Part VI)

Policy 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? If "No," indicate why	Yes	
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Charges 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		
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input checked="" type="checkbox"/> 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? If "Yes," explain in Part VI		No
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? If "Yes," explain in Part VI		No

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)

PENROSE HOSPITAL

Name of hospital facility or facility reporting group

For single facility filers only: line Number of Hospital Facility (from Schedule H, Part V, Section A)

2

		Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning 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 If "Yes," indicate what the CHNA report describes (check all that apply)	1	Yes	
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility			
b <input checked="" type="checkbox"/> Demographics of the community			
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d <input checked="" type="checkbox"/> How data was obtained			
e <input checked="" type="checkbox"/> The health needs of the community			
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs			
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests			
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs			
j <input type="checkbox"/> Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>12</u>			
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	
5 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	5	Yes	
a <input checked="" type="checkbox"/> Hospital facility's website			
b <input checked="" type="checkbox"/> Available upon request from the hospital facility			
c <input type="checkbox"/> 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)			
a <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b <input checked="" type="checkbox"/> Execution of the implementation strategy			
c <input checked="" type="checkbox"/> Participation in the development of a community-wide plan			
d <input checked="" type="checkbox"/> Participation in the execution of a community-wide plan			
e <input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans			
f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA			
g <input checked="" type="checkbox"/> Prioritization of health needs in its community			
h <input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i <input type="checkbox"/> 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		No
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		No
b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b		
c 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 hospital facilities? \$_____			

Part V

Facility Information (continued)

Financial 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?		9	Yes
10 Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate the FPG family income limit for eligibility for free care <u>100</u> % If "No," explain in Part VI the criteria the hospital facility used		10	Yes
11 Used FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>400</u> % If "No," explain in Part VI the criteria the hospital facility used		11	Yes
12 Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)		12	Yes
a <input checked="" type="checkbox"/> Income level			
b <input checked="" type="checkbox"/> Asset level			
c <input checked="" type="checkbox"/> Medical indigency			
d <input checked="" type="checkbox"/> Insurance status			
e <input checked="" type="checkbox"/> Uninsured discount			
f <input checked="" type="checkbox"/> Medicaid/Medicare			
g <input type="checkbox"/> State regulation			
h <input type="checkbox"/> 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? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		14	Yes
a <input checked="" type="checkbox"/> The policy was posted on the hospital facility's website			
b <input type="checkbox"/> The policy was attached to billing invoices			
c <input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d <input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices			
e <input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility			
f <input checked="" type="checkbox"/> The policy was available upon request			
g <input type="checkbox"/> Other (describe in Part VI)			
Billing and Collections			
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			
a <input type="checkbox"/> Reporting to credit agency			
b <input type="checkbox"/> Lawsuits			
c <input type="checkbox"/> Liens on residences			
d <input type="checkbox"/> Body attachments			
e <input type="checkbox"/> 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? If "Yes," check all actions in which the hospital facility or a third party engaged		17	No
a <input type="checkbox"/> Reporting to credit agency			
b <input type="checkbox"/> Lawsuits			
c <input type="checkbox"/> Liens on residences			
d <input type="checkbox"/> Body attachments			
e <input type="checkbox"/> Other similar actions (describe in Part VI)			

Part V

Facility Information (continued)

- 18
- Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a

☐

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

☐

Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy
- e

☐

Other (describe in Part VI)

Policy 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? If "No," indicate why	Yes	
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Charges 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		
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input checked="" type="checkbox"/> 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? If "Yes," explain in Part VI		No
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? If "Yes," explain in Part VI		No

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)

ST MARY-CORWIN MEDICAL CENTER

Name of hospital facility or facility reporting group

For single facility filers only: line Number of Hospital Facility (from Schedule H, Part V, Section A)

3

	Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning 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 If "Yes," indicate what the CHNA report describes (check all that apply)	1 Yes	
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
2 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>12</u>		
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	No
5 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	5 Yes	
a <input checked="" type="checkbox"/> Hospital facility's website		
b <input checked="" type="checkbox"/> Available upon request from the hospital facility		
c <input type="checkbox"/> 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)		
a <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b <input checked="" type="checkbox"/> Execution of the implementation strategy		
c <input checked="" type="checkbox"/> Participation in the development of a community-wide plan		
d <input checked="" type="checkbox"/> Participation in the execution of a community-wide plan		
e <input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g <input checked="" type="checkbox"/> Prioritization of health needs in its community		
h <input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> 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	No
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	No
b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b	
c 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 hospital facilities? \$_____		

Part V

Facility Information (continued)

Financial 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?	9	Yes
10	Used federal poverty guidelines (FPG) to determine eligibility for providing free care? If "Yes," indicate the FPG family income limit for eligibility for free care 100% If "No," explain in Part VI the criteria the hospital facility used	10	Yes
11	Used FPG to determine eligibility for providing discounted care? If "Yes," indicate the FPG family income limit for eligibility for discounted care 400% If "No," explain in Part VI the criteria the hospital facility used	11	Yes
12	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)	12	Yes
a	<input checked="" type="checkbox"/> Income level		
b	<input checked="" type="checkbox"/> Asset level		
c	<input checked="" type="checkbox"/> Medical indigency		
d	<input checked="" type="checkbox"/> Insurance status		
e	<input checked="" type="checkbox"/> Uninsured discount		
f	<input checked="" type="checkbox"/> Medicaid/Medicare		
g	<input type="checkbox"/> State regulation		
h	<input type="checkbox"/> 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? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	14	Yes
a	<input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input type="checkbox"/> The policy was attached to billing invoices		
c	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available upon request		
g	<input type="checkbox"/> Other (describe in Part VI)		
Billing and Collections			
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		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> 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? If "Yes," check all actions in which the hospital facility or a third party engaged	17	No
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Part VI)		

Part V

Facility Information (continued)

- 18
- Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a

☐

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

☐

Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy
- e

☐

Other (describe in Part VI)

Policy 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? If "No," indicate why		
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Charges 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		
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input checked="" type="checkbox"/> 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? If "Yes," explain in Part VI		No
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? If "Yes," explain in Part VI		No

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)

ST FRANCIS MEDICAL CENTER

Name of hospital facility or facility reporting group

For single facility filers only: line Number of Hospital Facility (from Schedule H, Part V, Section A)

4

		Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning 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 If "Yes," indicate what the CHNA report describes (check all that apply)	1	Yes
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>12</u>		
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
5	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	5	Yes
a	<input checked="" type="checkbox"/> Hospital facility's website		
b	<input checked="" type="checkbox"/> Available upon request from the hospital facility		
c	<input type="checkbox"/> 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)		
a	<input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b	<input checked="" type="checkbox"/> Execution of the implementation strategy		
c	<input checked="" type="checkbox"/> Participation in the development of a community-wide plan		
d	<input checked="" type="checkbox"/> Participation in the execution of a community-wide plan		
e	<input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g	<input checked="" type="checkbox"/> Prioritization of health needs in its community		
h	<input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input type="checkbox"/> 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	No
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	No
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b	
c	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 hospital facilities? \$_____		

Part V

Facility Information (continued)

Financial 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?		9	Yes		
10 Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate the FPG family income limit for eligibility for free care <u>100</u> % If "No," explain in Part VI the criteria the hospital facility used		10	Yes		
11 Used FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>400</u> % If "No," explain in Part VI the criteria the hospital facility used		11	Yes		
12 Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)		12	Yes		
a <input checked="" type="checkbox"/> Income level					
b <input checked="" type="checkbox"/> Asset level					
c <input checked="" type="checkbox"/> Medical indigency					
d <input checked="" type="checkbox"/> Insurance status					
e <input checked="" type="checkbox"/> Uninsured discount					
f <input checked="" type="checkbox"/> Medicaid/Medicare					
g <input type="checkbox"/> State regulation					
h <input type="checkbox"/> 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? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		14	Yes		
a <input checked="" type="checkbox"/> The policy was posted on the hospital facility's website					
b <input type="checkbox"/> The policy was attached to billing invoices					
c <input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms					
d <input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices					
e <input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility					
f <input checked="" type="checkbox"/> The policy was available upon request					
g <input type="checkbox"/> Other (describe in Part VI)					
Billing and Collections					
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					
a <input type="checkbox"/> Reporting to credit agency					
b <input type="checkbox"/> Lawsuits					
c <input type="checkbox"/> Liens on residences					
d <input type="checkbox"/> Body attachments					
e <input type="checkbox"/> 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					
a <input type="checkbox"/> Reporting to credit agency					
b <input type="checkbox"/> Lawsuits					
c <input type="checkbox"/> Liens on residences					
d <input type="checkbox"/> Body attachments					
e <input type="checkbox"/> Other similar actions (describe in Part VI)					

Part V

Facility Information (continued)

- 18
- Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a

☐

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

☐

Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy
- e

☐

Other (describe in Part VI)

Policy 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? If "No," indicate why	Yes	
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Charges 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		
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input checked="" type="checkbox"/> 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? If "Yes," explain in Part VI		No
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? If "Yes," explain in Part VI		No

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)

ST ANTHONY NORTH HOSPITAL

Name of hospital facility or facility reporting group

For single facility filers only: line Number of Hospital Facility (from Schedule H, Part V, Section A)

5

		Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning 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 If "Yes," indicate what the CHNA report describes (check all that apply) a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility b <input checked="" type="checkbox"/> Demographics of the community c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community d <input checked="" type="checkbox"/> How data was obtained e <input checked="" type="checkbox"/> The health needs of the community f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs j <input type="checkbox"/> Other (describe in Part VI) 2 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>12</u> 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 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 5 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply) a <input checked="" type="checkbox"/> Hospital facility's website b <input checked="" type="checkbox"/> Available upon request from the hospital facility c <input type="checkbox"/> 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) a <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA b <input checked="" type="checkbox"/> Execution of the implementation strategy c <input checked="" type="checkbox"/> Participation in the development of a community-wide plan d <input checked="" type="checkbox"/> Participation in the execution of a community-wide plan e <input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA g <input checked="" type="checkbox"/> Prioritization of health needs in its community h <input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community i <input type="checkbox"/> 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 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)? b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax? c 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 hospital facilities? \$_____	1	Yes	
	3	Yes	
	4		No
	5	Yes	
	7		No
	8a		No
	8b		

Part V

Facility Information (continued)

Financial 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?		9	Yes		
10 Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate the FPG family income limit for eligibility for free care <u>100</u> % If "No," explain in Part VI the criteria the hospital facility used		10	Yes		
11 Used FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>400</u> % If "No," explain in Part VI the criteria the hospital facility used		11	Yes		
12 Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)		12	Yes		
a <input checked="" type="checkbox"/> Income level					
b <input checked="" type="checkbox"/> Asset level					
c <input checked="" type="checkbox"/> Medical indigency					
d <input checked="" type="checkbox"/> Insurance status					
e <input checked="" type="checkbox"/> Uninsured discount					
f <input checked="" type="checkbox"/> Medicaid/Medicare					
g <input type="checkbox"/> State regulation					
h <input type="checkbox"/> 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? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		14	Yes		
a <input checked="" type="checkbox"/> The policy was posted on the hospital facility's website					
b <input type="checkbox"/> The policy was attached to billing invoices					
c <input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms					
d <input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices					
e <input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility					
f <input checked="" type="checkbox"/> The policy was available upon request					
g <input type="checkbox"/> Other (describe in Part VI)					
Billing and Collections					
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					
a <input type="checkbox"/> Reporting to credit agency					
b <input type="checkbox"/> Lawsuits					
c <input type="checkbox"/> Liens on residences					
d <input type="checkbox"/> Body attachments					
e <input type="checkbox"/> 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					
a <input type="checkbox"/> Reporting to credit agency					
b <input type="checkbox"/> Lawsuits					
c <input type="checkbox"/> Liens on residences					
d <input type="checkbox"/> Body attachments					
e <input type="checkbox"/> Other similar actions (describe in Part VI)					

Part V

Facility Information (continued)

- 18
- Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a

☐

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

☐

Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy
- e

☐

Other (describe in Part VI)

Policy 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?	Yes	
	If "No," indicate why		
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Charges 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		
	a <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
	b <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
	c <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
	d <input checked="" type="checkbox"/> 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?		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?		No
	If "Yes," explain in Part VI		

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

MERCY REGIONAL MEDICAL CENTER

Name of hospital facility or facility reporting group

For single facility filers only: line Number of Hospital Facility (from Schedule H, Part V, Section A)

6

		Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning 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 If "Yes," indicate what the CHNA report describes (check all that apply)	1	Yes	
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility			
b <input checked="" type="checkbox"/> Demographics of the community			
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d <input checked="" type="checkbox"/> How data was obtained			
e <input checked="" type="checkbox"/> The health needs of the community			
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs			
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests			
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs			
j <input type="checkbox"/> Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>12</u>			
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	
5 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	5	Yes	
a <input checked="" type="checkbox"/> Hospital facility's website			
b <input checked="" type="checkbox"/> Available upon request from the hospital facility			
c <input type="checkbox"/> 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)			
a <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b <input checked="" type="checkbox"/> Execution of the implementation strategy			
c <input checked="" type="checkbox"/> Participation in the development of a community-wide plan			
d <input checked="" type="checkbox"/> Participation in the execution of a community-wide plan			
e <input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans			
f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA			
g <input checked="" type="checkbox"/> Prioritization of health needs in its community			
h <input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i <input type="checkbox"/> 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		No
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		No
b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b		
c 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 hospital facilities? \$_____			

Part V

Facility Information (continued)

Financial 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?	9	Yes
10	Used federal poverty guidelines (FPG) to determine eligibility for providing free care? If "Yes," indicate the FPG family income limit for eligibility for free care 100% If "No," explain in Part VI the criteria the hospital facility used	10	Yes
11	Used FPG to determine eligibility for providing discounted care? If "Yes," indicate the FPG family income limit for eligibility for discounted care 400% If "No," explain in Part VI the criteria the hospital facility used	11	Yes
12	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)	12	Yes
a <input checked="" type="checkbox"/> Income level			
b <input checked="" type="checkbox"/> Asset level			
c <input checked="" type="checkbox"/> Medical indigency			
d <input checked="" type="checkbox"/> Insurance status			
e <input checked="" type="checkbox"/> Uninsured discount			
f <input checked="" type="checkbox"/> Medicaid/Medicare			
g <input type="checkbox"/> State regulation			
h <input type="checkbox"/> 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? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	14	Yes
a <input checked="" type="checkbox"/> The policy was posted on the hospital facility's website			
b <input type="checkbox"/> The policy was attached to billing invoices			
c <input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d <input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices			
e <input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility			
f <input checked="" type="checkbox"/> The policy was available upon request			
g <input type="checkbox"/> Other (describe in Part VI)			
Billing and Collections			
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		
a <input type="checkbox"/> Reporting to credit agency			
b <input type="checkbox"/> Lawsuits			
c <input type="checkbox"/> Liens on residences			
d <input type="checkbox"/> Body attachments			
e <input type="checkbox"/> 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? If "Yes," check all actions in which the hospital facility or a third party engaged	17	No
a <input type="checkbox"/> Reporting to credit agency			
b <input type="checkbox"/> Lawsuits			
c <input type="checkbox"/> Liens on residences			
d <input type="checkbox"/> Body attachments			
e <input type="checkbox"/> Other similar actions (describe in Part VI)			

Part V

Facility Information (continued)

- 18
- Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a

☐

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

☐

Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy
- e

☐

Other (describe in Part VI)

Policy 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? If "No," indicate why	Yes	
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Charges 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		
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input checked="" type="checkbox"/> 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? If "Yes," explain in Part VI		No
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? If "Yes," explain in Part VI		No

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)

ORTHOCOLORADO HOSPITAL

Name of hospital facility or facility reporting group

For single facility filers only: line Number of Hospital Facility (from Schedule H, Part V, Section A)

7

		Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning 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 If "Yes," indicate what the CHNA report describes (check all that apply)	1	Yes	
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility			
b <input checked="" type="checkbox"/> Demographics of the community			
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d <input checked="" type="checkbox"/> How data was obtained			
e <input checked="" type="checkbox"/> The health needs of the community			
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs			
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests			
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs			
j <input type="checkbox"/> Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>12</u>			
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	
5 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	5	Yes	
a <input checked="" type="checkbox"/> Hospital facility's website			
b <input checked="" type="checkbox"/> Available upon request from the hospital facility			
c <input type="checkbox"/> 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)			
a <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b <input checked="" type="checkbox"/> Execution of the implementation strategy			
c <input checked="" type="checkbox"/> Participation in the development of a community-wide plan			
d <input checked="" type="checkbox"/> Participation in the execution of a community-wide plan			
e <input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans			
f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA			
g <input checked="" type="checkbox"/> Prioritization of health needs in its community			
h <input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i <input type="checkbox"/> 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		No
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		No
b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b		
c 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 hospital facilities? \$_____			

Part V

Facility Information (continued)

Financial 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?		9	Yes		
10 Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate the FPG family income limit for eligibility for free care <u>100</u> % If "No," explain in Part VI the criteria the hospital facility used		10	Yes		
11 Used FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>400</u> % If "No," explain in Part VI the criteria the hospital facility used		11	Yes		
12 Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)		12	Yes		
a <input checked="" type="checkbox"/> Income level					
b <input checked="" type="checkbox"/> Asset level					
c <input checked="" type="checkbox"/> Medical indigency					
d <input checked="" type="checkbox"/> Insurance status					
e <input checked="" type="checkbox"/> Uninsured discount					
f <input checked="" type="checkbox"/> Medicaid/Medicare					
g <input type="checkbox"/> State regulation					
h <input type="checkbox"/> 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? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		14	Yes		
a <input type="checkbox"/> The policy was posted on the hospital facility's website					
b <input type="checkbox"/> The policy was attached to billing invoices					
c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms					
d <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices					
e <input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility					
f <input checked="" type="checkbox"/> The policy was available upon request					
g <input type="checkbox"/> Other (describe in Part VI)					
Billing and Collections					
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					
a <input type="checkbox"/> Reporting to credit agency					
b <input type="checkbox"/> Lawsuits					
c <input type="checkbox"/> Liens on residences					
d <input type="checkbox"/> Body attachments					
e <input type="checkbox"/> 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					
a <input type="checkbox"/> Reporting to credit agency					
b <input type="checkbox"/> Lawsuits					
c <input type="checkbox"/> Liens on residences					
d <input type="checkbox"/> Body attachments					
e <input type="checkbox"/> Other similar actions (describe in Part VI)					

Part V

Facility Information (continued)

- 18
- Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a

☐

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

☐

Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy
- e

☐

Other (describe in Part VI)

Policy 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?	Yes	
	If "No," indicate why		
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Charges 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		
	a <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
	b <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
	c <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
	d <input checked="" type="checkbox"/> 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?		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?		No
	If "Yes," explain in Part VI		

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

ST THOMAS MORE HOSPITAL

Name of hospital facility or facility reporting group

For single facility filers only: line Number of Hospital Facility (from Schedule H, Part V, Section A)

8

		Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning 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 If "Yes," indicate what the CHNA report describes (check all that apply)	1	Yes
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>12</u>		
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	No
5	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	5	Yes
a	<input checked="" type="checkbox"/> Hospital facility's website		
b	<input checked="" type="checkbox"/> Available upon request from the hospital facility		
c	<input type="checkbox"/> 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)		
a	<input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b	<input checked="" type="checkbox"/> Execution of the implementation strategy		
c	<input checked="" type="checkbox"/> Participation in the development of a community-wide plan		
d	<input checked="" type="checkbox"/> Participation in the execution of a community-wide plan		
e	<input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g	<input checked="" type="checkbox"/> Prioritization of health needs in its community		
h	<input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input type="checkbox"/> 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	No
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	No
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b	
c	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 hospital facilities? \$_____		

Part V

Facility Information (continued)

Financial 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?		9	Yes		
10 Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate the FPG family income limit for eligibility for free care <u>100</u> % If "No," explain in Part VI the criteria the hospital facility used		10	Yes		
11 Used FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>400</u> % If "No," explain in Part VI the criteria the hospital facility used		11	Yes		
12 Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)		12	Yes		
a <input checked="" type="checkbox"/> Income level					
b <input checked="" type="checkbox"/> Asset level					
c <input checked="" type="checkbox"/> Medical indigency					
d <input checked="" type="checkbox"/> Insurance status					
e <input checked="" type="checkbox"/> Uninsured discount					
f <input checked="" type="checkbox"/> Medicaid/Medicare					
g <input type="checkbox"/> State regulation					
h <input type="checkbox"/> 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? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		14	Yes		
a <input checked="" type="checkbox"/> The policy was posted on the hospital facility's website					
b <input type="checkbox"/> The policy was attached to billing invoices					
c <input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms					
d <input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices					
e <input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility					
f <input checked="" type="checkbox"/> The policy was available upon request					
g <input type="checkbox"/> Other (describe in Part VI)					
Billing and Collections					
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					
a <input type="checkbox"/> Reporting to credit agency					
b <input type="checkbox"/> Lawsuits					
c <input type="checkbox"/> Liens on residences					
d <input type="checkbox"/> Body attachments					
e <input type="checkbox"/> 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					
a <input type="checkbox"/> Reporting to credit agency					
b <input type="checkbox"/> Lawsuits					
c <input type="checkbox"/> Liens on residences					
d <input type="checkbox"/> Body attachments					
e <input type="checkbox"/> Other similar actions (describe in Part VI)					

Part V

Facility Information (continued)

- 18
- Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a

☐

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

☐

Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy
- e

☐

Other (describe in Part VI)

Policy 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?	Yes	
	If "No," indicate why		
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Charges 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		
	a <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
	b <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
	c <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
	d <input checked="" type="checkbox"/> 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?		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?		No
	If "Yes," explain in Part VI		

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

ST ANTHONY SUMMIT MEDICAL CENTER

Name of hospital facility or facility reporting group

For single facility filers only: line Number of Hospital Facility (from Schedule H, Part V, Section A)

9

		Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning 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 If "Yes," indicate what the CHNA report describes (check all that apply) a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility b <input checked="" type="checkbox"/> Demographics of the community c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community d <input checked="" type="checkbox"/> How data was obtained e <input checked="" type="checkbox"/> The health needs of the community f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs j <input type="checkbox"/> Other (describe in Part VI)	1	Yes	
2 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>12</u>			
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		No
5 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply) a <input checked="" type="checkbox"/> Hospital facility's website b <input checked="" type="checkbox"/> Available upon request from the hospital facility c <input type="checkbox"/> Other (describe in Part VI)	5	Yes	
6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply to date) a <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA b <input checked="" type="checkbox"/> Execution of the implementation strategy c <input checked="" type="checkbox"/> Participation in the development of a community-wide plan d <input checked="" type="checkbox"/> Participation in the execution of a community-wide plan e <input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA g <input checked="" type="checkbox"/> Prioritization of health needs in its community h <input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community i <input type="checkbox"/> 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		No
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		No
b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b		
c 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 hospital facilities? \$_____			

Part V

Facility Information (continued)

Financial 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?		9	Yes
10 Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate the FPG family income limit for eligibility for free care <u>100</u> % If "No," explain in Part VI the criteria the hospital facility used		10	Yes
11 Used FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>400</u> % If "No," explain in Part VI the criteria the hospital facility used		11	Yes
12 Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)		12	Yes
a <input checked="" type="checkbox"/> Income level			
b <input checked="" type="checkbox"/> Asset level			
c <input checked="" type="checkbox"/> Medical indigency			
d <input checked="" type="checkbox"/> Insurance status			
e <input checked="" type="checkbox"/> Uninsured discount			
f <input checked="" type="checkbox"/> Medicaid/Medicare			
g <input type="checkbox"/> State regulation			
h <input type="checkbox"/> 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? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		14	Yes
a <input checked="" type="checkbox"/> The policy was posted on the hospital facility's website			
b <input type="checkbox"/> The policy was attached to billing invoices			
c <input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d <input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices			
e <input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility			
f <input checked="" type="checkbox"/> The policy was available upon request			
g <input type="checkbox"/> Other (describe in Part VI)			
Billing and Collections			
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			
a <input type="checkbox"/> Reporting to credit agency			
b <input type="checkbox"/> Lawsuits			
c <input type="checkbox"/> Liens on residences			
d <input type="checkbox"/> Body attachments			
e <input type="checkbox"/> 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? If "Yes," check all actions in which the hospital facility or a third party engaged		17	No
a <input type="checkbox"/> Reporting to credit agency			
b <input type="checkbox"/> Lawsuits			
c <input type="checkbox"/> Liens on residences			
d <input type="checkbox"/> Body attachments			
e <input type="checkbox"/> Other similar actions (describe in Part VI)			

Part V

Facility Information (continued)

- 18
- Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a

☐

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

☐

Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy
- e

☐

Other (describe in Part VI)

Policy 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? If "No," indicate why	Yes	
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Charges 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		
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input checked="" type="checkbox"/> 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? If "Yes," explain in Part VI		No
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? If "Yes," explain in Part VI		No

Part V

Facility Information (continued)

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 many non-hospital health care facilities did the organization operate during the tax year?

68

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

Part VI Supplemental Information

Complete this part to provide the following information

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, 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
- 5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report
- 8 **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 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22

Identifier	ReturnReference	Explanation
ELIGIBILITY CRITERIA FOR FREE OR DISCOUNTED CARE	SCHEDULE H, PART I, LINE 3C	CHI COLORADO HAS AN ESTABLISHED CHARITY CARE POLICY BASED ON THE FEDERAL POVERTY LEVEL CHARITY IS PROVIDED TO PATIENTS BASED ON A SLIDING SCALE THAT CONSIDERS THE PATIENT'S FAMILY SIZE AND INCOME LEVEL THE CHARITY PROVIDED RANGES FROM 100% OF THE PATIENT'S BILL FOR INDIVIDUALS WHOSE HOUSEHOLD INCOME IS AT 100% OR LESS OF THE FEDERAL POVERTY LEVEL, TO A 60% DEDUCTION FOR INDIVIDUALS WHOSE INCOME IS AT 400% OF THE FEDERAL POVERTY LEVEL CHI COLORADO TAKES INTO ACCOUNT SPECIFIC FACTS AND CIRCUMSTANCES IN GRANTING CHARITY IN SITUATIONS SUCH AS A CATASTROPHIC ILLNESS WHERE THE PATIENT DOES NOT HAVE LIQUID ASSETS
COMMUNITY BENEFIT REPORT INCLUDED IN ANOTHER ORGANIZATION'S REPORT	SCHEDULE H, PART I, LINE 6A	CHI COLORADO IS OPERATED BY CENTURA HEALTH CORPORATION (CHC) CHC PREPARES ITS OWN WRITTEN COMMUNITY BENEFIT REPORT WHICH INCLUDES THE ACTIVITIES OF CHI COLORADO AND OTHER ENTITIES MANAGED BY CHC THE ANNUAL REPORT IS PUBLISHED ON CENTURA'S WEBSITE AND AVAILABLE TO ANYONE INTERESTED

Identifier	ReturnReference	Explanation
Costing Methodology used to calculate financial assistance	Schedule H, Part I, Line 7	CHI COLORADO DOES NOT USE A COST ACCOUNTING SYSTEM TO DETERMINE THE COST OF CHARITY CARE PROVIDED THE ESTIMATED COST OF CARE IS CALCULATED BY APPLYING THE RATIO OF EACH FACILITY'S TOTAL EXPENSES TO TOTAL GROSS REVENUE WORKSHEET 2 WAS NOT USED TO DEVELOP THE COST TO CHARGE RATIO
Bad Debt Expense excluded from financial assistance calculation	Schedule H, Part I, Line 7, column(f)	99,081,314

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	CHI COLORADO USES THE OVERALL COST TO GROSS CHARGE RATIO APPLICABLE TO EACH FACILITY TO DETERMINE THE COSTS IN PART III LINES 2 AND 3 CHI COLORADO AUTOMATICALLY DISCOUNTS ALL SELF PAY PATIENT ACCOUNTS BY 30% AND ALSO OFFERS A PROMPT PAY DISCOUNT THIS ALLOWANCE IS NOT INCLUDED IN THE CALCULATION OF THE COST OF BAD DEBTS IN INSTANCES WHERE A PATIENT DOES NOT PAY HIS OR HER BILL

Identifier	ReturnReference	Explanation
Bad debt expense - methodology used to estimate amount as community benefit	Schedule H, Part III, Line 3	CHIC DOES NOT INCLUDE ANY PORTION OF BAD DEBT AS COMMUNITY BENEFIT
Bad debt expense - financial statement footnote	Schedule H, Part III, Line 4	CHI COLORADO DOES NOT ISSUE SEPARATE AUDITED FINANCIAL STATEMENTS SO THERE IS NO FOOTNOTE DESCRIBING ITS BAD DEBT EXPENSE. BAD DEBT EXPENSE IS REPORTED ON CHI COLORADO'S INTERNAL FINANCIAL STATEMENTS AS A REDUCTION TO PATIENT REVENUE. THE AMOUNT REPORTED IS BASED ON THE AMOUNT DEEMED TO NOT BE COLLECTIBLE BY PATIENTS WHO HAVE THE ABILITY TO PAY. 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
Community benefit & methodology for determining medicare costs	Schedule H, Part III, Line 8	COST FOR EACH HOSPITAL'S COST REPORT IS PULLED FROM YEAR END TRIAL BALANCES THE COST IS THEN EVALUATED AND ALL NON-ALLOWABLE COST IS REMOVED VIA ADJUSTMENTS THE REMAINING ALLOWABLE COST IS THEN ALLOCATED TO APPROPRIATE PATIENT CARE AND NON-PATIENT CARE COST CENTERS BASED ON MEDICARE ALLOCATION PRINCIPLES CHI COLORADO DOES NOT TREAT MEDICARE SHORTFALLS AS COMMUNITY BENEFIT CHI COLORADO'S POSITION IS CONSISTENT WITH THAT OF CHI, ITS SPONSOR MEDICARE IS NOT A DIFFERENTIATING FEATURE OF TAX-EXEMPT HEALTH CARE ORGANIZATIONS AND FOR-PROFIT HOSPITALS TREAT, AND ATTEMPT TO ATTRACT, MEDICARE BENEFICIARIES
Collection practices for patients eligible for financial assistance	Schedule H, Part III, Line 9b	CHI COLORADO'S DEBT COLLECTION POLICY PROVIDES FOR THE PERFORMANCE OF A REASONABLE REVIEW OF EACH PATIENT'S ACCOUNT PRIOR TO TURNING AN ACCOUNT OVER TO A THIRD-PARTY COLLECTION AGENT AND PRIOR TO INSTITUTING ANY LEGAL ACTION FOR NON-PAYMENT THE REVIEW OF PATIENT ACCOUNTS IS DONE TO ASSURE THAT THE PATIENT OR THEIR GUARANTOR IS NOT ELIGIBLE FOR ASSISTANCE THROUGH CHI COLORADO'S CHARITY CARE POLICY, UNINSURED DISCOUNT POLICY OR ANOTHER FINANCIAL ASSISTANCE PROGRAM (I E MEDICAID) CHI COLORADO REQUIRES THE FOLLOWING OF ITS THIRD-PARTY COLLECTION AGENCIES * NEITHER CHI COLORADO HOSPITALS OR THEIR COLLECTION AGENCIES WILL REQUEST BENCH OR ARREST WARRANTS AS A RESULT OF NON-PAYMENT, * NEITHER CHI COLORADO HOSPITALS OR THEIR COLLECTION AGENCIES WILL SEEK LIENS THAT WOULD REQUIRE THE SALE OR FORECLOSURE OF A PRIMARY RESIDENCE, AND * NO CHI COLORADO COLLECTION AGENCY MAY SEEK COURT ACTION WITHOUT HOSPITAL APPROVAL

Identifier	ReturnReference	Explanation
COMMUNITY SERVED BY NEEDS ASSESSMENT - ST MARY-CORWIN MEDICAL CENTER	SCHEDULE H, PART V, SECTION B, LINE 3	COMMUNITY MEMBERS WERE INTERVIEWED FOR THEIR PERSPECTIVES ON THE PREDOMINANT HEALTH ISSUES IN THEIR COMMUNITIES THEY WERE INTERVIEWED IN EITHER A ONE-ON-ONE INTERVIEW FORMAT, FOCUS GROUP, OR AS PART OF A COMMITTEE DATA WAS COLLECTED OVER THE PERIOD FROM MARCH TO APRIL 2012 THREE HUNDRED AND EIGHTY-TWO (382) COMMUNITY RESIDENTS, ALL PATIENTS OF ST MARY-CORWIN MEDICAL CENTER OR PATIENTS OF TOUCHSTONE HEALTH, AN AFFILIATED PRIMARY CARE CLINIC OF ST MARY-CORWIN, FILLED OUT A HEALTH ISSUE RANKING SURVEY EILEEN AIRE, ASSOCIATE DIRECTOR, AND ERIKA HENRY, RESEARCH ASSISTANT FOR THE CENTER FOR HEALTH ADMINISTRATION AT THE UNIVERSITY OF COLORADO-DENVER BUSINESS SCHOOL AND HEALTH SCIENCE CENTER, COMPILED RESULTS OF THE SURVEY AND VERIFIED THE VALIDITY AND RELEVANCE OF THE SURVEY RESULTS TWO INDIVIDUALS WITH SPECIFIC KNOWLEDGE ABOUT THE COMMUNITY NEEDS INCLUDE * CHRISTINE NEVIN-WOODS, DO, MPH, BOARD CERTIFIED IN PREVENTIVE AND FAMILY MEDICINE, PUBLIC HEALTH DIRECTOR AT PUEBLO CITY-COUNTY HEALTH DEPARTMENT, OFFERED HER SPECIALIZED EXPERTISE IN PUBLIC HEALTH TO THE EFFORT OF COLLECTING, COMPILING AND INTERPRETING DATA * SANDY GUTIERREZ, EXECUTIVE DIRECTOR OF THE LATINO CHAMBER OF COMMERCE AND MEMBER OF THE BOARD OF TRUSTEES AT ST MARY-CORWIN, OFFERED HER EXPERTISE RELATING TO THE MEDICALLY UNDERSERVED, LOW-INCOME AND MINORITY POPULATIONS OF PUEBLO ST MARY-CORWIN MEDICAL CENTER DEVELOPED A COMMUNITY HEALTH NEEDS ASSESSMENT RANKING QUESTIONNAIRE TO COLLECT ADDITIONAL DATA THOSE SURVEYED WERE ASKED TO RANK 34 HEALTH ISSUES USING A SCALE OF 1 TO 5, WITH 1 MEANING "NOT A CRITICAL ISSUE" AND 5 MEANING A "VERY CRITICAL ISSUE " THE QUESTIONNAIRES WERE DISSEMINATED TO A VARIETY OF INTERNAL AND COMMUNITY GROUPS DATA WAS COLLECTED IN MARCH AND APRIL OF 2012 THE GOAL WAS TO REACH THE BROADEST NUMBER OF CONSTITUENTS POSSIBLE IN PUEBLO COUNTY THE QUESTIONNAIRES WERE TARGETED TO REACH SPECIFIC CONSTITUENT GROUPS INCLUDING, UNDER OR UNINSURED, FAITH-BASED, BUSINESS, NON-PROFIT COMMUNITY ORGANIZATIONS, SENIORS, STUDENTS, PRIMARY CARE PHYSICIANS, FIRST RESPONDERS, AND HOSPITAL LEADERSHIP, INCLUDING COMMUNITY BOARD MEMBERS SURVEYS WERE DISTRIBUTED TO INDIVIDUALS THROUGH THE FOLLOWING ORGANIZATIONS * SOUTHERN COLORADO FAMILY MEDICINE CLINIC * TOUCHSTONE HEALTH * PUEBLO COUNTY UNITED WAY * GREATER PUEBLO CHAMBER OF COMMERCE * CENTURA HEALTH AT HOME * LONG TERM CARE OMBUDSMAN * SENIOR RESOURCE DEVELOPMENT AGENCY * ST MARY-CORWIN MEDICAL CENTER EMPLOYED PHYSICIAN GROUP * COLORADO STATE UNIVERSITY (PUEBLO) SOCIAL WORK STUDENTS * WILZ TRAUMA SYMPOSIUM * DIOCESE OF PUEBLO FINANCE COUNCIL * ST MARY-CORWIN MEDICAL CENTER COMMUNITY BOARD * PUEBLO STEP-UP * PATIENT FAMILY ADVISORY COUNCIL AT ST MARY-CORWIN MEDICAL CENTER * DIABETES EDUCATION CLASSES AT ST MARY-CORWIN MEDICAL CENTER * CATHOLIC CHARITIES FAMILY OUTREACH
COMMUNITY SERVED BY NEEDS ASSESSMENT - ST THOMAS MORE HOSPITAL	SCHEDULE H, PART V, SECTION B, LINE 3	COMMUNITY LEADER INTERVIEWS CARLA DIONNE, DIRECTOR, FREMONT COUNTY PUBLIC HEALTH JAMES BERG, COLORADO MEDICAL ASSISTANCE PROGRAM, STATE OF COLORADO ST THOMAS MORE HOSPITAL DEVELOPED A HEALTH NEEDS RANKING QUESTIONNAIRE THOSE SURVEYED WERE ASKED TO RANK 34 HEALTH ISSUES USING A SCALE OF 1 TO 5, WITH 1 MEANING "NOT A CRITICAL ISSUE" AND 5 MEANING A "VERY CRITICAL ISSUE " THE QUESTIONNAIRES WERE DISSEMINATED TO A VARIETY OF INTERNAL AND COMMUNITY GROUPS THE GOAL WAS TO REACH THE BROADEST NUMBER OF CONSTITUENTS POSSIBLE SURVEYS WERE DISTRIBUTED TO INDIVIDUALS BETWEEN JANUARY 2012 AND MAY 2012 THROUGH THE FOLLOWING ORGANIZATIONS * ROTARY CLUB * NOON LIONS * LONG TERM CARE ADMINISTRATIVE TEAMS * 9 HEALTH FAIR PARTICIPANTS * PHYSICIAN OFFICE MANAGERS * PHYSICIANS * ST THOMAS MORE HOSPITAL MEDICAL EXECUTIVE COMMITTEE * ST THOMAS MORE HOSPITAL DEPARTMENT OF SURGERY * ST THOMAS MORE HOSPITAL COMMUNITY BOARD * ST THOMAS MORE HOSPITAL MANAGEMENT TEAM

Identifier	ReturnReference	Explanation
COMMUNITY SERVED BY NEEDS ASSESSMENT - MERCY REGIONAL MEDICAL CENTER	SCHEDULE H, PART V, SECTION B, LINE 3	DATA WAS COLLECTED FROM A SERIES OF TWO COMMUNITY STAKEHOLDER MEETINGS IN EACH COUNTY DURING JANUARY 2012-APRIL 2012 TWO MEETINGS EACH IN LA PLATA COUNTY AND ARCHULETA COUNTY WERE WELL PUBLICIZED THROUGH NEWSPAPER NOTICES, INDIVIDUAL MAILINGS, AND PERSONAL CONTACTS ATTENDEES INCLUDED A BROAD CROSS-SECTION OF THE PUBLIC INCLUDING LOCAL AND REGIONAL PUBLIC HEALTH REPRESENTATIVES, SOUTHERN UTE INDIAN HEALTH AND COMMUNITY ACTION PROGRAM, A VARIETY OF LOW-INCOME CONSUMER ADVOCATES, NON-PROFIT ORGANIZATIONS, ACADEMIC EXPERTS, LOCAL GOVERNMENT OFFICIALS, COMMUNITY-BASED ORGANIZATIONS SUCH AS CITIZENS HEALTHCARE ALLIANCE, AND HEALTH CARE PROVIDERS INCLUDING THOSE FOCUSING ON PATIENTS WITH CHRONIC DISEASE AND PRIVATE BUSINESSES STAKEHOLDERS INCLUDE THE FOLLOWING TONI ABBEY, SOUTHWEST ONCOLOGY & BLUEPRINTS OF HOPE, SURVIVORSHIP NURSE NAVIGATOR & FOUNDER ED ABER, LPCO SO, LT JIM ABRAMONITZ, DENTIST PATTIE ADLER, SAN JUAN BASIN HEALTH DEPARTMENT MICHELLE APPENZELLER, MERCY HOSPICE HOMECARE & PALLIATIVE CARE, DIRECTOR ANGELA ATKINSON, EARLY CHILDHOOD REVIVAL BARBARA BACON, ALPINE HOME HEALTH, DIRECTOR MARIANNE BALL, CCC, RN ENID BRODSKY, LEAGUE OF WOMEN VOTERS, RACHEL CAMER, LA PLATA FAMILY CENTERS COALITION, ED ANN CAMP, CITY OF DURANGO PARKS & RECREATION, FACILITY SUPERVISOR, DURANGO REC CENTER BOB COX, COMMUNITY, MD TRACY DAVIS, SAN JUAN BASIN HEALTH DEPARTMENT, NURSE NAVIGATOR DEANNE DEVENEUX, RPD JULIE DREYFUSS, CCI, CEO VALERIE DYAR, MEDICAL RESERVE CORPS AND COMMUNITY RN, VOLUNTEER RN WANDA ELLINGSON, UNIVERSITY OF DENVER, SOCIAL WORK PROFESSOR NORA FLUCKE, SOUTHWEST CO COMMUNITY COLLEGE, DEPARTMENT COORDINATOR JAYNEE FONTECCHIO, CITIZENS HEALTH ADVISORY COUNCIL, RN PATSY FORD, SAN JUAN BASIN HEALTH DEPARTMENT KAREN FOREST, SAN JUAN BASIN HEALTH DEPARTMENT- PROMOViendo LA SALUD, RN RICHARD GROSSMAN BERN HEATH, AXIS HEALTH, CEO CHRISTINE IMMING, UNITED WAY, FINANCE DIRECTOR MARTHA JOHNSON, LA PLATA COUNTY HUMAN SERVICES, ASSISTANT DIRECTOR HELEN JOLINE, SAN JUAN BASIN HEALTH DEPARTMENT, NURSE NAVIGATOR JOSH JOSWICK, SAN JUAN CITIZENS ALLIANCE KAREN KELLEY, PERSONAL ASSISTANCE SERVICES OF COLORADO/SW , BRANCH MANAGER ROSEANA KUTZSES, SAN JUAN BASIN HEALTH DEPARTMENT, LASSO TOBACCO PROGRAM COORDINATION WILL LACEY, SAN JUAN BASIN DENTAL SOCIETY, PRESIDENT BOB LEDGER, SAN JUAN BASIN HEALTH DEPARTMENT, BOARD PRESIDENT PAUL LEE, OSTEOPATHIC CENTER, PHYSICIAN LAUREN LOFTIS, LA PLATA FAMILY MED, PHYSICIAN JANE LOONEY, SAN JUAN BASIN HEALTH DEPARTMENT, COMMUNICATIONS DIRECTOR JENN LOPEZ, REGIONAL HOUSING ALLIANCE, EXECUTIVE DIRECTOR SUE M , LA PLATA FAMILY MEDICINE, MD JENNIFER MATTHEWS, CCI, RN MIKE MESCHKE, SAN JUAN BASIN HEALTH DEPARTMENT, ENVIRONMENTAL HEALTH DIRECTOR TAMI MILLER, HOUSING SOLUTIONS YONNA MOORE, PERSONAL ASSISTANCE SERVICES OF COLORADO SWHOME HEALTH, MARKETING DIRECTOR AMITA NATHVANI, HEALTHY LIFESTYLES LA PLATA/AYURVEDA CENTER, DIRECTOR, PRACTITIONER VIRGINIA NEWMAN, FORT LEWIS COLLEGE STUDENT HEALTH CENTER, DIRECTOR, PHYSICIANS ASSISTANT LYN PATRICK, PRIVATE MEDICAL PRACTICE LAUREN PATTERSON, SAN JUAN BASIN HEALTH DEPARTMENT/PLS CHILDREN YOUTH FAMILY MASTER PLAN, PROGRAM EVALUATOR CHARLOTTE PIRNAT, TRI COUNTY HEAD START, EXECUTIVE DIRECTOR EVE PRESLER, ADVOCACY FOR LA PLATA, PROGRAM DIRECTOR DANNY QUINLON, LA PLATA UNITY PROJECT, CERTIFIED MEDICAL INTERPRETER -SPANISH SUZAN RENGER, TRI COUNTY HEAD START, NURSE WENDY RICE, CSU EXTENSION ANDY RIZZO, VA RETIRED CHERYL ROBERTS-LEE, PUBLIC HEALTH, DIRECTOR DALE RODEBAUGH, DURANGO HERALD MISSY RODEY, CITIZENS HEALTH ADVISORY COUNCIL/MERCY REGIONAL MEDICAL CENTER PAUL SCHMITZ, CONSULTANT NICOLE SCHNEE, SAN JUAN BASIN HEALTH DEPARTMENT, COMMUNITY HEALTH EDUCATOR JACK SCOTT, SAN JUAN CITIZENS ALLIANCE MARIEL SHOLES, SAN JUAN BASIN HEALTH DEPARTMENT, PROMOTORA YVETTE TANNER, PERSONAL ASSISTANCE SERVICES OF COLORADO SWHOME HEALTH, DIRECTOR SUSAN TURNER, SOUTHERN UTE HEALTH, DPHN, RN LYNN URBAN, SOUTHWEST CO COMMUNITY COLLEGE, CAMPUS DEAN TAMARA VOLZ, EARLY CHILDHOOD COUNCIL, LA PLATA COUNTY, DIRECTOR RITA WARFIELD, DURANGO POLICE, SERGEANT EILEEN WASSERBACH, SUCAP, EXECUTIVE DIRECTOR AUDREY WERNER, MANNA SOUP KITCHEN LYNN WESTBERG, SAN JUAN COUNTY PARTNERSHIP, RN, CONTRACT DOUG WIERSMA, COLORADO STATE PATROL, TROOPER PAT WILSON, SAN JUAN BASIN HEALTH DEPARTMENT, HUMAN RESOURCES BILL WILSON, MERCY REGIONAL MEDICAL CENTER/SAN JUAN BASIN HEALTH DEPARTMENT, CONSULTANT JENNY WRENN, HEALTHY LIFESTYLE LA PLATA ROGER ZALNERAITIS, LA PLATA ECONOMIC DEVELOPMENT ALLIANCE, EXECUTIVE DIRECTOR JIM ABRAMONITZ, DENTIST SUZANNE ARME, BIRTHING THE FUTURE, DIRECTOR DONNA BLASDELL ANN CAMP, CITY OF DURANGO PARKS & RECREATION, FACILITY SUPERVISOR, DURANGO REC CENTER SHEILA CASEY, LA PLATA COUNTY SENIOR SERVICES JUDY CLARKE LORI COOPER, MONTEZUMA COUNTY PUBLIC HEALTH, DIRECTOR NORA FLUCKE, SOUTHWEST CO COMMUNITY COLLEGE, DEPARTMENT COORDINATOR JAYNEE FONTECCHIO, CITIZENS HEALTH ADVISORY COUNCIL, RN RITA FOWLER, SAN JUAN BASIN HEALTH DEPARTMENT, RN, HCBS RICHARD GROSSMAN BERN HEATH, AXIS HEALTH, CEO RICH HOEHLEIN, LA PLATA COUNTY SENIOR PROGRAM ADVISORY COUNCIL PAUL LEE, OSTEOPATHIC CENTER, PHYSICIAN LAUREN LOFTIS, LA PLATA FAMILY MED, PHYSICIAN DANNY QUINLON, LA PLATA UNITY PROJECT, CERTIFIED MEDICAL INTERPRETER -SPANISH LAUREN RARDIN, DURANGO SENIOR CENTER, ADMINISTRATOR MISSY RODEY, CITIZENS HEALTH ADVISORY COUNCIL/MERCY REGIONAL MEDICAL CENTER TYLER VANGEMERT, DURANGO COMMUNITY ACUPUNCTURE, LICENSED ACUPUNCTURIST/OWNER DICK BASILLIS, BLUE SKIES COMMUNITY USJHSD, FIN COMM DORI BLAUERT, PAGOSA SPRINGS MEDICAL CENTER, HR MANAGER DIANE BOWER, PAGOSA FIRE, FIRE CHIEF LINDSEY BRIGHT, PAGOSA SUN, REPORTER KATHLEEN DOUGLAS, PAGOSA SPRINGS MEDICAL CENTER, DIRECTOR ED, MS SERVICES VICKIE FAHRENKRUG, RESTORATION FELLOWSHIP OFFICE MANAGE, JUSTICE MINISTRIES DON FORD, COMMUNITY UNITED METHODIST CHURCH, PASTOR MARIA KOLPIN, RN KATHIE LATTIN, TOWN COUNCIL RICH LINDBLAD, COMMUNITY DEVELOPMENT CLIFFORD LUCERO, ARCHULETA COUNTY, COMMISSIONER DON LUNDERGAN BRIAN MACNEILL, ARCHULETA COUNTY DHS, CASEWORKER SUPERVISOR MAUREEN MARGIOTTA, ARCHULETA SCHOOL DISTRICT, 50 JOINT, SCHOOL HEAD NURSE MICHAEL MCCRUDDEN, RETIRED RESIDENT LYNNE MCCRUDDEN, ST PATRICK'S EPISCOPAL CHURCH, JR WARDEN JAN MILLER, PAGOSA SPRINGS MEDICAL CENTER, QUALITY IMPROVEMENT RISK MANAGEMENT DIRECTOR JIM SAUNDERS, ARCHULETA COUNTY SHERIFF'S OFFICE, UNDER SHERIFF CHRIS SMITH, VISITING ANGELS, DIRECTOR TODD STARR, ARCHULETA COUNTY, COUNTY ATTORNEY RANDY STUEVE, PAGOSA SPRINGS MEDICAL CENTER, DIRECTOR OF PHARMACY MARYJO VALENTINE, ARCHULETA SCHOOL DISTRICT, 50 JOINT, RN, BSN, SCHOOL NURSE STEVE WADLEY, ARCHULETA COUNTY, COMMISSIONER JANELL WOOD, ARCHULETA SCHOOL DISTRICT, 50 JOINT
COMMUNITY SERVED BY NEEDS ASSESSMENT - PENROSE HOSPITAL	SCHEDULE H, PART V, SECTION B, LINE 3	FOCUS GROUPS MADE UP OF COMMUNITY LEADERS MET AND RESPONDED TO A CONSISTENT SET OF QUESTIONS INVITEES WERE CHOSEN BASED UPON THE AREA OF EXPERTISE OR INTEREST IN RELATIONSHIP TO COMMUNITY HEALTH THE FOCUS GROUPS WERE ASKED TO 1) REVIEW COMPILATION OF EXISTING DATA, AND 2) TO HELP TRANSLATE THAT DATA TO THEIR OWN EXPERIENCE AS A LEADER IN THE COMMUNITY AND TO PROVIDE THEIR PERSPECTIVES ON THE PREDOMINANT HEALTH ISSUES IN THEIR COMMUNITIES THERE WERE THREE FOCUS GROUPS MEETINGS THAT TOOK PLACE IN APRIL 2012 AND EACH MEETING LASTED SEVERAL HOURS THOSE COMMUNITY LEADERS INVITED TO PARTICIPATE IN THE FOCUS GROUPS ARE LISTED BELOW * EL PASO COUNTY CATCH (COMMUNITY ACCESS TO COORDINATED HEALTH)- ROBIN JOHNSON, MD** * CATHOLIC CHARITIES-MARK ROHLENA, EXECUTIVE DIRECTOR** * MOUNTAIN VIEW MEDICAL GROUP, P C - KAREN CHILDS, MD (PEDIATRICS) * COMMUNITY HEALTH PARTNERSHIP - CAROL BRUCE-FRITZ, EXECUTIVE DIRECTOR** * EL PASO COUNTY DEPARTMENT OF HUMAN SERVICES - RICHARD BENGTSSON, HUMAN SERVICES DIRECTOR** * SCHOOL DISTRICT 11 - MARK CAUTHEN, DIRECTOR RISK RELATED ACTIVITIES * ACADEMY SCHOOL DISTRICT 20 - MARK HATCHELL, PHD, SUPERINTENDENT *EL PASO COUNTY MEDICAL SOCIETY - MIKE WARE, EXECUTIVE DIRECTOR * EL PASO COUNTY PUBLIC HEALTH - KATHY RICE, DIRECTOR OFFICE OF PLANNING, PARTNERSHIPS, AND ACCREDITATION** * FIRST PRESBYTERIAN CHURCH- REV JIM SINGLETON * JOINT INITIATIVES - KATHY MOAN, EXECUTIVE DIRECTOR** * MISSION MEDICAL CLINIC - BONNIE ANGOTTI, BOARD CHAIRMAN AND INTERIM EXECUTIVE DIRECTOR** * PENROSE-ST FRANCIS COMMUNITY BOARD MEMBER - NANCY LEWIS * NEW LIFE CHURCH - REV BRADY BOYD & MATTHEW AYERS * PEAK VISTA COMMUNITY HEALTH CENTERS - PAM MCMANUS, PRESIDENT & CEO** * COLORADO SPRINGS HEALTH PARTNERS, PC- GIL PORAT, MD (INTERNAL MEDICINE) * PIKES PEAK AREA AGENCY ON AGING - ROBERT MACDONALD, EXECUTIVE DIRECTOR** * PIKES PEAK UNITED WAY - JD DALLAGER, CEO/PRESIDENT** * PENROSE-ST FRANCIS COMMUNITY BOARD MEMBER - CATHY ROBBINS * SET MEDICAL CLINIC - BARB CRONIN, INTERIM DIRECTOR** * PENROSE-ST FRANCIS COMMUNITY BOARD MEMBER - PAM SHIPP * COLORADO SPRINGS CARDIOLOGY- PAM TAYLOR, MD (CARDIOLOGY) * UCCS BETHEL SCHOOL OF NURSING - BARBARA JOYCE PHD, RN, CS, ASSOCIATE PROFESSOR * ASSOCIATES IN GASTROENTEROLOGY- ERIC VANOS, MD (GASTROENTEROLOGY) * EL PASO COUNTY- MARCY MORRISON, FORMER COUNTY COMMISSIONER (1984 TO 1992)** * FULLER SEMINARY - LONZIE SYMONETTE, INSTRUCTOR** * FORMER PENROSE-ST FRANCIS CHIEF OF MEDICAL STAFF- TOBIAS KIRCHER, MD (PATHOLOGY) * PERSON WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH **REPRESENTATIVE OF MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS

Identifier	ReturnReference	Explanation
COMMUNITY SERVED BY NEEDS ASSESSMENT - ST FRANCIS MEDICAL CENTER	SCHEDULE H, PART V, SECTION B, LINE 3	FOCUS GROUPS MADE UP OF COMMUNITY LEADERS MET AND RESPONDED TO A CONSISTENT SET OF QUESTIONS INVITEES WERE CHOSEN BASED UPON THE AREA OF EXPERTISE OR INTEREST IN RELATIONSHIP TO COMMUNITY HEALTH THE FOCUS GROUPS WERE ASKED TO 1) REVIEW COMPILATION OF EXISTING DATA, AND 2) TO HELP TRANSLATE THAT DATA TO THEIR OWN EXPERIENCE AS A LEADER IN THE COMMUNITY AND TO PROVIDE THEIR PERSPECTIVES ON THE PREDOMINANT HEALTH ISSUES IN THEIR COMMUNITIES THERE WERE THREE FOCUS GROUPS MEETINGS THAT TOOK PLACE IN APRIL 2012 AND EACH MEETING LASTED SEVERAL HOURS THOSE COMMUNITY LEADERS INVITED TO PARTICIPATE IN THE FOCUS GROUPS ARE LISTED BELOW * EL PASO COUNTY CATCH (COMMUNITY ACCESS TO COORDINATED HEALTH)- ROBIN JOHNSON, MD** * CATHOLIC CHARITIES-MARK ROHLENA, EXECUTIVE DIRECTOR** * MOUNTAIN VIEW MEDICAL GROUP, P C - KAREN CHILDS, MD (PEDIATRICS) * COMMUNITY HEALTH PARTNERSHIP - CAROL BRUCE-FRITZ, EXECUTIVE DIRECTOR** * EL PASO COUNTY DEPARTMENT OF HUMAN SERVICES - RICHARD BENGTTSSON, HUMAN SERVICES DIRECTOR** * SCHOOL DISTRICT 11 - MARK CAUTHEN, DIRECTOR RISK RELATED ACTIVITIES * ACADEMY SCHOOL DISTRICT 20 - MARK HATCHELL, PHD, SUPERINTENDENT *EL PASO COUNTY MEDICAL SOCIETY - MIKE WARE, EXECUTIVE DIRECTOR * EL PASO COUNTY PUBLIC HEALTH - KATHY RICE, DIRECTOR OFFICE OF PLANNING, PARTNERSHIPS, AND ACCREDITATION** * FIRST PRESBYTERIAN CHURCH- REV JIM SINGLETON * JOINT INITIATIVES - KATHY MOAN, EXECUTIVE DIRECTOR** * MISSION MEDICAL CLINIC - BONNIE ANGOTTI, BOARD CHAIRMAN AND INTERIM EXECUTIVE DIRECTOR** * PENROSE-ST FRANCIS COMMUNITY BOARD MEMBER - NANCY LEWIS * NEW LIFE CHURCH - REV BRADY BOYD & MATTHEW AYERS * PEAK VISTA COMMUNITY HEALTH CENTERS - PAM MCMANUS, PRESIDENT & CEO** * COLORADO SPRINGS HEALTH PARTNERS, PC- GIL PORAT, MD (INTERNAL MEDICINE) * PIKES PEAK AREA AGENCY ON AGING - ROBERT MACDONALD, EXECUTIVE DIRECTOR** * PIKES PEAK UNITED WAY - JD DALLAGER, CEO/PRESIDENT** * PENROSE-ST FRANCIS COMMUNITY BOARD MEMBER - CATHY ROBBINS * SET MEDICAL CLINIC - BARB CRONIN, INTERIM DIRECTOR** * PENROSE-ST FRANCIS COMMUNITY BOARD MEMBER - PAM SHIPP * COLORADO SPRINGS CARDIOLOGY- PAM TAYLOR, MD (CARDIOLOGY) * UCCS BETHEL SCHOOL OF NURSING - BARBARA JOYCE PHD, RN, CS, ASSOCIATE PROFESSOR * ASSOCIATES IN GASTROENTEROLOGY- ERIC VANOS, MD (GASTROENTEROLOGY) * EL PASO COUNTY- MARCY MORRISON, FORMER COUNTY COMMISSIONER (1984 TO 1992)** * FULLER SEMINARY - LONZIE SYMONETTE, INSTRUCTOR** * FORMER PENROSE-ST FRANCIS CHIEF OF MEDICAL STAFF- TOBIAS KIRCHER, MD (PATHOLOGY) * PERSON WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH **REPRESENTATIVE OF MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS
COMMUNITY SERVED BY NEEDS ASSESSMENT - ST ANTHONY NORTH HOSPITAL	SCHEDULE H, PART V, SECTION B, LINE 3	COMMUNITY LEADER INTERVIEWS ONE COMMUNITY PHONE INTERVIEW AND MULTIPLE SURVEYS WERE DONE IN A VARIETY OF SETTINGS AND WITH VARIOUS INDIVIDUALS IN OUR SERVICE AREA TRI-COUNTY HEALTH DEPARTMENT- ALLISON HAWKES, MD, MS, PROGRAM MANAGER* WAS INTERVIEWED BY PHONE IN MARCH 2012 PROVIDING HER PERSPECTIVE ON HEALTH ISSUES IN ADAMS COUNTY VIA AN INDIVIDUAL INTERVIEW AND WAS AVAILABLE ON A LIMITED CONSULTING BASIS THE PATIENT POPULATION THAT IS FREQUENTLY SEEN BY THE HEALTH DEPARTMENT IS ALSO SERVED BY ST ANTHONY NORTH HOSPITAL RANKING QUESTIONNAIRE A WRITTEN RANKING QUESTIONNAIRE WAS USED TO HELP PRIORITIZE THE HEALTH CARE NEEDS IN OUR COMMUNITY EACH PARTICIPANT WAS ASKED TO RANK HEALTH ISSUES USING A SCALE OF 1 TO 5, WITH 1 MEANING "NOT A CRITICAL ISSUE" AND 5 MEANING A "VERY CRITICAL ISSUE " OVER 350 SURVEYS WERE COMPLETED IN SETTINGS THAT MADE TAKING THE SURVEY COMFORTABLE FOR THE PARTICIPANTS, THEY WERE ST ANTHONY NORTH'S 9 HEALTH FAIR, APRIL 22, 2012, ST ANTHONY NORTH'S FAMILY MEDICINE CLINIC, MARCH 2012, COMMUNITY REACH, MARCH 2012, ARAPAHOE HOUSE, MARCH 2012, AND VILLAS OF SUNNY ACRES, FEBRUARY 2012 THE RESULTS OF THE SURVEYS WERE AVERAGED TO PROVIDE A QUANTITATIVE MEASURE THAT WAS USED IN THE PRIORITIZATION PROCESS

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COMMUNITY SERVED BY NEEDS ASSESSMENT - ST ANTHONY SUMMIT MEDICAL CENTER	SCHEDULE H, PART V, SECTION B, LINE 3	COMMUNITY LEADER INTERVIEWS ST ANTHONY SUMMIT MEDICAL CENTER RETAINED CORONA INSIGHTS RESEARCH COMPANY TO CONDUCT THREE FOCUS GROUPS IN JUNE OF 2012 TWO FOCUS GROUP SESSIONS WERE CONDUCTED WITH MEMBERS OF THE GENERAL PUBLIC WHILE ONE FOCUS GROUP WAS CONDUCTED WITH SPANISH-SPEAKING RESIDENTS THE FOCUS GROUPS REVIEWED DATA RELEVANT TO THE COUNTY AND THEIR OPINIONS HELPED THE HOSPITAL TO IDENTIFY WHETHER THERE WERE SIGNIFICANT DIFFERENCES IN THE OPINION, PERCEPTIONS, OR EXPERIENCE OF THE RESIDENTS ON HEALTH NEEDS THE FOLLOWING PARTICIPATED IN A FOCUS GROUP * COUNTY PUBLIC HEALTH DEPARTMENTS MAY 15, 2012 * DEB CROOK, DIRECTOR SUMMIT COUNTY PUBLIC HEALTH* * COMMUNITY CARE CLINIC MAY 4, 2012 * SARAH VAINES, EXECUTIVE DIRECTOR SUMMIT COMMUNITY CARE CLINIC * LAW ENFORCEMENT MAY 16, 2012 * RICK HOLMAN, CHIEF OF POLICE SUMMIT COUNTY SHERIFF DEPARTMENT * ELECTED OFFICIALS MAY 9, 2012 * BILL PELHAM, MAYOR OF FRISCO * KARN STIEGELMEIRER, COUNTY COMMISSIONER * DIRECTORS OF AGING RELATED SERVICES MAY 17, 2012 * GAVIN LARNEY, DIRECTOR SUMMIT COMMUNITY AND SENIOR CENTER * LLOYD MICHELL, SITE MANAGER BRISTLECONE HOME HEALTH SERVICES / HOSPICE * MINISTERIAL ALLIANCE MAY 22, 2012 * CHUCK LAMAR, DEACON ST MARY'S BRECKENRIDGE & OUR LADY OF PEACE SILVERTHORNE * EMERGENCY MEDICAL SERVICE MAY 24, 2012 * DR MARC DOUCETTE, MEDICAL DIRECTOR ST ANTHONY SUMMIT MEDICAL CENTER EMERGENCY MEDICINE * LOW INCOME POPULATION REPRESENTATIVES MAY 29, 2012 * JILL SEROUR DIRECTOR WOMEN RESOURCE CENTER** * SARAH PROVINO, PROGRAM COORDINATORYOUTH AND FAMILY SERVICES** * TAMARA DRANGSTVEIT, EXECUTIVE DIRECTOR FAMILY INTER CULTURAL RESOURCE** * SUMMIT COUNTY ROTARY * LINDA LICHTENDAHL, MEMBER JUNE 6, 2012 * COMMUNITY BOARD MEMBERS JUNE 7, 2012 * BILL PELHAM, COMMUNITY BOARD CHAIR * DON PARSONS, MD, COMMUNITY BOARD VICE CHAIR * PERSON WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH **REPRESENTATIVE OF MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS RANKING QUESTIONNAIRE THE SUMMIT COUNTY PUBLIC HEALTH DIRECTOR, PHYSICIANS, BOARD MEMBERS, CITY OFFICIALS, SUBJECT MATTER EXPERTS, AND THE COMMUNITY HEALTH NEEDS ASSESSMENT STEERING COMMITTEE WERE ASKED TO RANK SEVERAL HEALTH ISSUES USING A SCALE OF 1 TO 5, WITH 1 MEANING "NOT A CRITICAL ISSUE" AND 5 MEANING A "VERY CRITICAL ISSUE " THE RESULTS OF THE SURVEYS WERE AVERAGED TO PROVIDE A QUANTITATIVE MEASURE THAT WAS USED IN THE PRIORITIZATION PROCESS
COMMUNITY SERVED BY NEEDS ASSESSMENT - ST ANTHONY HOSPITAL	SCHEDULE H, PART V, SECTION B, LINE 3	COMMUNITY LEADER INTERVIEWS COMMUNITY MEMBERS WERE INTERVIEWED FOR THEIR PERSPECTIVES ON THE PREDOMINANT HEALTH ISSUES IN THEIR COMMUNITIES THEY WERE INTERVIEWED IN EITHER A ONE-ON-ONE INTERVIEW FORMAT OR A FOCUS GROUP THE INTERVIEWEES WERE COMPRISED OF REPRESENTATIVES FROM THE FOLLOWING GROUPS * JEFFERSON COUNTY PUBLIC HEALTH DEPARTMENT (MARK JOHNSON, MD, EXECUTIVE DIRECTOR*, ELISE LUBELL, DIRECTOR OF HEALTH PROMOTION*, ANA MARIN-CACHU, EPIDEMIOLOGIST*), FEBRUARY 1, 2012 AND MARCH 23, 2012 * HEALTH CONSULTING AGENCY (J ELAINE BORTON, SAGEHEALTH CONSULTING AND EXPERT IN PHOTOVOICE), JANUARY 20, 2012 AND JANUARY 25, 2012 * LAW ENFORCEMENT (MARY HELLER, CHIEF OF POLICE, CITY OF EDGEWATER, MIKE MARCHESE, COMMANDER, CITY OF EDGEWATER POLICE DEPARTMENT), APRIL 23, 2012 AND MAY 15, 2012 * JEFFERSON COUNTY SCHOOL DISTRICT (CINDY STEPHENSON, SUPERINTENDENT, VJ JOHNSTON, JEFFERSON COUNTY PUBLIC SCHOOLS STUDENT SERVICES, EMILY O'WINTER, JEFFERSON COUNTY PUBLIC SCHOOLS HEALTHY SCHOOLS INTIATIVE, LINDA BUZARD, DIRECTOR OF HEALTH SERVICES, APRIL 24, 2012, MAY 29, 2012 AND JULY 16, 2012 * FEDERALLY QUALIFIED COMMUNITY HEALTH CENTER (DAVID MYERS, EXECUTIVE DIRECTOR**, AND JOHN REID, VICE PRESIDENT OF FUNDS DEVELOPMENT**, METRO COMMUNITY PROVIDER NETWORK), JUNE 8, 2012 AND JULY 19, 2012 * SENIOR HEALTH SERVICES/JEWISH FAMILY SERVICES (ALICIA JOUCOVSKY, NORC PROGRAM DIRECTOR, JEWISH FAMILY SERVICES OF COLORADO), MAY 14, 2012 * HOME HEALTH/HOSPICE (STEPHANIE ORTIZ-GRABE, DIRECTOR OF CLINICAL SERVICES, CENTURA HEALTH AT HOME, MELISSA MATTES, MARKETING DIRECTOR, GARDENS OF ST ELIZABETH, KRISANDRA PANTING, EXECUTIVE DIRECTOR, DOMINICAN SISTERS HOME HEALTH AGENCY), MAY 14, 2012 * MINISTERIAL ASSOCIATIONS (WEST DENVER DEANERY OF THE ARCHDIOCESE OF DENVER, FATHER JAMES GOGGINS, DEAN), MAY 3, 2012 * EMERGENCY MEDICAL SERVICE (SCOTT PHILLIPS, DIRECTOR, ST ANTHONY HOSPITAL PRE-HOSPITAL SERVICES, BILL SPIALEK, OUTREACH COORDINATOR, FLIGHT FOR LIFE COLORADO), MARCH 19, 2012 AND APRIL 13, 2012 * LOW INCOME POPULATION REPRESENTATIVES (METRO COMMUNITY PROVIDER NETWORK (SEE ABOVE FOR DATES) AND THE ACTION CENTER, (MAG STRITTMATTER, EXECUTIVE DIRECTOR**, BROOKE DEGROAT, DIRECTOR OF PROGRAM SERVICES**, JOE HAINES, DIRECTOR OF DEVELOPMENT**), MAY 2, 2012 * SENIOR-AGED HEALTH FAIR PARTICIPANTS (FOUR COUPLES AGE 65+), APRIL 14, 2012 * AMERICAN LUNG ASSOCIATION (DIANE DRAPER, TOBACCO PROGRAM MANAGER), APRIL 23, 2012 * AMERICAN CANCER SOCIETY (JAMIE MAGER, COMMUNITY RELATIONSHIP MANAGER), APRIL 30, 2012 * DONOR ALLIANCE, TISSUE AND ORGAN RECOVERY ORGANIZATION FOR COLORADO AND WYOMING, (KARAN MOFFITT, HOSPITAL DEVELOPMENT COORDINATOR), FEBRUARY 13, 2012 AND MARCH 7, 2012 * PERSON WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH **REPRESENTATIVE OF MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS

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COMMUNITY SERVED BY NEEDS ASSESSMENT - ORTHOCOLORADO HOSPITAL	SCHEDULE H, PART V, SECTION B, LINE 3	COMMUNITY LEADER INTERVIEWS COMMUNITY MEMBERS WERE INTERVIEWED FOR THEIR PERSPECTIVES ON THE PREDOMINANT HEALTH ISSUES IN THEIR COMMUNITIES THEY WERE INTERVIEWED IN EITHER A ONE-ON-ONE INTERVIEW FORMAT OR A FOCUS GROUP THE INTERVIEWEES WERE COMPRISED OF REPRESENTATIVES FROM THE FOLLOWING GROUPS * JEFFERSON COUNTY PUBLIC HEALTH DEPARTMENT (MARK JOHNSON, MD, EXECUTIVE DIRECTOR*, ELISE LUBELL, DIRECTOR OF HEALTH PROMOTION*, ANA MARIN-CACHU, EPIDEMIOLOGIST*), FEBRUARY 1, 2012 AND MARCH 23, 2012 * HEALTH CONSULTING AGENCY (J ELAINE BORTON, SAGEHEALTH CONSULTING AND EXPERT IN PHOTOVOICE), JANUARY 20, 2012 AND JANUARY 25, 2012 * LAW ENFORCEMENT (MARY HELLER, CHIEF OF POLICE, CITY OF EDGEWATER, MIKE MARCHESE, COMMANDER, CITY OF EDGEWATER POLICE DEPARTMENT), APRIL 23, 2012 AND MAY 15, 2012 * JEFFERSON COUNTY SCHOOL DISTRICT (CINDY STEPHENSON, SUPERINTENDENT, VJ JOHNSTON, JEFFERSON COUNTY PUBLIC SCHOOLS STUDENT SERVICES, EMILY O'WINTER, JEFFERSON COUNTY PUBLIC SCHOOLS HEALTHY SCHOOLS INITIATIVE, LINDA BUZARD, DIRECTOR OF HEALTH SERVICES, APRIL 24, 2012, MAY 29, 2012 AND JULY 16, 2012 * FEDERALLY QUALIFIED COMMUNITY HEALTH CENTER (DAVID MYERS, EXECUTIVE DIRECTOR, AND JOHN REID, VICE PRESIDENT OF FUNDS DEVELOPMENT, METRO COMMUNITY PROVIDER NETWORK), JUNE 8, 2012 AND JULY 19, 2012 * SENIOR HEALTH SERVICES/JEWISH FAMILY SERVICES (ALICIA JOUCOVSKY, NORC PROGRAM DIRECTOR, JEWISH FAMILY SERVICES OF COLORADO), MAY 14, 2012 * HOME HEALTH/HOSPICE (STEPHANIE ORTIZ-GRABE, DIRECTOR OF CLINICAL SERVICES, CENTURA HEALTH AT HOME, MELISSA MATTES, MARKETING DIRECTOR, GARDENS OF ST ELIZABETH, KRISANDRA PANTING, EXECUTIVE DIRECTOR, DOMINICAN SISTERS HOME HEALTH AGENCY), MAY 14, 2012 * MINISTERIAL ASSOCIATIONS (WEST DENVER DEANERY OF THE ARCHDIOCESE OF DENVER, FATHER JAMES GOGGINS, DEAN), MAY 3, 2012 * EMERGENCY MEDICAL SERVICE (SCOTT PHILLIPS, DIRECTOR, ST ANTHONY HOSPITAL PRE-HOSPITAL SERVICES, BILL SPIALEK, OUTREACH COORDINATOR, FLIGHT FOR LIFE COLORADO), MARCH 19, 2012 AND APRIL 13, 2012 * LOW INCOME POPULATION REPRESENTATIVES (METRO COMMUNITY PROVIDER NETWORK (SEE ABOVE FOR DATES) AND THE ACTION CENTER, (MAG STRITTMATTER, EXECUTIVE DIRECTOR**, BROOKE DEGROAT, DIRECTOR OF PROGRAM SERVICES**, JOE HAINES, DIRECTOR OF DEVELOPMENT**), MAY 2, 2012 * SENIOR-AGED HEALTH FAIR PARTICIPANTS (FOUR COUPLES AGE 65+), APRIL 14, 2012 * AMERICAN LUNG ASSOCIATION (DIANE DRAPER, TOBACCO PROGRAM MANAGER), APRIL 23, 2012 * AMERICAN CANCER SOCIETY (JAMIE MAGER, COMMUNITY RELATIONSHIP MANAGER), APRIL 30, 2012 * DONOR ALLIANCE, TISSUE AND ORGAN RECOVERY ORGANIZATION FOR COLORADO AND WYOMING, (KARAN MOFFITT, HOSPITAL DEVELOPMENT COORDINATOR), FEBRUARY 13, 2012 AND MARCH 7, 2012 * PERSON WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH **REPRESENTATIVE OF MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS
Other Hospital Facilities included in Needs Assessment	Schedule H, Part V Section B, Line 4	(1) ST ANTHONY HOSPITAL - ORTHOCOLORADO HOSPITAL EXEMPLA LUTHERAN MEDICAL CENTER ,

Identifier	ReturnReference	Explanation
Other Hospital Facilities included in Needs Assessment	Schedule H, Part V Section B, Line 4	(2) PENROSE HOSPITAL - ST FRANCIS MEDICAL CENTER,
Other Hospital Facilities included in Needs Assessment	Schedule H, Part V Section B, Line 4	(4) ST FRANCIS MEDICAL CENTER - PENROSE HOSPITAL,

Identifier	ReturnReference	Explanation
Other Hospital Facilities included in Needs Assessment	Schedule H, Part V Section B, Line 4	(6) MERCY REGIONAL MEDICAL CENTER - PAGOSA SPRINGS MEDICAL CENTER,
Other Hospital Facilities included in Needs Assessment	Schedule H, Part V Section B, Line 4	(7) ORTHOCOLORADO HOSPITAL - ST ANTHONY HOSPITAL EXEMPLA LUTHERAN MEDICAL CENTER ,

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Needs not addressed in Needs Assessment	Schedule H, Part V Section B, Line 7	(1) ST ANTHONY HOSPITAL - AS A RESULT OF THE EXTENSIVE PROCESS TO IDENTIFY THE HEALTH NEEDS OF THE COMMUNITY THAT ST ANTHONY HOSPITAL SERVES, THE COMMUNITY COLLABORATIVE IDENTIFIED THE GREATEST NEEDS WERE ACCESS TO HEALTH SERVICES, CANCER, DIABETES, HEART DISEASE, INJURY, MENTAL HEALTH, OBESITY, COMMUNICABLE DISEASE, ORAL HEALTH, SEXUAL HEALTH, SUBSTANCE ABUSE, AND TOBACCO USE THE TEAM DECIDED TO FOCUS ON TWO OF THOSE NEEDS, OBESITY AND INJURY PREVENTION, BECAUSE THEY WANTED TO MAKE A MEASURABLE AND LASTING IMPACT IN THOSE AREAS RATHER THAN ONLY SCRATCHING THE SURFACE IN MULTIPLE AREAS AND DILUTING EFFORTS FOLLOWING IS A FURTHER EXPLANATION OF WHY SOME OF THE NEEDS WERE NOT PRIORITIZED 1 ACCESS TO HEALTH SERVICES WHILE NOT ORIGINALLY SELECTED FOR ST ANTHONY HOSPITAL, SEVERAL INITIATIVES HAVE EVOLVED TO ENROLL COMMUNITY MEMBERS IN MEDICAID AND THE HEALTH INSURANCE EXCHANGE ALIGNED WITH THE SYSTEM PRIORITIES OF CENTURA HEALTH 2 CANCER THIS IS A KEY SERVICE LINE FOR THE ORGANIZATION, WITH A DEDICATED LEADER WHO IS NOT ONLY FOCUSING ON SUPERIOR CLINICAL OUTCOMES BUT ALSO PREVENTION AND SCREENINGS ONE EXAMPLE IS A SERIES OF COMMUNITY TALKS REGARDING THE IMPORTANCE OF MAMMOGRAPHY SCREENINGS THE HOSPITAL FOUNDATION IS ACTIVELY RAISING FUNDS FOR A MOBILE LUNG SCREENING DEVICE 3 DIABETES WITH WEIGHT MANAGEMENT THROUGH HEALTHY EATING AND ACTIVE LIVING THE HOSPITAL IS HAVING AN "UPSTREAM" IMPACT ON DIABETES THROUGH THOSE CHNA IMPLEMENTATION STRATEGIES ADDITIONALLY, THE HOSPITAL HAS A CERTIFIED OUTPATIENT DIABETES MANAGEMENT PROGRAM, EMPLOYS ONE ENDOCRINOLOGIST, AND IS RECRUITING FOR A SECOND 4 HEART DISEASE WITH WEIGHT MANAGEMENT THROUGH HEALTHY EATING AND ACTIVE LIVING THE HOSPITAL IS HAVING AN "UPSTREAM" IMPACT ON HEART DISEASE THROUGH THOSE CHNA IMPLEMENTATION STRATEGIES THE HOSPITAL ALSO HAS A HIGH QUALITY CARDIAC REHAB PROGRAM THAT SETS PATIENTS BACK ON THE PATH TO WELLNESS AND ALSO ENCOURAGES A HEALTHY EATING AND ACTIVE LIFESTYLE FOR OUR INTERNAL AND EXTERNAL COMMUNITY 5 MENTAL HEALTH THE HOSPITAL HAS A STRONG PARTNERSHIP WITH JEFFERSON COUNTY MENTAL HEALTH, WHICH HAS A MISSION TO PROMOTE MENTAL HEALTH AND PROVIDE QUALITY MENTAL HEALTH SERVICES FOR PERSONS WITH EMOTIONAL PROBLEMS AND/OR SERIOUS MENTAL ILLNESS THE TWO ENTITIES ARE PART OF A LARGER JEFFERSON COUNTY COLLABORATIVE TO COORDINATE THE SERVICES OF MULTIPLE ENTITIES TO IMPACT APPROPRIATE CARE UTILIZATION THE HOSPITAL ALSO HAS SPECIALIZED BEDS IN THE EMERGENCY DEPARTMENT FOR PATIENTS WITH BEHAVIOR HEALTH NEEDS 6 COMMUNICABLE DISEASE JEFFERSON COUNTY PUBLIC HEALTH HAS EXISTING PROGRAMS FOR THE PREVENTION AND CONTROL OF INFECTIOUS DISEASE, INCLUDING ONGOING SURVEILLANCE, ANALYSIS, AND INTERVENTION PROGRAMS THE HOSPITAL DETERMINED THERE WOULD NOT BE INCREMENTAL VALUE IN DUPLICATING EFFORTS 7 ORAL HEALTH THE HOSPITAL RECOGNIZES THE LINK BETWEEN ORAL HEALTH AND A PERSON'S OVERALL HEALTH AND WELL-BEING, BUT ORAL HEALTH IS OUTSIDE THE SCOPE OF SERVICES THE HOSPITAL PROVIDES THERE IS A "CAVITY FREE FAMILY" PROGRAM FOR THE COMMUNITY, WHEREIN JEFFERSON COUNTY PUBLIC HEALTH PARTNERS WITH REGISTERED DENTAL HYGIENISTS, PUBLIC HEALTH NURSES, AND OTHERS TO IMPROVE THE ORAL HEALTH OF JEFFERSON COUNTY'S CHILDREN 8 SEXUAL HEALTH THE HOSPITAL DOES NOT HAVE ANY PEDIATRIC OR OBSTETRIC SERVICES AND PARTNERS WITH ITS SISTER HOSPITALS IN THE CENTURA MOUNTAIN NORTH DENVER OPERATING GROUP TO MEET THOSE NEEDS THE HEALTH DEPARTMENT ALSO PROVIDES AN ARRAY OF EDUCATIONAL RESOURCES INCLUDING THE TEXT INFORMATION SEXUAL HEALTH (TISH) PROGRAM 9 SUBSTANCE ABUSE THE HOSPITAL HAS A STRONG PARTNERSHIP WITH ARAPAHOE HOUSE, WHICH PROVIDES ALCOHOL AND DRUG TREATMENT PROGRAMS THROUGH 13 REHAB CENTERS AND 20 SPECIALIZED SERVICES THE TWO ENTITIES ARE PART OF A LARGER JEFFERSON COUNTY COLLABORATIVE TO COORDINATE THE SERVICES OF MULTIPLE ENTITIES TO IMPACT APPROPRIATE CARE UTILIZATION THE HOSPITAL ALSO HAS A SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT (SBIRT) COORDINATOR WHO SEES PATIENTS WHO ARE ADMITTED AND PROVIDES THEM WITH SUPPORT AND RESOURCES 10 TOBACCO USE THE HOSPITAL REFERS TO COUNTY AND STATE SERVICES SUCH AS THE TOBACCO FREE JEFFERSON COUNTY WEBSITE AND THE STATE OF COLORADO'S MY QUIT PATH CESSATION PORTAL ST ANTHONY HOSPITAL IS ALSO EXPLORING A PARTNERSHIP WITH THE U S GENERAL SERVICES ADMINISTRATION LOCATED ADJACENT TO THE CAMPUS TO PROVIDE TOBACCO CESSATION PROGRAMMING TO DISPARATE POPULATIONS OF LATINOS ,
Needs not addressed in Needs Assessment	Schedule H, Part V Section B, Line 7	(2) PENROSE HOSPITAL - WHY OTHER HEALTH NEEDS WERE NOT SELECTED OTHER HEALTH NEEDS WERE NOT ADOPTED TO BE SPECIFICALLY ADDRESSED BECAUSE OTHER AGENCIES AND COMMUNITY GROUPS ARE ALREADY ADDRESSING THE ISSUES, AND WE WANTED TO AVOID DUPLICATION ALSO, SEVERAL OF THE IDENTIFIED ISSUES, SUCH AS TEEN PREGNANCY, HAVE TOO MANY FACTORS OUTSIDE OF OUR ABILITY TO INFLUENCE TO HAVE AN IDENTIFIABLE IMPACT FINALLY, THE FINANCIAL AND HUMAN RESOURCES ARE LIMITED AND NEED TO BE FOCUSED ON AREAS WHERE THE GREATEST POSITIVE IMPACT CAN BE MADE ,

Identifier	ReturnReference	Explanation
Needs not addressed in Needs Assessment	Schedule H, Part V Section B, Line 7	(3) ST MARY-CORWIN MEDICAL CENTER - WHY OTHER HEALTH NEEDS WERE NOT SELECTED OTHER HEALTH NEEDS WERE NOT ADOPTED TO BE SPECIFICALLY ADDRESSED BECAUSE OTHER AGENCIES AND COMMUNITY GROUPS ARE ALREADY ADDRESSING THE ISSUES, AND WE WANTED TO AVOID DUPLICATION ALSO, SEVERAL OF THE IDENTIFIED ISSUES, SUCH AS TEEN PREGNANCY, HAVE TOO MANY FACTORS OUTSIDE OF OUR ABILITY TO INFLUENCE TO HAVE AN IDENTIFIABLE IMPACT FINALLY, THE FINANCIAL AND HUMAN RESOURCES ARE LIMITED AND NEED TO BE FOCUSED ON AREAS WHERE THE GREATEST POSITIVE IMPACT CAN BE MADE ,
Needs not addressed in Needs Assessment	Schedule H, Part V Section B, Line 7	(4) ST FRANCIS MEDICAL CENTER - WHY OTHER HEALTH NEEDS WERE NOT SELECTED OTHER HEALTH NEEDS WERE NOT ADOPTED TO BE SPECIFICALLY ADDRESSED BECAUSE OTHER AGENCIES AND COMMUNITY GROUPS ARE ALREADY ADDRESSING THE ISSUES, AND WE WANTED TO AVOID DUPLICATION ALSO, SEVERAL OF THE IDENTIFIED ISSUES, SUCH AS TEEN PREGNANCY, HAVE TOO MANY FACTORS OUTSIDE OF OUR ABILITY TO INFLUENCE TO HAVE AN IDENTIFIABLE IMPACT FINALLY, THE FINANCIAL AND HUMAN RESOURCES ARE LIMITED AND NEED TO BE FOCUSED ON AREAS WHERE THE GREATEST POSITIVE IMPACT CAN BE MADE ,

Identifier	ReturnReference	Explanation
Needs not addressed in Needs Assessment	Schedule H, Part V Section B, Line 7	(5) ST ANTHONY NORTH HOSPITAL - AS A RESULT OF THE EXTENSIVE PROCESS TO IDENTIFY THE HEALTH NEEDS OF THE COMMUNITIES THAT ST ANTHONY NORTH HOSPITAL (SAN) SERVES THE COMMUNITY COLLABORATIVE IDENTIFIED THE GREATEST NEEDS ACROSS TWO COUNTIES, ADAMS AND BROOMFIELD IN 2012, SAN BASED ITS PRIMARY PATIENT SERVICE AREA ON ITS 84TH AND FEDERAL LOCATION A SMALL DATA SAMPLE WAS COLLECTED WITHIN BROOMFIELD COUNTY IN ANTICIPATION OF THE CONSTRUCTION PROJECT FOR THE NEW HOSPITAL LOCATION AT 144TH AND I-25 (SANHC), WHICH IS EXPECTED TO OPEN IN 2015 THE KEY HEALTH NEEDS FOR ADAMS COUNTY WERE ACCESS TO HEALTH SERVICES, CANCER, MENTAL HEALTH/SUBSTANCE ABUSE, OBESITY, SMOKING, GENERAL HEALTH (ORAL), HIV/AIDS AND HEP B THE TEAM DECIDED TO FOCUS ON TWO OF THOSE NEEDS, ACCESS TO HEALTH SERVICES AND MENTAL HEALTH/SUBSTANCE ABUSE, BECAUSE THEY WANTED TO MAKE A MEASURABLE AND LASTING IMPACT IN THOSE AREAS RATHER THAN ONLY SCRATCHING THE SURFACE IN MULTIPLE AREAS AND DILUTING EFFORTS FOLLOWING IS A FURTHER EXPLANATION OF WHY SOME OF THE NEEDS WERE NOT PRIORITIZED 1 CANCER REFERRAL AND COMMUNITY SUPPORT PROGRAMS ARE MADE AVAILABLE TO PATIENTS TOWARD EXISTING SPECIALTY PROVIDERS AND AGENCIES WITHIN THE COUNTY, INCLUDING UNIVERSITY OF COLORADO HOSPITAL, SUSAN G KOMEN FOUNDATION DENVER AFFILIATE, MEDICAID BREAST AND CERVICAL CANCER PROGRAM, AND COLORADO CANCER RESEARCH PROGRAM 2 OBESITY (DIABETES/HEART DISEASE) THE PARTNERSHIP WITH CLINICA FAMILY HEALTH SERVICES, WHICH HAS AN INNOVATIVE MODEL OF CO-LOCATING PHYSICAL HEALTH AND BEHAVIORAL HEALTH SERVICES, WHICH THE HOSPITAL FINANCIALLY SUPPORTS, IS A KEY PARTNER IS SERVING THE DIABETIC POPULATION ADDITIONALLY, THE HOSPITAL PROVIDES REFERRAL AND COMMUNITY PROGRAM PROMOTION FOR THE WORK OF THE AMERICAN DIABETES ASSOCIATION AND THE AMERICAN HEART ASSOCIATION 3 SMOKING SAN OFFERS FREE SMOKING CESSATION CLASSES ON BOTH AN INDIVIDUAL AND GROUP FORMAT BY ADDICTION COUNSELORS ON THE MEDICAL CAMPUS ADDITIONAL SUPPORT IS PROVIDED THROUGH COLORADO QUIT LINE AND THE STATE TOBACCO EDUCATION AND PREVENTION PARTNERSHIP 4 GENERAL HEALTH (ORAL) THE HOSPITAL RECOGNIZES THE LINK BETWEEN ORAL HEALTH AND A PERSON'S OVERALL HEALTH AND WELLBEING, BUT ORAL HEALTH IS OUTSIDE THE SCOPE OF SERVICES THE HOSPITAL PROVIDES SAN PARTNERS WITH KIDS IN NEED OF DENTISTRY (KIND), A NONPROFIT ORGANIZATION THAT PROVIDES HIGH-QUALITY, AFFORDABLE DENTAL CARE TO CHILDREN IN NEED THROUGHOUT COLORADO AND THE CHILD HEALTH PLAN PLUS - ORAL DIVISION 5 HIV/AIDS/HEP B TRI-COUNTY PUBLIC HEALTH HAS AN EXTENSIVE MENU OF SERVICES AND OUTREACH INITIATIVES FOR SCREENINGS, IMMUNIZATIONS, AND VACCINATIONS, SO THE HOSPITAL DETERMINED THERE WOULD NOT BE INCREMENTAL VALUE IN DUPLICATING EFFORTS BOULDER COUNTY HEALTH ISSUES ARE REPRESENTED IN THE LIST ABOVE WITH THE SAME SERVICE PROVIDERS ,
Needs not addressed in Needs Assessment	Schedule H, Part V Section B, Line 7	(6) MERCY REGIONAL MEDICAL CENTER - WHY OTHER HEALTH NEEDS WERE NOT SELECTED 1 OBESITY, NUTRITION, AND PHYSICAL ACTIVITY THE HOSPITAL WILL EVALUATE HEALTHY LIFESTYLE LA PLATA FUNDING NEEDS AND THE HOSPITAL'S POTENTIAL ROLE, AS WELL AS INVESTIGATE AN INTEGRATION PLAN FOR MERCY REGIONAL MEDICAL CENTER ASSOCIATES WITH CENTURA HEALTHY LIFESTYLES 2 TOBACCO USE THE HOSPITAL IS AWAITING THE OUTCOME OF DEPARTMENT OF HEALTH GRANT APPLICATIONS AS WELL AS EXPLORING OPPORTUNITIES TO INTEGRATE CENTURA EFFORTS LOCALLY 3 MOTOR VEHICLE ACCIDENTS NO SIGNIFICANT OPPORTUNITIES FOR IMPROVEMENT WERE APPARENT 4 COLORECTAL AND BREAST CANCER SCREENING RATES ARE ALREADY NEAR THE COLORADO STATE AVERAGE ,

Identifier	ReturnReference	Explanation
Needs not addressed in Needs Assessment	Schedule H, Part V Section B, Line 7	(7) ORTHOCOLORADO HOSPITAL - AS A RESULT OF THE EXTENSIVE PROCESS TO IDENTIFY THE HEALTH NEEDS OF THE COMMUNITY THAT ST ANTHONY HOSPITAL SERVES THE COMMUNITY COLLABORATIVE IDENTIFIED THE GREATEST NEEDS WERE ACCESS TO HEALTH SERVICES, CANCER, DIABETES, HEART DISEASE, INJURY, MENTAL HEALTH, OBESITY, COMMUNICABLE DISEASE, ORAL HEALTH, SEXUAL HEALTH, SUBSTANCE ABUSE, AND TOBACCO USE THE TEAM DECIDED TO FOCUS ON TWO OF THOSE NEEDS, OBESITY AND INJURY PREVENTION, BECAUSE THEY WANTED TO MAKE A MEASURABLE AND LASTING IMPACT IN THOSE AREAS RATHER THAN ONLY SCRATCHING THE SURFACE IN MULTIPLE AREAS AND DILUTING EFFORTS FOLLOWING IS A FURTHER EXPLANATION OF WHY SOME OF THE NEEDS WERE NOT PRIORITIZED 1 ACCESS TO HEALTH SERVICES WHILE NOT ORIGINALLY SELECTED FOR ST ANTHONY HOSPITAL, SEVERAL INITIATIVES HAVE EVOLVED TO ENROLL COMMUNITY MEMBERS IN MEDICAID AND THE HEALTH INSURANCE EXCHANGE ALIGNED WITH THE SYSTEM PRIORITIES OF CENTURA HEALTH 2 CANCER THIS IS A KEY SERVICE LINE FOR THE ORGANIZATION, WITH A DEDICATED LEADER WHO IS NOT ONLY FOCUSING ON SUPERIOR CLINICAL OUTCOMES BUT ALSO PREVENTION AND SCREENINGS ONE EXAMPLE IS A SERIES OF COMMUNITY TALKS REGARDING THE IMPORTANCE OF MAMMOGRAPHY SCREENINGS THE HOSPITAL FOUNDATION IS ACTIVELY RAISING FUNDS FOR A MOBILE LUNG SCREENING DEVICE 3 DIABETES WITH WEIGHT MANAGEMENT THROUGH HEALTHY EATING AND ACTIVE LIVING THE HOSPITAL IS HAVING AN "UPSTREAM" IMPACT ON DIABETES THROUGH THOSE CHNA IMPLEMENTATION STRATEGIES ADDITIONALLY, THE HOSPITAL HAS A CERTIFIED OUTPATIENT DIABETES MANAGEMENT PROGRAM, EMPLOYS ONE ENDOCRINOLOGIST, AND IS RECRUITING FOR A SECOND 4 HEART DISEASE WITH WEIGHT MANAGEMENT THROUGH HEALTHY EATING AND ACTIVE LIVING THE HOSPITAL IS HAVING AN "UPSTREAM" IMPACT ON HEART DISEASE THROUGH THOSE CHNA IMPLEMENTATION STRATEGIES THE HOSPITAL ALSO HAS A HIGH QUALITY CARDIAC REHAB PROGRAM THAT IS INTENTIONAL ABOUT GETTING PATIENTS BACK ON THE PATH TO WELLNESS AND ALSO ENCOURAGING A HEALTHY EATING AND ACTIVE LIVING LIFESTYLE FOR OUR INTERNAL AND EXTERNAL COMMUNITY 5 MENTAL HEALTH THE HOSPITAL HAS A STRONG PARTNERSHIP WITH JEFFERSON COUNTY MENTAL HEALTH, WHICH HAS A MISSION TO PROMOTE MENTAL HEALTH AND PROVIDE QUALITY MENTAL HEALTH SERVICES FOR PERSONS WITH EMOTIONAL PROBLEMS AND/OR SERIOUS MENTAL ILLNESS THE TWO ENTITIES ARE PART OF A LARGER JEFFERSON COUNTY COLLABORATIVE TO COORDINATE THE SERVICES OF MULTIPLE ENTITIES TO IMPACT APPROPRIATE CARE UTILIZATION THE HOSPITAL ALSO HAS SPECIALIZED BEDS IN THE EMERGENCY DEPARTMENT FOR PATIENTS WITH BEHAVIOR HEALTH NEEDS 6 COMMUNICABLE DISEASE JEFFERSON COUNTY PUBLIC HEALTH HAS EXISTING PROGRAMS FOR THE PREVENTION AND CONTROL OF INFECTIOUS DISEASE, INCLUDING ONGOING SURVEILLANCE, ANALYSIS, AND INTERVENTION PROGRAMS THE HOSPITAL DETERMINED THERE WOULD NOT BE INCREMENTAL VALUE IN DUPLICATING EFFORTS 7 ORAL HEALTH THE HOSPITAL RECOGNIZES THE LINK BETWEEN ORAL HEALTH AND A PERSON'S OVERALL HEALTH AND WELL-BEING, BUT ORAL HEALTH IS OUTSIDE THE SCOPE OF SERVICES THE HOSPITAL PROVIDES THERE IS A "CAVITY FREE FAMILY" PROGRAM FOR THE COMMUNITY, WHEREIN JEFFERSON COUNTY PUBLIC HEALTH PARTNERS WITH REGISTERED DENTAL HYGIENISTS, PUBLIC HEALTH NURSES, AND OTHERS TO IMPROVE THE ORAL HEALTH OF JEFFERSON COUNTY'S CHILDREN 8 SEXUAL HEALTH THE HOSPITAL DOES NOT HAVE ANY PEDIATRIC OR OBSTETRIC SERVICES AND PARTNERS WITH ITS SISTER HOSPITALS IN THE CENTURA MOUNTAIN NORTH DENVER OPERATING GROUP TO MEET THOSE NEEDS THE HEALTH DEPARTMENT ALSO PROVIDES AN ARRAY OF EDUCATIONAL RESOURCES INCLUDING THE TEXT INFORMATION SEXUAL HEALTH (TISH) PROGRAM 9 SUBSTANCE ABUSE THE HOSPITAL HAS A STRONG PARTNERSHIP WITH ARAPAHOE HOUSE, WHICH PROVIDES ALCOHOL AND DRUG TREATMENT PROGRAMS THROUGH 13 REHAB CENTERS AND 20 SPECIALIZED SERVICES THE TWO ENTITIES ARE PART OF A LARGER JEFFERSON COUNTY COLLABORATIVE TO COORDINATE THE SERVICES OF MULTIPLE ENTITIES TO IMPACT APPROPRIATE CARE UTILIZATION THE HOSPITAL ALSO HAS A SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT (SBIRT) COORDINATOR WHO SEES PATIENTS WHO ARE ADMITTED AND PROVIDES THEM WITH SUPPORT AND RESOURCES 10 TOBACCO USE THE HOSPITAL REFERS TO COUNTY AND STATE SERVICES SUCH AS THE TOBACCO FREE JEFFERSON COUNTY WEBSITE AND THE STATE OF COLORADO'S MY QUIT PATH CESSATION PORTAL ST ANTHONY HOSPITAL IS ALSO EXPLORING A PARTNERSHIP WITH THE U S GENERAL SERVICES ADMINISTRATION LOCATED ADJACENT TO THE CAMPUS TO PROVIDE TOBACCO CESSATION PROGRAMMING TO DISPARATE POPULATIONS OF LATINOS ,
Needs not addressed in Needs Assessment	Schedule H, Part V Section B, Line 7	(8) ST THOMAS MORE HOSPITAL - WHY OTHER HEALTH NEEDS WERE NOT SELECTED OTHER HEALTH NEEDS WERE NOT ADOPTED TO BE SPECIFICALLY ADDRESSED BECAUSE OTHER AGENCIES AND COMMUNITY GROUPS ARE ALREADY ADDRESSING THE ISSUES, AND WE WANTED TO AVOID DUPLICATION ALSO, SEVERAL OF THE IDENTIFIED ISSUES, SUCH AS TEEN PREGNANCY, HAVE TOO MANY FACTORS OUTSIDE OF OUR ABILITY TO INFLUENCE TO HAVE AN IDENTIFIABLE IMPACT FINALLY, THE FINANCIAL AND HUMAN RESOURCES ARE LIMITED AND NEED TO BE FOCUSED ON AREAS WHERE THE GREATEST POSITIVE IMPACT CAN BE MADE ,

Identifier	ReturnReference	Explanation
Needs not addressed in Needs Assessment	Schedule H, Part V Section B, Line 7	(9) ST ANTHONY SUMMIT MEDICAL CENTER - AS A RESULT OF THE EXTENSIVE PROCESS TO IDENTIFY THE HEALTH NEEDS OF THE COMMUNITY THAT ST ANTHONY SUMMIT MEDICAL CENTER SERVES THE COMMUNITY COLLABORATIVE IDENTIFIED THE GREATEST NEEDS TO BE ACCESS TO HEALTH SERVICES, INJURY PREVENTION, SUBSTANCE ABUSE/MENTAL HEALTH, CANCER, FLU SHOT/PNEUMONIA, ORAL HEALTH AND SEXUAL HEALTH/HIV/AIDS THE TEAM DECIDED TO FOCUS ON TWO OF THOSE NEEDS, ACCESS TO HEALTH AND INJURY PREVENTION, BECAUSE THEY WANTED TO MAKE A MEASURABLE AND LASTING IMPACT IN THOSE AREAS RATHER THAN ONLY SCRATCHING THE SURFACE IN MULTIPLE AREAS AND DILUTING EFFORTS FOLLOWING IS A FURTHER EXPLANATION OF WHY SOME OF THE NEEDS WERE NOT PRIORITIZED 1 SUBSTANCE ABUSE/MENTAL HEALTH CURRENTLY, COLORADO WEST REGIONAL MENTAL HEALTH PROVIDES CRISIS ASSESSMENT 24 HOURS A DAY, 7 DAYS A WEEK TO DETERMINE AN INDIVIDUAL'S RISK OF HARM TO SELF, HARM TO OTHERS OR GRAVE DISABILITY ST ANTHONY SUMMIT MEDICAL CENTER WILL PARTNER WITH COLORADO WEST REGIONAL MENTAL HEALTH TO ACTIVELY PURSUE STRATEGIES TO ENHANCE RESPONSE TO BEHAVIORAL HEALTH ISSUES IN THE HOSPITAL SETTING SO AS TO REDUCE CRISIS INTERVENTION AND INCREASE POSITIVE HEALTH OUTCOMES 2 CANCER ST ANTHONY SUMMIT MEDICAL CENTER, CONSIDERING ITS SIZE AND CAPACITY, DOES NOT OFFER CANCER TREATMENT THE HOSPITAL PROMOTES HEALTH EQUITY AS IT RELATES TO CANCER CONTROL AND OFFERS SCREENING INTERVENTION AT COMMUNITY HEALTH FAIRS THAT COULD RESULT IN EARLY DETECTION IN ADDITION TO THIS SERVICE, THE SUMMIT COMMUNITY CARE CLINIC (SCCC) OFFERS FREE GARDASIL VACCINES FOR FEMALES AGED 19 TO 26 YOUNGER WOMEN ARE VACCINATED THROUGH THE COUNTY DEPARTMENT OF PUBLIC HEALTH SUMMIT COMMUNITY CARE CLINIC (SCCC), A PARTNER SERVICE PROVIDER WHOSE INTEGRATED CARE MODEL INCLUDES PRIMARY CARE, DENTAL, NUTRITION, FAMILY PLANNING, HEALTH LITERACY AND BEHAVIORAL HEALTH SCCC RECEIVES SIGNIFICANT FINANCIAL SUPPORT TOWARD THE UNINSURED AND UNDER-INSURED PATIENT POPULATION SERVICES FROM ST ANTHONY SUMMIT MEDICAL CENTER ADDITIONAL COMMUNITY SUPPORT IS PROVIDED BY SUSAN G KOMEN (MOBILE VAN) AND GRAND COUNTY RURAL HEALTH 3 FLU SHOT/PNEUMONIA VACCINATION ST ANTHONY SUMMIT MEDICAL CENTER OFFERS THIS SERVICE TO ITS EMPLOYEES, PHYSICIANS, AND PATIENTS AS REQUIRED BY HEALTH REGULATORY AGENCIES ST ANTHONY SUMMIT MEDICAL CENTER IS NOT DIRECTLY INVOLVED WITH COMMUNITY FLU SHOT AND PNEUMONIA VACCINATION BECAUSE COMMUNITY RESOURCES AND PRIVATE PROVIDERS CURRENTLY OFFER THESE VACCINATIONS 4 ORAL HEALTH THE HOSPITAL RECOGNIZES THE LINK BETWEEN ORAL HEALTH AND A PERSON'S OVERALL HEALTH AND WELL-BEING, BUT ORAL HEALTH IS OUTSIDE THE SCOPE OF SERVICES THE HOSPITAL PROVIDES MAJOR IMPROVEMENTS HAVE OCCURRED IN SUMMIT COUNTY'S ORAL HEALTH, BUT SOME CHALLENGES REMAIN ST ANTHONY SUMMIT MEDICAL CENTER SUPPORTS THE SUMMIT COMMUNITY CARE CLINIC, WHICH OFFERS COMPREHENSIVE ORAL HEALTH TREATMENT SERVICES AS WELL AS A VARIETY OF PREVENTIVE SERVICES 5 SEXUAL HEALTH AND HIV/AIDS SIGNIFICANT RESOURCES EXIST FOR SCREENING, EDUCATION, AND TREATMENT FOR HIV, CHLAMYDIA, AND OTHER SEXUALLY TRANSMITTED INFECTIONS THAT THE HOSPITAL OFFERS ITS PATIENTS APART FROM THIS, ST ANTHONY SUMMIT MEDICAL CENTER IS NOT DIRECTLY INVOLVED WITH GENERAL SEXUAL HEALTH SERVICES BECAUSE THE SUMMIT COMMUNITY CARE CLINIC OFFERS SERVICES FOR FREE OR LIMITED COST TO ANYONE IN SUMMIT COUNTY REGARDLESS OF ABILITY TO PAY ADDITIONALLY, THE HOSPITAL HAS A STRONG PARTNERSHIP WITH SUMMIT COUNTY HEALTH AND HUMAN SERVICES, WHICH PROMOTES PROGRAMS FOR COMMUNICABLE DISEASES AND SCREENINGS AND THE FAMILY AND INTERCULTURAL RESOURCE CENTER ,
Means used to determine amounts billed	Schedule H, Part V Section B, Line 20d	(1) ST ANTHONY HOSPITAL - CHI COLORADO AUTOMATICALLY DISCOUNTS ALL SELF PAY PATIENT ACCOUNTS BY 30% AND ALSO OFFERS A 10% PROMPT PAY DISCOUNT THE TOTAL DISCOUNT OF 40% APPROXIMATES CHIC'S CONTRACTED RATES ,

Identifier	ReturnReference	Explanation
Means used to determine amounts billed	Schedule H, Part V Section B, Line 20d	(2) PENROSE HOSPITAL - CHI COLORADO AUTOMATICALLY DISCOUNTS ALL SELF PAY PATIENT ACCOUNTS BY 30% AND ALSO OFFERS A 10% PROMPT PAY DISCOUNT THE TOTAL DISCOUNT OF 40% APPROXIMATES CHIC'S CONTRACTED RATES ,
Means used to determine amounts billed	Schedule H, Part V Section B, Line 20d	(3) ST MARY-CORWIN MEDICAL CENTER - CHI COLORADO AUTOMATICALLY DISCOUNTS ALL SELF PAY PATIENT ACCOUNTS BY 30% AND ALSO OFFERS A 10% PROMPT PAY DISCOUNT THE TOTAL DISCOUNT OF 40% APPROXIMATES CHIC'S CONTRACTED RATES ,

Identifier	ReturnReference	Explanation
Means used to determine amounts billed	Schedule H, Part V Section B, Line 20d	(4) ST FRANCIS MEDICAL CENTER - CHI COLORADO AUTOMATICALLY DISCOUNTS ALL SELF PAY PATIENT ACCOUNTS BY 30% AND ALSO OFFERS A 10% PROMPT PAY DISCOUNT THE TOTAL DISCOUNT OF 40% APPROXIMATES CHIC'S CONTRACTED RATES ,
Means used to determine amounts billed	Schedule H, Part V Section B, Line 20d	(5) ST ANTHONY NORTH HOSPITAL - CHI COLORADO AUTOMATICALLY DISCOUNTS ALL SELF PAY PATIENT ACCOUNTS BY 30% AND ALSO OFFERS A 10% PROMPT PAY DISCOUNT THE TOTAL DISCOUNT OF 40% APPROXIMATES CHIC'S CONTRACTED RATES ,

Identifier	ReturnReference	Explanation
Means used to determine amounts billed	Schedule H, Part V Section B, Line 20d	(6) MERCY REGIONAL MEDICAL CENTER - CHI COLORADO AUTOMATICALLY DISCOUNTS ALL SELF PAY PATIENT ACCOUNTS BY 30% AND ALSO OFFERS A 10% PROMPT PAY DISCOUNT THE TOTAL DISCOUNT OF 40% APPROXIMATES CHIC'S CONTRACTED RATES ,
Means used to determine amounts billed	Schedule H, Part V Section B, Line 20d	(7) ORTHOCOLORADO HOSPITAL - CHI COLORADO AUTOMATICALLY DISCOUNTS ALL SELF PAY PATIENT ACCOUNTS BY 30% AND ALSO OFFERS A 10% PROMPT PAY DISCOUNT THE TOTAL DISCOUNT OF 40% APPROXIMATES CHIC'S CONTRACTED RATES ,

Identifier	ReturnReference	Explanation
Means used to determine amounts billed	Schedule H, Part V Section B, Line 20d	(8) ST THOMAS MORE HOSPITAL - CHI COLORADO AUTOMATICALLY DISCOUNTS ALL SELF PAY PATIENT ACCOUNTS BY 30% AND ALSO OFFERS A 10% PROMPT PAY DISCOUNT THE TOTAL DISCOUNT OF 40% APPROXIMATES CHIC'S CONTRACTED RATES ,
Means used to determine amounts billed	Schedule H, Part V Section B, Line 20d	(9) ST ANTHONY SUMMIT MEDICAL CENTER - CHI COLORADO AUTOMATICALLY DISCOUNTS ALL SELF PAY PATIENT ACCOUNTS BY 30% AND ALSO OFFERS A 10% PROMPT PAY DISCOUNT THE TOTAL DISCOUNT OF 40% APPROXIMATES CHIC'S CONTRACTED RATES ,

Identifier	ReturnReference	Explanation
NEEDS ASSESSMENT, COMMUNITY INFORMATION AND PROMOTION OF COMMUNITY HEALTH	SCHEDULE H, PART VI, LINE 2	ACROSS COLORADO, ALMOST 9,000 ASSOCIATES OF CATHOLIC HEALTH INITIATIVES-COLORADO (CHIC) ARE CHANGING LIVES IN OUR HOSPITALS, SENIOR LIVING COMMUNITIES, CLINICS AND HOMES IN WHICH THEY WORK THROUGH THE MANY COMMUNITY PROGRAMS AND THE CHARITY CARE THEY PROVIDE FOR PEOPLE THROUGHOUT COLORADO. CHIC ASSOCIATES RECEIVE GREAT SATISFACTION FROM FULFILLING A MISSION OF EXTENDING THE HEALING MINISTRY OF CHRIST THE COMMUNITY BENEFIT REPORT IS A COLLECTIVE LIST OF VARIOUS ACTIVITIES THROUGH WHICH CHIC SUPPORTS ITS NEIGHBORS THROUGHOUT THE STATE. COMMUNITY BENEFITS ARE OFFERED IN THE FORM OF OUTREACH AND EDUCATION, SUPPORT GROUPS, ACTIVITIES AND CLINICS, AS WELL AS CHARITY CARE AS A NONPROFIT, FAITH-BASED ORGANIZATION, CHIC IS COMMITTED TO PROVIDING SUPPORT AND PROGRAMS FOR THOSE LESS FORTUNATE IN OUR COMMUNITIES. IN HARD TIMES THOSE NUMBERS GROW, WHILE RESOURCES SHRINK. IN RESPONSE TO THIS, WE SEEK HOW TO MAKE THE MOST IMPACT IN EVERY COMMUNITY WE TOUCH. IN THE MOST RECENT FISCAL YEAR CHIC INVESTED THE FOLLOWING IN ITS COMMUNITIES: COMMUNITY BENEFIT ANNUAL REPORT FY 2013 SUMMARY INTRODUCTION CATHOLIC HEALTH INITIATIVES COLORADO, A FAITH-BASED, NONPROFIT HEALTH CARE ENTITY, SINCE THEIR EARLIEST DAYS, HAS PLACED AN EMPHASIS ON WHOLE PERSON CARE AND ON ILLNESS PREVENTION, HAS PRESERVED AN UNWAVERING COMMITMENT TO THEIR VALUES AND AN UNDERSTANDING OF THE VITAL ROLE THAT MINISTERING TO SPIRITUAL NEEDS CAN PLAY IN HEALTH CARE. COMMITTED TO THE MISSION OF CONTINUING THE HEALING MINISTRY OF CHRIST, CHIC BUILDS UPON ITS UNIQUE HISTORY, HERITAGE AND TRADITIONS TO CREATE A FAITH-BASED ENTITY DESIGNED TO ADVANCE THE MISSION OF THEIR INDIVIDUAL ORGANIZATIONS. TODAY, CHIC OPERATES 9 HOSPITAL CAMPUSES: ST. ANTHONY HOSPITAL, ST. ANTHONY NORTH HOSPITAL, ST. ANTHONY SUMMIT MEDICAL CENTER, PENROSE HOSPITAL, ST. FRANCIS MEDICAL CENTER, MERCY REGIONAL MEDICAL CENTER, ST. MARY CORWIN MEDICAL CENTER, ST. THOMAS MORE HOSPITAL, AND ORTHOCOLORADO HOSPITAL. IN KEEPING WITH OUR MISSION, CHIC PROVIDES CARE FOR ALL REGARDLESS OF ABILITY TO PAY. IN FISCAL YEAR 2013, CHIC GAVE \$156.4 MILLION TO UNDERPRIVILEGED INDIVIDUALS AND THE BROADER COMMUNITY IN CHARITY CARE, COMMUNITY EDUCATION AND OUTREACH, AND UNPAID COSTS OF MEDICAID. QUALITY HEALTHCARE IS DELIVERED IN THE SERVICE AREAS OF METRO DENVER, COLORADO SPRINGS, PUEBLO, CANON CITY, FRISCO, BRECKENRIDGE, DURANGO AND THEIR SURROUNDING COMMUNITIES WITHIN THE STATE OF COLORADO. UNCOMPENSATED CARE CATHOLIC HEALTH INITIATIVES COLORADO PROVIDES A SIGNIFICANT AMOUNT OF UNCOMPENSATED CARE EACH YEAR. THE ABOVE TABLE INDICATES THAT IN FISCAL YEAR 2013, THE COST OF TRADITIONAL CHARITY CARE PROVIDED WAS \$64.7 MILLION. CHIC ALSO INCURRED \$63.9 MILLION IN UNREIMBURSED COSTS FOR SERVICES PROVIDED TO MEDICAID PATIENTS. FREQUENTLY, THE COSTS OF PROVIDING SERVICES TO PARTICIPANTS OF MEDICAID ARE GREATER THAN THE PAYMENTS RECEIVED FROM THE PROGRAM. THE SAME IS TRUE FOR MEDICARE. CHIC INCURRED \$86.4 MILLION IN UNREIMBURSED COSTS FOR MEDICARE. COMMUNITY OUTREACH PROVIDED TO THE LOW-INCOME POPULATION MEDICAID PROGRAM ENROLLMENT SCREENING UNINSURED PATIENTS TO DETERMINE ELIGIBILITY AND FACILITATES ENROLLMENT IN MEDICAID, MEDICARE OR CHARITY PROGRAM. NURSE/FAMILY PARTNERSHIP PROGRAM HOME VISITS TO PREGNANT AND PARENTING PATIENTS TO ENSURE A GOOD PREGNANCY AND APPROPRIATE EARLY CHILDHOOD DEVELOPMENT THROUGH BABY'S THIRD YEAR. PASTORAL NURSE PROGRAM HEALTH EDUCATION AND PREVENTIVE CARE TO LOW-INCOME, UNINSURED AND UNDERSERVED POPULATIONS. RX ASSIST - BEN CHECKUP- PRESCRIPTION & BENEFITS ASSISTANCE PHARMACEUTICAL DISCOUNT COUNSELING FOR SENIORS. SCHOOL-BASED HEALTH CENTER CLINIC WITHIN DENVER PUBLIC SCHOOLS, PROVIDING PHYSICAL AND MENTAL HEALTH CARE TO THE STUDENTS OF LAKE MIDDLE SCHOOL AND FIVE FEEDER ELEMENTARY SCHOOLS. MISSION OUTREACH COMMITTEE PROJECTS VARIOUS CASH AND IN-KIND DONATION PROJECTS CONDUCTED TO ASSIST COMMUNITY MEMBERS. PHARMACEUTICAL SUPPLIES DONATION. DONATIONS OF PHARMACEUTICAL AND MEDICAL SUPPLIES FOR THE UNDERPRIVILEGED. PHARMACY DISCOUNTED PRESCRIPTION PROGRAM DISCOUNT PRICING FOR UNINSURED/UNDERINSURED COMMUNITY MEMBERS. COMPENSATED ROOMS FOR BOARDER MOTHERS OF NEWBORNS OVERNIGHT STAYS, WITHOUT CHARGE, FOR MOTHERS WHO NEED TO BE NEAR HOSPITALIZED INFANTS. DIABETES EDUCATION PROVIDE DIABETES EDUCATION TO PATIENTS OF THE FAMILY MEDICINE RESIDENCY PROGRAM. DOULA PROGRAM PROVIDES BIRTH COACHES FOR SPANISH-SPEAKING WOMEN TO FACILITATE THE BIRTH PROCESS IN A CULTURALLY AND LINGUISTICALLY APPROPRIATE MANNER, MINIMIZING COMPLICATIONS. COMMUNITY OUTREACH FOR THE BROADER COMMUNITY. ASK-A-NURSE CALLS FREE HEALTH INFORMATION AND PHYSICIAN REFERRAL SERVICE FOR OUR COMMUNITY. NURSES ALSO ASSESS HEALTH CONDITIONS FROM NECK PAIN TO A FEVER, AND GIVE FREE PROFESSIONAL ADVICE ON WHAT ACTION TO TAKE NEXT. THIS PROGRAM PROVIDES INFORMATION AND REGISTRATION FOR HOSPITAL CLASSES AND EVENTS. CANCER CENTER COMMUNITY BENEFIT PROVIDE PATIENTS/SIGNIFICANT OTHERS AND POTENTIAL PATIENTS WITH INFORMATION ON CANCER, CANCER TREATMENT AND COPING SKILLS. PROVIDE EDUCATION FOR PHYSICIANS, NURSES, TECHNICIANS AND STUDENTS ON CANCER-RELATED TOPICS. ANNUAL FREE CANCER SCREENINGS. BREAST, PROSTATE AND SKIN SUPPORT GROUPS FOR PATIENTS/FAMILY MEMBERS/SIGNIFICANT OTHERS. SINCE 1976, CANCER CENTER'S TUMOR REGISTRY HAS COLLECTED CANCER DATA WHICH ENABLES PHYSICIANS TO EVALUATE PATIENT TREATMENT PROGRESS AND PROVIDES INFORMATION TO STATE OF COLORADO FOR TREND ANALYSES OF CANCER INCIDENCE AND DISTRIBUTION. CAR SEAT FIT STATIONS INSPECT CAR SEAT INSTALLATIONS AND EDUCATE PARENTS REGARDING COLORADO LAWS REGARDING CAR SEATS. CAR SEATS ARE PROVIDED FOR A MINIMUM DONATION. CAREER EXPOS INTRODUCE STUDENTS TO THE OPPORTUNITIES IN HEALTHCARE AND EXPLAIN REQUIREMENTS FOR THOSE POSITIONS. CPR EDUCATION PROGRAM PREPARE STUDENTS FOR POTENTIAL LIFE-THREATENING SITUATIONS IN PUBLIC, HOME OR BABY SITTING. EDUCATION - WOMEN'S SERVICES CLASSES RELATED TO CHILDBIRTH PREPARATION AND CARING FOR A NEW BABY. FLIGHT FOR LIFE AIR AMBULANCE COMMUNITY EDUCATION AND TRAINING. HEALTH FAIRS FOR THE COMMUNITY. HOSPITAL STAFF PROVIDE SCREENINGS AND OTHER HEALTH EDUCATIONAL OPPORTUNITIES. HEALTH PASSPORT PROVIDES HEALTH AND WELLNESS INFORMATION TO THE COMMUNITY TO IMPROVE THE HEALTH AND WELL-BEING OF COMMUNITY MEMBERS. PROJECT CURE COLLECTION OF MEDICAL SUPPLIES AND EQUIPMENT IS PALLETIZED AND SHRUNK WRAPPED FOR DONATION. SANE PROGRAM CLINICAL EXAMINATIONS AND FORENSIC EVIDENCE COLLECTION FOR VICTIMS OF SEXUAL ASSAULT. BLOOD DRIVES. HOSPITAL EMPLOYEES DONATE THEIR BLOOD TO THE BONFILL BLOOD CENTER. ADVANCE MEDICAL DIRECTIVE EDUCATION PROVIDE LITERATURE AND FORMS TO EDUCATE THE PUBLIC REGARDING THEIR OPTIONS FOR END-OF-LIFE MEDICAL CARE. PASTORAL/SPIRITUAL CARE SERVICES PROVIDE SPIRITUAL SUPPORT FOR PATIENTS AND THEIR FAMILIES. STUDENT PRECEPTING PROVIDE A CLINICAL SETTING AND SUPERVISION BY LICENSED STAFF FOR STUDENTS OF VARIOUS HEALTH CARE POSITIONS (I.E. NURSING, EMT, THERAPISTS) TO COMPLETE THEIR REQUIRED CLINICAL EXPERIENCE. FIRST AID SERVICES AT COMMUNITY EVENTS PROVIDE FIRST AID SERVICES THROUGHOUT THE COMMUNITY. TRANSPORTATION SERVICES PROVIDE TRANSPORTATION TO PATIENTS AND PATIENT FAMILIES. YAFFEE HOUSE/JOHN ZAY HOUSE PROVIDE LODGING, AT NO COST, FOR OUT-OF-AREA PATIENTS RECEIVING OUTPATIENT CARE AND FOR THE FAMILY MEMBERS OF HOSPITALIZED PATIENTS. VARIOUS HEALTH SCREENING, COUNSELING AND EDUCATION ACTIVITIES. CHIC HOSPITALS CONDUCT NUMEROUS EVENTS AND HEALTH SCREENINGS THROUGHOUT THE COMMUNITIES THEY SERVE TO PROMOTE HEALTH AWARENESS AND ENCOURAGE INDIVIDUALS TO ASSUME A PARTNERSHIP ROLE IN RESPONSIBILITY FOR MAINTAINING HEALTH. THESE EVENTS INCLUDE SPORTS PHYSICALS, BEHAVIORAL HEALTH EDUCATION, FLU SHOT CLINICS, CANCER RISK ASSESSMENTS, NUTRITION SERVICES, BLOOD PRESSURE CHECKS, CHILD SAFETY, MANAGING DIABETES, AND DISCOUNTED MAMMOGRAPHY SCREENINGS.
NEEDS ASSESSMENT, COMMUNITY INFORMATION AND PROMOTION OF COMMUNITY HEALTH (CONTINUED)	SCHEDULE H, PART VI, LINE 2	DEMOGRAPHIC DATA ST. ANTHONY HOSPITAL AND ORTHOCOLORADO HOSPITAL. BOTH ST. ANTHONY AND ORTHOCOLORADO HAVE A PRIMARY SERVICE AREA THAT INCLUDES JEFFERSON COUNTY, DENVER COUNTY AND CLEAR CREEK COUNTY. AS OF 2010, JEFFERSON COUNTY'S POPULATION WAS 534,543, DENVER COUNTY'S WAS 600,158, AND CLEAR CREEK COUNTY'S WAS 9,088. THE POPULATION IN JEFFERSON, DENVER AND CLEAR CREEK COUNTIES IS PREDOMINANTLY WHITE. JEFFERSON AND CLEAR CREEK COUNTIES HAVE RELATIVELY SMALL PERCENTAGES OF OTHER RACES (6.4% AND 2.3%) WHILE DENVER COUNTY'S PERCENTAGE OF OTHER RACES IS MUCH HIGHER AT 17.7%. HOSPITAL EXPERIENCE SUGGESTS THAT THE TWO ZIP CODES OF DENVER COUNTY WHICH HAS POPULATIONS MOST SERVED BY ST. ANTHONY HOSPITAL HAVE A HIGH PERCENTAGE OF HISPANICS/LATINOS. WITH REGARD TO MEDIAN HOUSEHOLD INCOMES, JEFFERSON AND CLEAR CREEK COUNTIES EXCEED THE STATE AVERAGE OF APPROXIMATELY \$55,000 (\$66,059 AND \$64,241 RESPECTIVELY) WHILE DENVER COUNTY FALLS BELOW THE STATE AVERAGE AT \$46,693. WITH REGARD TO PERSONS LIVING BELOW POVERTY LEVEL, DENVER COUNTY EXCEEDS THE STATE AVERAGE OF APPROXIMATELY 12% BY MEASURING AT 18.8%. BOTH JEFFERSON AND CLEAR CREEK COUNTIES HAVE PERCENTAGES THAT ARE WELL BELOW THE STATE AVERAGE (8.1% FOR BOTH JEFFERSON AND CLEAR CREEK COUNTIES). THE UNEMPLOYMENT RATES FOR EACH COUNTY ARE AS FOLLOWS: DENVER - 9.7%, JEFFERSON - 8.6%, AND CLEAR CREEK - 8.5%. ST. FRANCIS MEDICAL CENTER AND PENROSE HOSPITAL. BOTH ST. FRANCIS MEDICAL CENTER AND PENROSE HOSPITAL ARE LOCATED IN EL PASO COUNTY. THE PRIMARY SERVICE AREA INCLUDES ALL THE ZIP CODES WITHIN EL PASO COUNTY AS A FEEDER HOSPITAL FOR OTHER FACILITIES, ST. FRANCIS AND PENROSE REGULARLY SERVE TRANSFERS FROM PUEBLO, TELLER AND FREMONT COUNTIES AS WELL AS OF JULY 2010, THE COUNTY HAD AN ESTIMATED 627,096 RESIDENTS AND THE POPULATION IS PROJECTED TO REACH NEARLY 1 MILLION OVER THE NEXT THREE DECADES. EL PASO COUNTY IS A MIX OF URBAN, SUBURBAN, AND RURAL COMMUNITIES WITH ABOUT TWO-THIRDS (419,353) OF THE POPULATION RESIDING WITHIN THE CITY OF COLORADO SPRINGS. EL PASO COUNTY'S POPULATION IS 73.9% WHITE, NON-HISPANIC, 15% HISPANIC, AND OTHER NON-HISPANIC RACES COMPRISE 6.3% AND 4.8% OF THE TOTAL PERCENT OF THE TOTAL POPULATION, RESPECTIVELY. THE MEDIAN HOUSEHOLD INCOME WAS \$51,548 COMPARED WITH THE STATE'S MEDIAN INCOME OF \$56,456. IN ADDITION, 10.4% OF FAMILIES IN EL PASO COUNTY LIVE BELOW THE POVERTY LEVEL AND THE UNEMPLOYMENT RATE IS 9.5%. MERCY REGIONAL MEDICAL CENTER. THE PRIMARY SERVICE AREA FOR MERCY IS LA PLATA AND ARCHULETA COUNTIES. THESE TWO COUNTIES ACCOUNT FOR 76% OF INPATIENT DISCHARGES FROM MERCY AND COINCIDE WITH THE SERVICE AREA OF THE SAN JUAN BASIN HEALTH DEPARTMENT - FACILITATING COLLABORATION BETWEEN MERCY REGIONAL MEDICAL CENTER, PAGOSA SPRINGS MEDICAL CENTER, AND SAN JUAN BASIN HEALTH DEPARTMENT. ACCORDING TO THE 2010 U.S. CENSUS BUREAU, THE TOTAL POPULATIONS FOR LA PLATA AND ARCHULETA COUNTIES WERE 51,334 AND 12,084 RESPECTIVELY. LA PLATA COUNTY'S POPULATION IS 80.3% WHITE, NON-HISPANIC AND 11.8% HISPANIC/LATINO. THE MEDIAN HOUSEHOLD INCOME WAS \$56,422 COMPARED WITH THE STATE'S MEDIAN INCOME OF \$56,456. IN ADDITION, 10.2% OF FAMILIES IN LA PLATA COUNTY LIVE BELOW THE POVERTY LEVEL AND THE UNEMPLOYMENT RATE IS 5.3%. ARCHULETA COUNTY'S POPULATION IS 78.2% WHITE, NON-HISPANIC AND 17.8% HISPANIC/LATINO. THE MEDIAN HOUSEHOLD INCOME WAS \$56,068 COMPARED WITH THE STATE'S MEDIAN INCOME OF \$56,456. IN ADDITION, 8.5% OF FAMILIES IN LA PLATA COUNTY LIVE BELOW THE POVERTY LEVEL AND THE UNEMPLOYMENT RATE IS 11.1%. ST. ANTHONY NORTH HOSPITAL. THE PRIMARY SERVICE AREA FOR ST. ANTHONY NORTH HOSPITAL INCLUDES ADAMS COUNTY AND PARTS OF BROOMFIELD COUNTY TO INCLUDE THE CITIES OF WESTMINSTER, FEDERAL HEIGHTS, THORNTON, NORTHGLENN, COMMERCE CITY AND PORTIONS OF ARVADA, BROOMFIELD AND UNINCORPORATED ADAMS COUNTY. THE TOTAL POPULATION OF ADAMS COUNTY ACCORDING TO THE 2010 U.S. CENSUS BUREAU WAS 441,603 RESIDENTS WITH ANOTHER 55,889 RESIDENTS IN BROOMFIELD COUNTY. ADAMS AND BROOMFIELD COUNTIES ARE PREDOMINATELY OF WHITE RACE, WHICH INCLUDES HISPANICS. ADAMS COUNTY PERSONS OF HISPANIC OR LATINO ORIGIN IS 38%. BROOMFIELD AND ADAMS COUNTIES BOTH HAVE ASIAN POPULATIONS GREATER THAN THE STATE AVERAGE. ADAMS COUNTY HAS A MEDIAN HOUSEHOLD INCOME OF \$53,779 WHILE BROOMFIELD COUNTY MEDIAN INCOME IS \$77,606. ADAMS COUNTY HAS ONE OF THE HIGHEST POVERTY RATES IN THE STATE AT 13.3% AND BROOMFIELD IS ONE OF THE LOWEST LEVELS IN THE STATE AT 4.9%. THE UNEMPLOYMENT RATE IN ADAMS COUNTY IS 10.2%, WHICH IS HIGHER THAN THE STATE AVERAGE OF 8.9%. BROOMFIELD IS 7.9%, LOWER THAN THE STATE AVERAGE. ST. ANTHONY SUMMIT MEDICAL CENTER. SUMMIT COUNTY IS LOCATED 75 MILES WEST OF THE DENVER METRO AREA AND COVERS APPROXIMATELY 600 SQUARE MILES. SUMMIT COUNTY INCLUDES THE CITIES OF BRECKENRIDGE, BLUE RIVER, DILLON, FRISCO, MONTEZUMA, SILVERTHORNE AND THE UNINCORPORATED AREAS OF LOWER BLUE BASIN, SNAKE RIVER BASIN, TEN MILE BASIN AND UPPER BLUE BASIN. THE PERMANENT POPULATION OF SUMMIT COUNTY IS APPROXIMATELY 30,000 PEOPLE. DURING PEAK HOLIDAY SEASONS, DESTINATION VISITORS NUMBERS CAN REACH 131,000 BRINGING THE COUNTY'S SHORT TERM POPULATION TO 160,000 PEOPLE. IN GENERAL, THE POPULATION IN SUMMIT COUNTY IS PREDOMINANTLY OF WHITE RACE WHICH INCLUDES HISPANICS SELF-IDENTIFYING WHITE RACE. ON THE 2010 CENSUS, THE HISPANIC POPULATION HOVERS AT ABOUT 14% OF THE TOTAL POPULATION. OVER 2,435 SUMMIT COUNTY RESIDENTS LIVE BELOW FEDERAL POVERTY LEVELS. ST. THOMAS MORE HOSPITAL. ST. THOMAS MORE SERVICE AREA IS DEFINED AS FREMONT COUNTY. FREMONT COUNTY INCLUDES THE CITIES OF CANON CITY, AND FLORENCE, THE TOWNS OF BROOKSIDE, COAL CREEK, ROCKVALE, AND WILLIAMSBURG, AND THE UNINCORPORATED COMMUNITIES OF COTOPAXI AND PENROSE. THE DEMOGRAPHIC DATA IN FREMONT COUNTY IS SKEWED DUE IN PART TO A LARGE PRISON POPULATION. IN 2009, FREMONT COUNTY HAD A POVERTY RATE OF 18.1%, WHICH EXCEEDED THE STATE RATE. ST. MARY CORWIN HOSPITAL. ST. MARY-CORWIN MEDICAL CENTER IS LOCATED IN PUEBLO, COLORADO AND ITS SERVICE AREA REACHES INTO SOUTHEASTERN COLORADO TO THE KANSAS AND NEW MEXICO BORDERS. PUEBLO SERVES AS AN ECONOMIC AND HEALTH CARE HUB FOR OTHER COUNTIES LOCATED IN SOUTHEAST COLORADO. ONCE THE BORDER BETWEEN MEXICO AND THE UNITED STATES, PUEBLO IS NOW HOME TO 159,063 RESIDENTS AND THE COUNTY HAS A RICH HERITAGE OF EASTERN EUROPEAN, HISPANIC AND ITALIAN ROOTS. PUEBLO ALSO HAS ONE OF THE HIGHEST CONCENTRATIONS OF MIGRANT WORKERS IN THE STATE WITH 35% OF HOUSEHOLDS EARNING \$25,000 OR LESS ANNUALLY, THE WORKING POOR ARE HEAVILY REPRESENTED IN THE WORKFORCE. THE MEDIAN HOUSEHOLD INCOME IS \$40,699 COMPARED TO THE STATE MEDIAN INCOME OF \$56,456.

Identifier	ReturnReference	Explanation
Patient education of eligibility for assistance	Schedule H, Part VI, Line 3	INFORMATION CONCERNING FINANCIAL ASSISTANCE IS INCLUDED ON CENTURA'S WEBSITE THE WEBSITE NOT ONLY LISTS PHONE NUMBERS FOR PATIENTS TO CALL TO DISCUSS FINANCIAL ASSISTANCE, BUT ALSO INCLUDES CENTURA'S POLICY FOR CHARITY CARE AND ITS POLICIES RELATED TO UNINSURED PATIENTS IN ADDITION, AT THE TIME OF REGISTRATION, UNINSURED PATIENTS ARE SCREENED TO DETERMINE IF THE PATIENTS QUALIFY FOR ANY FEDERAL, STATE OR COUNTY PROGRAMS UNINSURED PATIENTS ARE ALSO SENT A LETTER REQUESTING THAT THE PATIENT CALL TO DETERMINE ELIGIBILITY FOR VARIOUS ASSISTANCE PROGRAMS, INCLUDING CHARITY
Affiliated health care system	Schedule H, Part VI, Line 6	CHI COLORADO IS OPERATED AS PART OF CENTURA HEALTH CORPORATION ("CENTURA") CENTURA AND ITS AFFILIATED ORGANIZATIONS ARE DEDICATED TO EXTENDING THE HEALING MINISTRY OF CHRIST BY CARING FOR THOSE WHO ARE ILL AND BY NURTURING THE HEALTH OF THE PEOPLE IN OUR COMMUNITIES SPECIFICALLY, CENTURA HAS LAUNCHED A SYSTEM-WIDE STRATEGIC PLAN TO IMPROVE THE QUALITY, CONSISTENCY, AVAILABILITY, AND AFFORDABILITY OF HEALTHCARE TO COMMUNITIES THROUGHOUT COLORADO THE THREE MAIN COMPONENTS OF THIS STRATEGY ARE (1) TO CONTINUE INVESTING IN TECHNOLOGY ADVANCEMENTS THAT IMPROVE THE QUALITY, COSTS, AND COORDINATION OF CARE INCLUDING THE ESTABLISHMENT OF ELECTRONIC HEALTH RECORDS LINKING OUR PHYSICIANS, CLINICS, HOSPITALS, LONG-TERM FACILITIES AND HOME CARE SERVICES, (2) PROVIDING WELLNESS CARE, THEREBY POTENTIALLY REDUCING HEALTH CARE COSTS BY HELPING PATIENTS TO MAINTAIN GOOD HEALTH, GROWING THE LEVEL OF SUPPORT AND OUTREACH PROVIDED TO RURAL COMMUNITIES, AND INCREASING ACCESS, AFFORDABILITY AND QUALITY OF HEALTH CARE, AND (3) COORDINATE AND DEVELOP SYSTEMS OF CARE, LOOKING TO EACH FACILITY AND ENTITY IN CENTURA TO SHARE BEST PRACTICES AND IMPROVE OVERALL EFFICIENCY AND COMMUNICATION SYSTEM-WIDE FROM BIRTH TO HOME CARE

Identifier	ReturnReference	Explanation
State filing of community benefit report	Schedule H, Part VI, Line 7	CO

Additional Data

Software ID: 12000266

Software Version: v2012.1.0

EIN: 84-0405257

Name: CATHOLIC HEALTH INITIATIVES-COLORADO

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

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 many non-hospital health care facilities did the organization operate during the tax year?

68

Name and address	Type of Facility (describe)
PENROSE COMMUNITY HOSPITAL 3205 N CASCADE AVE COLORADO SPRINGS,CO 80917	OP CLINIC URGENT CARE NO IP SERVICES
PENROSE MOUNTAIN URGENT CARE CLINIC 41 STATE HIGHWAY 67 WOODLAND PARK,CO 80863	OP CLINIC URGENT CARE NO IP SERVICES
PENROSE URGENT CARE AT CRIPPLE CREEK 1101 TELLER COUNTY ROAD 1 CRIPPLE CREEK,CO 80813	OP CLINIC URGENT CARE NO IP SERVICES
SENIOR HEALTH CENTER WEST 11700 W 2ND PLACE LAKEWOOD,CO 80228	OP CLINIC URGENT CARE NO IP SERVICES
INTERMOUNTAIN NEURO PHYSICIANS 11750 W 2ND PLACE SUITE 255 LAKEWOOD,CO 80228	OP CLINIC URGENT CARE NO IP SERVICES
ST ANTHONY COPPER MOUNTAIN CLINIC 860 COPPER RD COPPER MOUNTAIN,CO 80443	OP CLINIC URGENT CARE NO IP SERVICES
SENIOR HEALTH CENTER NORTH 8510 BRYANT ST SUITE 250 WESTMINSTER,CO 80031	OP CLINIC URGENT CARE NO IP SERVICES
FAMILY MEDICINE CLINIC NORTH 8510 BRYANT ST SUITE 210 WESTMINSTER,CO 80031	OP CLINIC URGENT CARE NO IP SERVICES
WOMEN'S HEALTH SPECIALISTS 13691 COLORADO BLVD SUITE 106 THORNTON,CO 80602	OP CLINIC URGENT CARE NO IP SERVICES
PRIMARY CARE SERVICES 4231 W 16TH AVE DENVER,CO 80204	OP CLINIC URGENT CARE NO IP SERVICES
PSYCHIATRIC SERVICES 11600 W 2ND PLACE LAKEWOOD,CO 80228	OP CLINIC URGENT CARE NO IP SERVICES
SASMC AMBULATORY SURGERY CENTER 340 PEAK ONE DRIVE FRISCO,CO 80443	OP CLINIC URGENT CARE NO IP SERVICES
ST ANTHONY HEALTH CENTER EVERGREEN 1520 EVERGREEN PKWY EVERGREEN,CO 80439	OP CLINIC URGENT CARE NO IP SERVICES
CHPG WESTMINSTER INTERNAL & FAMILY MEDICINE 400 W 144TH SUITE 260A WESTMINSTER,CO 80023	OP CLINIC URGENT CARE NO IP SERVICES
ASSOCIATED SURGEONS 11700 W 2ND PLACE SUITE 210 LAKEWOOD,CO 80228	OP CLINIC URGENT CARE NO IP SERVICES
CHAMBERS SPECIALTY SURGICAL CARE 11700 W 2ND PLACE SUITE 210 LAKEWOOD,CO 80228	OP CLINIC URGENT CARE NO IP SERVICES
SUMMIT CARDIOLOGY 360 PEAK ONE DR SUITE 390 FRISCO,CO 80443	OP CLINIC URGENT CARE NO IP SERVICES
NORTH RIDGE MEDICAL PRACTICE 13691 COLORADO BLVD SUITE 106 THORNTON,CO 80602	OP CLINIC URGENT CARE NO IP SERVICES
VASCULAR & ENDOVASCULAR SPECIALIST OF COLORADO 11700 W 2ND PLACE SUITE 210 LAKEWOOD,CO 80228	OP CLINIC URGENT CARE NO IP SERVICES
TOUCHSTONE PUEBLO WEST CLINIC 141 S PURCELL BLVD SUITE 106 PUEBLO WEST,CO 81007	OP CLINIC URGENT CARE NO IP SERVICES
SMC PHYSICIAN PARTNERS-REHAB 1925 E ORMAN PUEBLO,CO 81004	OP CLINIC URGENT CARE NO IP SERVICES
SMC GASTROENTEROLOGY 1925 E ORMAN PUEBLO,CO 81004	OP CLINIC URGENT CARE NO IP SERVICES
TOUCHSTONE 1925 E ORMAN PUEBLO,CO 81004	OP CLINIC URGENT CARE NO IP SERVICES
SMC SURGICAL PHYSICIANS 1925 E ORMAN PUEBLO,CO 81004	OP CLINIC URGENT CARE NO IP SERVICES
PHYSICIAN PARTNERS ORTHOPAEDIC SURGERY 4112 OUTLOOK BLVD PUEBLO,CO 81008	OP CLINIC URGENT CARE NO IP SERVICES
SOUTHERN COLORADO FAMILY MEDICINE 1008 MINNEQUA AVE PUEBLO,CO 81004	OP CLINIC URGENT CARE NO IP SERVICES
REHABILITATIONCCOM 1338 PHAY AVE CANON CITY,CO 81212	OP CLINIC URGENT CARE NO IP SERVICES
SURGERY SERVICES & THE MEDICAL HOME 1339 PHAY AVE CANON CITY,CO 81212	OP CLINIC URGENT CARE NO IP SERVICES
OBGYN SERVICES 1335 PHAY AVE SUITE B CANON CITY,CO 81212	OP CLINIC URGENT CARE NO IP SERVICES
INTERNAL MEDICINE 614 YALE CANON CITY,CO 81212	OP CLINIC URGENT CARE NO IP SERVICES

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 many non-hospital health care facilities did the organization operate during the tax year?
68

Name and address	Type of Facility (describe)
VILLAS AT SUNNY ACRES 2501 EAST 104TH AVE THORNTON,CO 80233	OP CLINIC URGENT CARE NO IP SERVICES
GARDENS AT ST ELIZABETH 2835 WEST 32ND AVE DENVER,CO 80211	OP CLINIC URGENT CARE NO IP SERVICES
MEDALION RETIREMENT COMMUNITY 1719 EAST BIJOU ST COLORADO SPRINGS,CO 80909	OP CLINIC URGENT CARE NO IP SERVICES
NAMASTE ALZHEIMER CENTER 2 PENROSE BOULEVARD COLORADO SPRINGS,CO 80906	OP CLINIC URGENT CARE NO IP SERVICES
VILLA PUEBLO SENIOR LIVING COMMUNITY 1111 BONFORTE BLVD PUEBLO,CO 81001	OP CLINIC URGENT CARE NO IP SERVICES
PROGRESSIVE CARE CENTER 1338 PHAY AVE CANON CITY,CO 81212	OP CLINIC URGENT CARE NO IP SERVICES
ST ANTHONY HOSPICE 1391 SPEER BLVD SUITE 600 DENVER,CO 80204	OP CLINIC URGENT CARE NO IP SERVICES
PENROSE HOME CARE 7015 TALL OAKS DRIVE COLORADO SPRINGS,CO 80919	OP CLINIC URGENT CARE NO IP SERVICES
ST MARY CORWIN HOME SERVICES 4025 CLUB MANOR DRIVE PUEBLO,CO 81003	OP CLINIC URGENT CARE NO IP SERVICES
MERCY HOME HEALTH ONE MERCADO STREET SUITE 270 DURANGO,CO 81301	OP CLINIC URGENT CARE NO IP SERVICES
HOSPICE OF MERCY ONE MERCADO STREET SUITE 270 DURANGO,CO 81301	OP CLINIC URGENT CARE NO IP SERVICES
CENTURA HOME OXYGEN-DENVER 2590 W 2ND AVE SUITE 5 DENVER,CO 80219	OP CLINIC URGENT CARE NO IP SERVICES
CENTURA HOME OXYGEN-COLORADO SPRINGS 4260 BUCKINGHAM DR SUITE 100 COLORADO SPRINGS,CO 80907	OP CLINIC URGENT CARE NO IP SERVICES
CENTURA HOME OXYGEN-PUEBLO 4025 CLUB MANOR DRIVE PUEBLO,CO 81008	OP CLINIC URGENT CARE NO IP SERVICES
MERCY DIAGNOSTIC LAB 2577 N MAIN AVE DURANGO,CO 81301	OP CLINIC URGENT CARE NO IP SERVICES
AZTEC DIAGNOSTIC LAB 604 S RIO GRANDE AZTEC,NM 87410	OP CLINIC URGENT CARE NO IP SERVICES
MERCY HEALTH SERVICES CLINIC 1800 E THIRD AVE DURANGO,CO 81301	OP CLINIC URGENT CARE NO IP SERVICES
DURANGO URGENT CARE AT DMR 1 SKIER PLACE DURANGO,CO 81301	OP CLINIC URGENT CARE NO IP SERVICES
SYNERGY ORTHOPEDICS 8510 BRYANT ST SUITE 320 WESTMINSTER,CO 80031	OP CLINIC URGENT CARE NO IP SERVICES
NORTH METRO INTERNAL MEDICINE 8300 ALCOTT ST SUITE 302 WESTMINSTER,CO 80031	OP CLINIC URGENT CARE NO IP SERVICES
ASPEN RIDGE ENT 11700 2ND PLACE SUITE 210 LAKEWOOD,CO 80228	OP CLINIC URGENT CARE NO IP SERVICES
DURANGO CANCER CENTER 1 MERCADO STREET SUITE 100 DURANGO,CO 81301	OP CLINIC URGENT CARE NO IP SERVICES
MERCY CARDIOLOGY ASSOCIATES 1 MERCADO STREET DURANGO,CO 81301	OP CLINIC URGENT CARE NO IP SERVICES
ST ANTHONY KEYSTONE MEDICAL CLINIC 1252 COUNTY ROAD 8 KEYSTONE,CO 80435	OP CLINIC URGENT CARE NO IP SERVICES
BRECKENRIDGE MEDICAL CLINIC 555 S PARK AVE PLAZA II PO BOX 6909 BRECKENRIDGE,CO 80424	OP CLINIC URGENT CARE NO IP SERVICES
ENDOCRINOLOGY DIABETES & THYROID SPECIALISTS OF COLORADO 11700 W 2ND PLACE SUITE 210 LAKEWOOD,CO 80228	OP CLINIC URGENT CARE NO IP SERVICES
URGENT CARE OF GOLDEN 1030 JOHNSON RD SUITE 200 GOLDEN,CO 80401	OP CLINIC URGENT CARE NO IP SERVICES
DIMENSION PAIN MANAGEMENT 400 W 144TH SUITE 240 WESTMINSTER,CO 80031	OP CLINIC URGENT CARE NO IP SERVICES
CENTURA HEALTH URGENT CARE CANON CITY 3245 E US HWY 50 CANON CITY,CO 81212	OP CLINIC URGENT CARE NO IP SERVICES
CENTURA FAMILY CARE CENTER 916 INDIANA AVE PUEBLO,CO 81004	OP CLINIC URGENT CARE NO IP SERVICES

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 many non-hospital health care facilities did the organization operate during the tax year?

68

Name and address	Type of Facility (describe)
ROCKY MOUNTAIN SPORTS AND FAMILY MEDICINE 1315 FORTINO BLVD W PUEBLO,CO 81008	OP CLINIC URGENT CARE NO IP SERVICES
ADVANCED CARE IN ENDOCRINOLOGY AND DIABETES 3207 NORTH ACADEMY BLVD SUITE 1300 COLORADO SPRINGS,CO 80917	OP CLINIC URGENT CARE NO IP SERVICES
CARDIAC AND THORACIC SURGERY ASSOCIATES PC 2222 N NEVADA AVE SUITE 5011 COLORADO SPRINGS,CO 80907	OP CLINIC URGENT CARE NO IP SERVICES
PSF PRIMARY CARE HEALTH CARE SERVICES 2960 N CIRCLE DR SUITE 100 COLORADO SPRINGS,CO 80909	OP CLINIC URGENT CARE NO IP SERVICES
PSF PRIMARY CARE HEALTH CARE SERVICES 6011 E WOODMEN SUITE 100 COLORADO SPRINGS,CO 80923	OP CLINIC URGENT CARE NO IP SERVICES
SOUTHERN COLORADO BREAST CARE SPECIALISTS 2312 N NEVADA AVE SUITE 235 COLORADO SPRINGS,CO 80907	OP CLINIC URGENT CARE NO IP SERVICES
SOUTHERN COLORADO GYNOCLOGY ONCOLOGY 2222 N NEVADA AVE SUITE 2025 COLORADO SPRINGS,CO 80907	OP CLINIC URGENT CARE NO IP SERVICES
SOUTHERN COLORADO VASCULAR SURGERY 2222 N NEVADA AVE SUITE 5011 COLORADO SPRINGS,CO 80907	OP CLINIC URGENT CARE NO IP SERVICES

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
CATHOLIC HEALTH INITIATIVES-COLORADO

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

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

OMB No 1545-0047

2012

Open to Public
Inspection

Employer identification number
84-0405257

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

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

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

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

19

3

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

2

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)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information.		
Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information		
Identifier	Return Reference	Explanation
Procedures for monitoring use of grant funds	Schedule I, Part I, Line 2	GRANTS ARE AT THE DISCRETION OF THE CHI-COLORADO CEO THE CEO MAKES REQUESTS FOR FUNDING, WHICH IS PAID OUT IN THE FORM OF A DONATION TO THE ENTITY OR USED TO REIMBURSE AN INVOICE SUBMITTED FOR AN EXPENSE FOR A SPECIFIC PURPOSE THE MAJORITY OF THE DONEES ARE 501(C)(3) ORGANIZATIONS THAT ASSUME RESPONSIBILITY FOR ENSURING THAT THE FUNDS ARE USED IN FURTHERANCE OF THE PURPOSE OF THE GRANT

Software ID: 12000266
Software Version: v2012.1.0
EIN: 84-0405257
Name: CATHOLIC HEALTH INITIATIVES-COLORADO

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CROSSROADS TURNING POINTS509 E 13TH STREET PUEBLO,CO 81001	84-0810723	501(C)(3)	19,200				PROGRAM SUPPORT
LATINO CHAMBER OF COMMERCE215 SOUTH VICTORIA AVE PUEBLO,CO 81003	84-1166366	501(C)(6)	5,020				PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PIKES PEAK COMMUNITY FOUNDATION730 N NEVADA AVE COLORADO SPRINGS,CO 80903	84-1339670	501(C)(3)	15,000				SPONSORSHIP
MOUNT SAINT FRANCIS 7665 ASSISI HEIGHTS COLORADO SPRINGS,CO 80919	84-1121793	501(C)(3)	15,245				PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROCKY MOUNTAIN ADVENTIST HEALTHCARE FOUNDATION7995 E PRENTICE AVE SUITE 204 GREENWOOD VILLAGE, CO 80111	84-0947024	501(C)(3)	13,913				PROGRAM SUPPORT
TESSA235 GOLD PASS HEIGHTS COLORADO SPRINGS, CO 80906	84-0746803	501(C)(3)	6,000				SPONSORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JUVENILE DIABETES FOUNDATION332 W BIJOU SUITE 201 COLORADO SPRINGS,CO 80905	23-1907729	501(C)(3)	5,500				SPONSORSHIP
MARCH OF DIMES421 SOUTH TEJON STREET SUITE 310 COLORADO SPRINGS,CO 80903	13-1846366	501(C)(3)	12,500				SPONSORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICA HEART ASSOCIATIONSO CENTRAL AFFILIATE10900-B STONELAKE BLVD 320 AUSTIN,TX 78759	13-5613797	501(C)(3)	32,500				SPONSORSHIP
UNIVERSITY OF COLORADO - CO SPRINGS 1420 AUSTIN BLUFFS PARKWAY COLORADO SPRINGS,CO 78759	84-6000555	501(C)(3)	6,000				PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOORE PROMOTIONAL PRODUCTS AND APPAREL 734 E PLATTE AVE COLORADO SPRINGS,CO 80903	52-3399142	501(C)(3)	8,277				PROGRAM SUPPORT
RONALD MCDONALD HOUSE CHARITIES OF SOUTHERN CO INC311 NORTH LOGAN COLORADO SPRINGS,CO 80909	84-1013843	501(C)(3)	13,750				SPONSORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST & MAIN TOWN CENTER111 SOUTH TEJON STREET SUITE 222 COLORADO SPRINGS,CO 80903	84-1526427	501(C)(3)	13,500				SPONSORSHIP
IMG COLLEGE LLCPO BOX 16533 PALATINE,IL 60055	27-3646546	501(C)(3)	5,550				SPONSORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROJECT CURE10377 E GEDDAS AVE SUITE 200 CENTENNIAL,CO 80119	84-1568566	501(C)(3)		153,477	BOOK VALUE	SUPPLIES	PROGRAM SUPPORT
ARRUPE JESUIT HIGH SCHOOL4343 UTICA STREET DENVER,CO 80204	02-0628872	501(C)(3)	11,000				PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEFFCO EDC1667 COLE BLVD SUITE 400 GOLDEN,CO 80401	84-0447505	501(C)(3)	45,000				PROGRAM SUPPORT
SAN JUAN BASIN HEALTH 281 SAWYER DR DURANGO,CO 81301	84-6002563	501(C)(3)	50,000				PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF DURANGO949 E SECOND AVE DURANGO,CO 81301	84-6000582	N/A	25,000				PROGRAM SUPPORT
FOUR CORNERS HEALTH CARE2911 JUNCTION STREET DURANGO,CO 81301	20-1420109	N/A	46,612				PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC HEALTH INITIATIVES COLORADO FOUNDATION6385 CORPORATE DR SUITE 301 COLORADO SPRINGS, CO 80919	84-0902211	501(C)(3)	5,679,034				PROGRAM SUPPORT

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
CATHOLIC HEALTH INITIATIVES-COLORADO

Employer identification number
84-0405257

Part I

Questions Regarding Compensation

	Yes	No
<div>1a</div> <div>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</div> <div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input checked="" type="checkbox"/> Travel for companions</div><div><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input checked="" type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div>		
<div>b</div> <div>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</div>	Yes	
<div>2</div> <div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</div>	Yes	
<div>3</div> <div>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</div> <div><div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div><div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div></div>		
<div>4</div> <div>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</div>		
<div>a</div> <div>Receive a severance payment or change-of-control payment?</div>		No
<div>b</div> <div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div>	Yes	
<div>c</div> <div>Participate in, or receive payment from, an equity-based compensation arrangement?</div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>		No
<div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div>		
<div>5</div> <div>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</div>		
<div>a</div> <div>The organization?</div>		No
<div>b</div> <div>Any related organization?</div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>		No
<div>6</div> <div>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</div>		
<div>a</div> <div>The organization?</div>		No
<div>b</div> <div>Any related organization?</div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>		No
<div>7</div> <div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</div>	Yes	
<div>8</div> <div>Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III</div>		No
<div>9</div> <div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</div>		

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

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

Note. The sum of columns (B)(i)-(iii) 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 other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table								

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
Also complete this part for any additional information

Identifier	Return Reference	Explanation
Travel for companions	Schedule J, Part I, Line 1a	SENIOR VICE PRESIDENTS AND HOSPITAL CEOS ARE PAID THROUGH CENTURA HEALTH CORPORATION AND ARE ELIGIBLE FOR THE FOLLOWING BENEFITS TRAVEL FOR COMPANIONS, HEALTH OR SOCIAL CLUB DUES, AND REIMBURSEMENT UP TO \$10,000 FOR PERSONAL SERVICES SUCH AS TAX, FINANCIAL, AND ESTATE PLANNING SERVICES, ALONG WITH TAX GROSS-UP PAYMENTS FOR ANY REIMBURSEMENTS INCLUDED IN TAXABLE COMPENSATION ALL BENEFITS ARE PROVIDED PURSUANT TO A WRITTEN POLICY GOVERNING PAYMENT AND REIMBURSEMENT, SUBSTANTIATION IS REQUIRED FOR ALL EXPENSES SUBMITTED FOR REIMBURSEMENT, AND REIMBURSEMENTS ARE INCLUDED IN TAXABLE COMPENSATION WHERE APPROPRIATE
Tax indemnification and gross-up payments	Schedule J, Part I, Line 1a	SEE SCHEDULE J, PART I, LINE 1A - TRAVEL FOR COMPANIONS DISCLOSURE
Health or social club dues or initiation fees	Schedule J, Part I, Line 1a	SEE SCHEDULE J, PART I, LINE 1A - TRAVEL FOR COMPANIONS DISCLOSURE
Personal services	Schedule J, Part I, Line 1a	SEE SCHEDULE J, PART I, LINE 1A - TRAVEL FOR COMPANIONS DISCLOSURE
METHODS USED TO ESTABLISH CEO COMPENSATION	SCHEDULE J, PART I, LINE 3	CATHOLIC HEALTH INITIATIVES-COLORADO'S CEO IS PAID BY CENTURA HEALTH CORPORATION (CENTURA) OUTSIDE CONSULTANTS ARE ENGAGED TO PROVIDE RECOMMENDATIONS TO CENTURA'S COMPENSATION COMMITTEE REGARDING THE COMPENSATION OF FACILITY CEOS THE CONSULTANT'S RECOMMENDATIONS ARE THEN PRESENTED TO AND APPROVED BY THE COMPENSATION COMMITTEE
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 JOHN DICOLA, MICHAEL ROWAN AND JAMES SWINDLE DURING 2012 THE FOLLOWING CONTRIBUTIONS WERE MADE BY CHI TO THE DEFERRED COMPENSATION PLAN JOHN DICOLA \$92,784 MICHAEL ROWAN \$177,916 JAMES SWINDLE \$145,692 DURING 2012 THE FOLLOWING DISTRIBUTIONS WERE MADE BY CHI TO THE DEFERRED COMPENSATION PLAN MICHAEL ROWAN \$150,422 JOHN DICOLA \$ 82,269 IN ADDITION, CENTURA OFFERS A NON-QUALIFIED RETIREMENT PLAN IN WHICH SENIOR EXECUTIVES (SENIOR VPS AND ABOVE) ARE PROVIDED A 10% OF SALARY ALLOWANCE TO PURCHASE INSURANCE PRODUCTS OR CONTRIBUTE INTO THE DEFERRED COMPENSATION PLAN IN ADDITION, A PENSION RESTORATION BENEFIT IS PROVIDED WHICH CREDITS PARTICIPANTS WITH A BENEFIT WHICH IS CALCULATED BASED ON THE EXCESS OF THE PARTICIPANT'S COMPENSATION OVER THE MAXIMUM ALLOWED FOR PENSION CONTRIBUTIONS AMOUNTS DEFERRED ARE NOT REPORTED AS TAXABLE INCOME UNTIL/UNLESS A TRIGGERING EVENT OCCURS THIS DEFERRED COMPENSATION PLAN HAS A SUBSTANTIAL RISK OF FORFEITURE PROVISION AND AN ELECTED VESTING SCHEDULE THE FOLLOWING INDIVIDUALS WERE ELIGIBLE TO PARTICIPATE IN AND RECEIVED CONTRIBUTIONS TO THE SUPPLEMENTAL NON-QUALIFIED DEFERRED COMPENSATION PLAN DURING THE CALENDAR YEAR 2012 MARGARET SABIN \$116,207 JEFFREY BRICKMAN \$55,001 DURING THE CALENDAR YEAR 2012 THE FOLLOWING DISTRIBUTIONS WERE MADE BY CENTURA FROM THE DEFERRED COMPENSATION PLAN MARGARET SABIN \$68,848
Non-fixed payments	Schedule J, Part I, Line 7	PARTICIPANTS IN CENTURA'S INCENTIVE COMPENSATION PLANS INCLUDE DIRECTORS AND ABOVE PAYOUTS ARE BASED ON METRICS ESTABLISHED AND APPROVED BY CENTURA'S COMPENSATION COMMITTEE THE METRICS INCLUDE QUANTIFIABLE MEASURES PERTAINING TO FINANCIAL PERFORMANCE, SAFETY AND QUALITY AND ASSOCIATE SATISFACTION WITH EACH METRIC WEIGHTED IN DETERMINING THE OVERALL SCORE THE INCENTIVE COMPENSATION PAYOUT IS CALCULATED BASED ON THE CUMULATIVE SCORE FOR ALL METRICS AND THE PAYOUT IS BASED ON A COMBINATION OF THE SCORE, THE INDIVIDUAL'S BASE COMPENSATION AMOUNT AND POSITION (E G DIRECTOR, VICE PRESIDENT)
REPORTABLE INDIVIDUALS COMPENSATED BY UNRELATED ORGANIZATIONS	SCHEDULE J, PART II	ALL KEY EMPLOYEES AND HOSPITAL CEOS ARE COMPENSATED BY CENTURA HEALTH CORPORATION, WHO MANAGES THE DAILY ACTIVITIES OF THE CATHOLIC HEALTH INITIATIVES-COLORADO (CHIC) HOSPITALS UNDER A JOINT OPERATING AGREEMENT DATED DECEMBER 8, 1995 BETWEEN THE ADVENTIST HEALTHCARE SYSTEM AND CATHOLIC HEALTH INITIATIVES AS SUCH, THEIR SALARIES ARE PAID TO THEM BY CENTURA, AN UNRELATED ORGANIZATION, FOR SERVICES RENDERED IN THEIR CAPACITY AS KEY EMPLOYEES OR OFFICERS OF CHIC ALL OF THEIR REPORTABLE COMPENSATION IS DISCLOSED ON FORM 990, SCHEDULE J, PART II, ROW (I) AND 990, PART VII, COLUMN (D) AS REPORTING ORGANIZATION COMPENSATION IN ADDITION, THE CEO AND CFO OF CHIC WERE APPOINTED AS SUCH BY THE CHIC BOARD OF DIRECTORS WHILE THEY ARE OFFICERS OF THESE ENTITIES, A VERY SMALL PORTION OF THEIR TIME IS DIRECTLY RELATED TO THE OPERATIONS OF CHIC THEY ARE COMPENSATED BY CENTURA, WHICH IS CHARGED WITH MANAGING THE FACILITIES THEIR RESPECTIVE COMPENSATION IS NOT REPORTED ON THE FILING ORGANIZATION'S 990 BUT IN FACT IS REPORTED IN FULL ON PART VII AND SCHEDULE J OF CENTURA HEALTH CORPORATION'S FORM 990

Software ID: 12000266
Software Version: v2012.1.0
EIN: 84-0405257
Name: CATHOLIC HEALTH INITIATIVES-COLORADO

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
A STEWART LEVY	(i)	819,338	0	3,358	26,846	651	850,193	0
	(ii)	0	0	0	0	0	0	0
DANIEL REEVES	(i)	195,941	48,297	2,426	21,241	7,580	275,485	0
	(ii)	0	0	0	0	0	0	0
DAVID THOMPSON	(i)	301,968	72,349	2,679	30,350	290	407,636	0
	(ii)	0	0	0	0	0	0	0
DEAN SWINDLE CPA	(i)	0	0	0	0	0	0	0
	(ii)	836,953	443,681	23,332	166,288	21,597	1,491,851	0
DIRK PIKAART	(i)	848,980	0	2,664	19,346	651	871,641	0
	(ii)	0	0	0	0	0	0	0
JAMESON SMITH	(i)	261,454	65,692	2,372	23,096	15,590	368,204	0
	(ii)	0	0	0	0	0	0	0
JEFFREY BRICKMAN	(i)	553,821	191,008	179,209	75,597	15,563	1,015,198	0
	(ii)	0	0	0	0	0	0	0
JOHN DICOLA	(i)	0	0	0	0	0	0	0
	(ii)	610,649	193,114	109,213	125,880	21,597	1,060,453	82,269
JOHN MEHALL	(i)	831,121	0	2,892	23,096	3,052	860,161	0
	(ii)	0	0	0	0	0	0	0
MARGARET SABIN	(i)	483,957	176,376	97,081	136,803	13,803	908,020	68,848
	(ii)	0	0	0	0	0	0	0
MARK ROBINSON	(i)	697,490	0	2,623	20,596	14,327	735,036	0
	(ii)	0	0	0	0	0	0	0
MICHAEL DREWEK	(i)	917,198	0	3,190	24,346	14,327	959,061	0
	(ii)	0	0	0	0	0	0	0
MICHAEL ROWAN FACHE	(i)	0	0	0	0	0	0	0
	(ii)	1,010,071	468,458	173,838	201,012	19,541	1,872,920	150,422

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization CATHOLIC HEALTH INITIATIVES-COLORADO	Employer identification number 84-0405257
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Identifier	Return Reference	Explanation
Classes of members or stockholders	Form 990, Part VI, Section A, Line 6	ACCORDING TO THE BY LAWS OF CATHOLIC HEALTH INITIATIVES-COLORADO, THE ENTITY'S SOLE MEMBER IS CATHOLIC HEALTH INITIATIVES, A COLORADO NONPROFIT CORPORATION

Identifier	Return Reference	Explanation
Members or stockholders electing members of governing body	Form 990, Part VI, Section A, Line 7a	THE SOLE CORPORATE MEMBER HAS THE POWER TO APPOINT, REPLACE OR REMOVE THE MEMBERS OF THE BOARD OF DIRECTORS ACCORDING TO THE ORGANIZATION'S BYLAWS, THE SOLE MEMBER SHALL FILL ALL VACANCIES ON THE BOARD OF TRUSTEES CREATED BY REMOVAL, RESIGNATION, OR DEATH

Identifier	Return Reference	Explanation
Decisions requiring approval by members or stockholders	Form 990, Part VI, Section A, Line 7b	<p>CATHOLIC HEALTH INITIATIVES-COLORADO'S ("CHIC") CORPORATE MEMBER IS CATHOLIC HEALTH INITIATIVES ("CHI") PURSUANT TO SECTION 5 4 1 OF THE ORGANIZATION'S BYLAWS, THE CORPORATE MEMBER SHALL HAVE THE SPECIFIC RIGHTS SET FORTH IN THE GOVERNANCE MATRIX EXCEPT TO THE EXTENT OTHERWISE PROVIDED IN ORGANIZATION'S ARTICLES AND BYLAWS PURSUANT TO THE GOVERNANCE MATRIX THE FOLLOWING RIGHTS ARE HELD BY THE CHIC BOARD - APPROVE MEMBERS OF THE CHIC BOARD - AMENDMENT OF THE CORPORATE DOCUMENTS OF CHIC - APPROVE REMOVAL OF A MEMBER OF THE GOVERNING BODY OF CHIC - ADOPTION OF LONG RANGE AND STRATEGIC PLANS FOR CHIC - SUBSTANTIAL CHANGE IN THE MISSION OR PHILOSOPHY OF CHIC THE FOLLOWING RIGHTS ARE RESERVED TO THE CHI BOARD DIRECTLY OR THROUGH POWERS DELEGATED TO THE CHI CHIEF EXECUTIVE OFFICER - REMOVAL OF A MEMBER OF THE GOVERNING BODY OF CHIC - APPROVAL OF ISSUANCE OF DEBT BY CHIC - APPROVAL OF PARTICIPATION OF CHIC IN A JOINT VENTURE - APPROVAL OF FORMATION OF A NEW CORPORATION BY CHIC - APPROVAL OF A MERGER INVOLVING CHIC - APPROVAL OF THE SALE OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF CHIC - TO REQUIRE THE TRANSFER OF ASSETS BY CHIC TO CHI TO ACCOMPLISH CHI'S GOALS AND OBJECTIVES, AND TO SATISFY CHI DEBTS PURSUANT TO SECTION 5 5 2 OF THE ORGANIZATION'S BYLAWS, CHI MAY, IN EXERCISE OF ITS APPROVAL POWERS, GRANT OR WITHHOLD APPROVAL IN WHOLE OR IN PART, OR MAY, IN ITS COMPLETE DISCRETION, AFTER CONSULTATION WITH THE BOARD AND THE PRESIDENT AND CHIEF EXECUTIVE OFFICER OF THE ORGANIZATION, RECOMMEND SUCH OTHER OR DIFFERENT ACTIONS AS IT DEEMS APPROPRIATE IN ADDITION, PURSUANT TO THE AFFILIATION AGREEMENT BETWEEN CHI, CHIC, CENTURA HEALTH CORPORATION, AND PORTERCARE ADVENTIST HEALTH SYSTEM, CERTAIN MATTERS AFFECTING CHIC MUST BE APPROVED BY BOTH PORTERCARE AND CHI THOSE ITEMS INCLUDE - THE TRANSFER OF ASSETS VALUED AT OVER \$1,000,000 - THE ISSUANCE OF A DEBT INSTRUMENT IN EXCESS OF \$250,000 - THE AMENDMENT OF THE ORGANIZING DOCUMENTS - THE ADMISSION OF A NEW SPONSOR - A MERGER OR DISSOLUTION OR REORGANIZATION - SETTLEMENT OF LEGAL PROCEEDINGS IN EXCESS OF \$2,000,000 - CAPITAL EXPENDITURES IN EXCESS OF \$2,000,000</p>

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

Identifier	Return Reference	Explanation
Conflict of interest policy	Form 990, Part VI, Section B, Line 12c	<p>PROCEDURE 1 PROCEDURE FOR CONFLICT OF INTEREST REPORTING 1 1 THE CATHOLIC HEALTH INITIA TIVES-COLORADO ("CHIC") COMPLIANCE DEPARTMENT ADMINISTERS AN ANNUAL CONFLICT OF INTEREST P ROCESS (USUALLY STARTING IN NOVEMBER) COLLECTING AND ASSESSING ANY POTENTIAL CONFLICTS BOA RD MEMBERS AND RELATED BOARD COMMITTEE MEMBERS, MATERIALS MANAGEMENT/SUPPLY CHAIN AS WELL AS CHIC MANAGEMENT MAY HAVE THE FOLLOWING PROCESS IS FOLLOWED 1 1 1 A COVER LETTER ALON G WITH THE CONFLICTS OF INTEREST POLICY AND THE CONFLICTS OF INTEREST DISCLOSURE STATEMENT ARE AUTOMATICALLY GENERATED AND DISTRIBUTED VIA EMAIL UTILIZING THE COMPLY TRACK SURVEY MANAGER TOOL FOR THOSE WITHOUT EMAIL ADDRESSES, THE DOCUMENTS ARE SENT VIA US MAIL 1 1 2 A REQUEST IS MADE TO COMPLETE THE DISCLOSURE STATEMENT FROM ONLINE AND SUBMIT AN ELECTRON IC SIGNATURE USING THE SURVEY TOOL FOR THOSE WITHOUT AN EMAIL ADDRESS, A REQUEST IS MADE TO FAX OR MAIL ORIGINALS TO THE COMPLIANCE DEPARTMENT 1 1 3 A REPORT IS COMPILED IDENTIF YING ALL REPORTED POTENTIAL CONFLICTS, NO RESPONSES AND NO NOTED CONFLICTS 1 1 4 THE REP ORT IS REVIEWED FOR POTENTIAL CONFLICTS AND CATEGORIZED BY TYPE OF CONFLICT 1 1 5 A MEMO IS DISTRIBUTED TO EACH FACILITY CEO AND CFO ALONG WITH REPORTED CONFLICTS FOR PROCESSING AND RELEVANT ACTION OR FOLLOW UP THE CEO OR CFO, ON BEHALF OF THE CEO, WILL DISTRIBUTE IN FORMATION ABOUT SPECIFIC CONFLICTS TO RELEVANT DEPARTMENT MANAGEMENT FOR CONSIDERATION IN FUTURE BUSINESS DEALINGS/NEGOTIATIONS 1 1 6 THE REPORT IS SHARED WITH THE CHIC BOARD FOR INFORMATION, DISCUSSION, AND POSSIBLE ACTION RELATIVE TO SPECIFIC CONFLICTIVE SITUATIONS 2 PROCEDURE FOR DISCLOSURE 2 1 WHENEVER ANY MATTER COMES BEFORE A MEETING OF THE BOARD, A BOARD COMMITTEE MANAGEMENT OR MATERIALS MANAGEMENT/SUPPLY CHAIN THAT GIVES RISE TO A PO TENTIAL CONFLICT OF INTEREST, THE FOLLOWING PROCEDURES SHALL APPLY 2 1 1 AN INTERESTED P ERSON MAY MAKE A PRESENTATION AT THE BOARD, COMMITTEE MEETING OR MANAGEMENT MEETING BUT AF TER SUCH PRESENTATION, HE/SHE SHALL, IF REQUESTED BY THE BOARD OR COMMITTEE, LEAVE THE MEE TING DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR ARRANGEMENT THAT RESULT S IN THE CONFLICT OF INTEREST 2 1 2 THE CHAIRPERSON OF THE BOARD OR COMMITTEE SHALL, IF APPROPRIATE, APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO TH E PROPOSED TRANSACTION OR ARRANGEMENT 2 1 3 AFTER EXERCISING DUE DILIGENCE, THE BOARD OR COMMITTEE SHALL DETERMINE WHETHER CHIC CAN OBTAIN A MORE ADVANTAGEOUS TRANSACTION OR ARR ANGEMENT WITH REASONABLE EFFORTS FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONF LICT OF INTEREST 2 1 4 IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONAB LY ATTAINABLE UNDER CIRCUMSTANCES THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST, THE BOARD OR COMMITTEE SHALL DETERMINE, BY A MAJORITY VOTE OF THE DISINTERESTED MEMBERS, WHETH ER THE TRANSACTION OR ARRANGEMENT IS IN CHIC'S BEST INTEREST AND FOR ITS OWN BENEFIT AND W HETHER THE TRANSACTION IS FAIR AND REASONABLE TO CHIC AND SHALL MAKE ITS DECISION AS TO WH ETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT IN CONFORMITY WITH SUCH DETERMINATION 2 1 5 FOR TRANSACTIONS THAT ARE NEGOTIATED BY CHIC MANAGEMENT AND MATERIALS MANAGEMENT/SU PPLY CHAIN AND WHICH ARE NOT REQUIRED TO BE REPORTED TO THE BOARD, EACH MANAGER WILL TAKE PRECAUTIONS TO ENSURE THERE IS NO CONFLICT OR THE APPEARANCE OF A CONFLICT RELATIVE TO THE BUSINESS NEGOTIATIONS AND TRANSACTION IF A CONFLICT, OR THE APPEARANCE OF A CONFLICT EXI STS, THE INTERESTED PERSON WILL REMOVE HIMSELF/HERSELF OR OTHER INTERESTED PARTY FROM THE NEGOTIATION/TRANSACTION 3 VIOLATIONS OF THE CONFLICTS OF INTEREST POLICY 3 1 IF THE BOA RD, COMMITTEE OR CHIC MANAGEMENT HAS REASONABLE CAUSE TO BELIEVE THAT AN INTERESTED PERSON HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, IT SHALL INFORM THE INTE RESTED PERSON TO DISCLOSE 3 2 IF, AFTER HEARING THE RESPONSE OF THE INTERESTED PERSON AND MAKING SUCH FURTHER INVESTIGATION AS MAY BE WARRANTED IN THE CIRCUMSTANCES, THE BOARD, C OMMITTEE OR CHIC MANAGEMENT DETERMINES THAT THE INTERESTED PERSON HAS IN FACT FAILED TO DI SCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT SHALL TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION 4 RECORDS OF PROCEEDINGS 4 1 THE MINUTES OF THE BOARD AND ANY COM MITTEES WITH BOARD DELEGATED POWERS SHALL CONTAIN 4 1 1 THE NAMES OF THE PERSONS WHO DIS CLOSED OR OTHERWISE WERE FOUND TO HAVE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, THE NAT URE OF THE CONFLICT, ANY ACTION TAKEN TO DETERMINE WHETHER A CONFLICT OF INTEREST WAS PRES ENT, AND THE BOARD OR COMMITTEE'S DECISION AS TO WHETHER A CONFLICT OF INTEREST, IN FACT, EXISTED 4 1 2 THE NAMES OF THE PERSONS WHO WERE PRESENT FOR DISCUSSIONS RELATING TO THE TRANSACTION OR ARRANGEMENT, THE CONTENT OF THE DISCUSSION, INCLUDING ANY ALTERNATIVES TO T HE PROPOSED TRANSACTION OR ARRANGEMENT, A RECORD OF ANY VOTES TAKEN IN CONNECTION THEREWIT H AND A RECORD THAT THE PERSON(S) WITH A CONFLICT</p>

Identifier	Return Reference	Explanation
Conflict of interest policy	Form 990, Part VI, Section B, Line 12c	OF INTEREST DID NOT PARTICIPATE IN THE VOTE 4 1 3 FOR BUSINESS TRANSACTIONS BEING NEGOTIATED OUTSIDE OF THOSE REQUIRED TO BE REPORTED TO THE BOARD AND ANY COMMITTEES, THE COMPLIANCE DEPARTMENT SHALL MAINTAIN DOCUMENTATION AS TO THE RESOLUTION AND APPROPRIATENESS OF ANY POTENTIAL CONFLICT RELATIVE TO MANAGEMENT AND MATERIALS MANAGEMENT/SUPPLY CHAIN ASSOCIATES CONDUCTING BUSINESS ON BEHALF OF CHIC 5 COMPENSATION 5 1 A VOTING MEMBER OF A BOARD OR A BOARD COMMITTEE WHO RECEIVES COMPENSATION, DIRECTLY OR INDIRECTLY, FROM CHIC FOR SERVICES IS PRECLUDED FROM VOTING ON MATTERS PERTAINING TO THAT MEMBER'S COMPENSATION 5 2 A PHYSICIAN WHO IS A VOTING MEMBER OF A BOARD OR BOARD COMMITTEE AND RECEIVES COMPENSATION, DIRECTLY OR INDIRECTLY, FROM CHIC FOR SERVICES IS PRECLUDED FROM DISCUSSING AND VOTING ON MATTERS PERTAINING TO THAT MEMBER AND OTHER PHYSICIANS' COMPENSATION NO PHYSICIAN OR PHYSICIAN BOARD MEMBER OR COMMITTEE MEMBER, EITHER INDIVIDUALLY OR COLLECTIVELY, IS PROHIBITED FROM PROVIDING INFORMATION TO THE BOARD OR BOARD COMMITTEE REGARDING PHYSICIAN COMPENSATION 6 ANNUAL STATEMENTS 6 1 ALL INTERESTED PERSONS MUST COMPLETE A DISCLOSURE STATEMENT ANNUALLY THIS DISCLOSURE STATEMENT MAY BE MODIFIED FROM TIME TO TIME AS DEEMED APPROPRIATE THE VICE PRESIDENT OF CHIC COMPLIANCE IS RESPONSIBLE FOR CIRCULATING, ENSURING COMPLETION OF THE DISCLOSURE STATEMENT BY ALL INTERESTED PERSONS OF CHIC, AND REPORTING THE RESULTS TO THE CHIC HEALTH BOARD 7 PERIODIC REVIEWS 7 1 ANNUALLY, INTERNAL AUDIT WILL REVIEW COMPENSATION AND FINANCIAL ARRANGEMENTS FOR POTENTIAL CONFLICTS OF INTEREST

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

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

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

Identifier	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 ARE AVAILABLE ON THE COLORADO SECRETARY OF STATE'S WEBSITE. THE ORGANIZATION'S FINANCIAL STATEMENTS ARE INCLUDED IN THE CATHOLIC HEALTH INITIATIVES CONSOLIDATED AUDITED FINANCIAL STATEMENTS THAT ARE AVAILABLE AT WWW.CATHOLICHEALTHINIT.ORG OR AT WWW.DACBOND.COM. THE ORGANIZATION'S CONFLICT OF INTEREST POLICY IS NOT PUBLICLY AVAILABLE.

Identifier	Return Reference	Explanation
Other Expenses	Form 990, Part IX, Line 11g	PURCHASED SERVICES - TOTAL EXPENSE 145508287, PROGRAM SERVICE EXPENSE 116406630, MANAGEMENT AND GENERAL EXPENSES 29101657, FUNDRAISING EXPENSES , MANAGEMENT FEES - TOTAL EXPENSE 95455343, PROGRAM SERVICE EXPENSE 76364274, MANAGEMENT AND GENERAL EXPENSES 19091069, FUNDRAISING EXPENSES , PHYSICIAN FEES - TOTAL EXPENSE 54600298, PROGRAM SERVICE EXPENSE 43680238, MANAGEMENT AND GENERAL EXPENSES 10920060, FUNDRAISING EXPENSES , MEDICAL SERVICES - TOTAL EXPENSE 31807129, PROGRAM SERVICE EXPENSE 25445703, MANAGEMENT AND GENERAL EXPENSES 6361426, FUNDRAISING EXPENSES , OTHER FEES FOR SERVICES - TOTAL EXPENSE 12195644, PROGRAM SERVICE EXPENSE 9756515, MANAGEMENT AND GENERAL EXPENSES 2439129, FUNDRAISING EXPENSES ,

Identifier	Return Reference	Explanation
Other changes in net assets or fund balances	Form 990 , Part XI, Line 9	CAPITAL RESOURCE POOL CONTRIBUTION - -9016824, TRANSFERS FROM AFFILIATES - -5425005, JOINT VENTURE WRITEOFF - -503846,

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
CATHOLIC HEALTH INITIATIVES-COLORADO

Employer identification number
84-0405257

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II 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.)							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
See Additional Data Table							

Part III

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

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

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
See Additional Data Table									

Part V

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

1s

No

No

No

No

No

No

No

No

No

No

No

Yes

Yes

No

No

Yes

Yes

No

Yes

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CATHOLIC HEALTH INITIATIVES COLORADO FOUNDATION	B	5,679,034	FMV
(2) CATHOLIC HEALTH INITIATIVES COLORADO FOUNDATION	C	4,404,836	FMV

Schedule R (Form 990) 2012

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

[illegible]

Software ID: 12000266

Software Version: v2012.1.0

EIN: 84-0405257

Name: CATHOLIC HEALTH INITIATIVES-COLORADO

Part VII

Supplemental Information

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

Identifier		Return Reference		Explanation								
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Dispropportionate allocations?		(i) Code V-UBI amount on Box 20 of K-1	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
AUDUBON LAND COMPANY LLC 5390 N ACADEMY BLVD SUITE 300 COLORADO SPRINGS, CO 80918 84-1513085	REAL ESTATE	CO	CHIC	RELATED	34,991	8,665,388		No	0		No	50 1 %
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 400 BERYWOOD TRAIL CLEVELAND, TN 37312 62-1875199	PHYS OFFICE	TN	MHCS	RELATED	57,545	1,013,237		No	0	Yes		63 %
BLUEGRASS REGIONAL IMAGING CENTER 1218 SOUTH BROADWAY SUITE 310 LEXINGTON, KY 40504 61-1386736	DIAGNOSTIC	KY	SJHS	RELATED	308,428	3,317,191		No	0		No	65 %
CENTRAL NEBRASKA HOME CARE SERVICES PO BOX 1146-4510 SECOND AVENUE KEARNEY, NE 68848 47-0692112	HEALTHCARE SRVC	NE	NA	RELATED	228,435	675,251		No	0	Yes		100 %
CENTRAL NEBRASKA REHAB SERVICES 3004 W FAIDLEY AVE GRAND ISLAND, NE 68802 81-0653461	PHYSICAL THERAPY	NE	SFMC	RELATED	1,710,199	2,712,656		No	0		No	51 %
CHI OPERATING INVESTMENT PROGRAM LP 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 47-0727942	INVESTMENTS	CO	CHI	UNRELATED	344,962,532	4,617,413,792		No	0	Yes		79 92 %
HEALTHCARE SUPPORT SERVICES PO BOX 9804 GRAND ISLAND, NE 68802 72-1546196	LAUNDRY	NE	NA	RELATED	98,583	3,190,677		No	0		No	100 %
MRI AT ST JOSEPH MEDICAL CENTER LLC 7253 AMBASSADOR ROAD BALTIMORE, MD 21244 52-1958002	MEDICAL IMAGING	MD	SJMC	RELATED	423,167	2,174,155		No	0	Yes		51 %
NORTH RIVER SURGERY CENTER LLC 2209 WILDWOOD AVENUE SHERWOOD, AR 72120 71-0799771	AMBUL SURG CTR	AR	SVIMC	RELATED	81,071	1,077,536		No	0		No	57 45 %
O'DEA MEDICAL ARTS LIMITED PARTNERSHIP 7601 OSLER DRIVE TOWSON, MD 21204 52-1682964	REAL ESTATE	MD	TMI	RELATED	9,490	0		No	0	Yes		66 58 %
ORTHOCOLORADO LLC 11650 WEST 2ND PLACE LAKEWOOD, CO 80255 37-1577105	ORTHO HOSPITAL	CO	THC	RELATED	1,846,153	8,411,844		No	0		No	60 %
PENINSULA RADIATION ONCOLOGY LLC 315 MARTIN LUTHER KING JR WAY 111 TACOMA, WA 98405 87-0808610	HEALTHCARE SRVC	WA	FHS	RELATED	256,567	3,262,002		No	0		No	60 %
PENRAD IMAGING 1390 KELLY JOHNSON BLVD COLORADO SPRINGS, CO 80920 84-1072619	MEDICAL IMAGING	CO	CHIC	RELATED	715,094	3,489,436		No	0		No	70 %
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 R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount on Box 20 of K-1	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
SAINT JOSEPH - SCA HOLDINGS LLC 1451 HARRDOSBURG ROAD LEXINGTON, KY 40504 45-3801157	OP SURGERY	DE	SJHS	RELATED	0	0		No	0	Yes		51 %
SCA PREMIER SURGERY CENTER OF LOUISVILLE LLC 200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 72-1386840	SURGERY CENTER	KY	JH	RELATED	3,388	666,017		No	0	Yes		51 %
ST FRANCIS LAND COMPANY LLC 5390 N ACADEMY BLVD SUITE 300 COLORADO SPRINGS, CO 80918 26-3134100	REAL ESTATE	CO	CHIC	RELATED	-130,967	13,823,763		No	0		No	51 %
ST FRANCIS MEDICAL CENTER ASSOCIATES 1717 SOUTH J STREET TACOMA, WA 98405 91-1352698	MED OFFICE	WA	FHS	RELATED	238,717	1,907,063		No	0		No	58 46 %
ST JOSEPH-PAML LLC 424 LEWIS HARGETT CIRCLE STE 160 LEXINGTON, KY 40503 45-2116736	MGMT SVCS	KY	SJHS	RELATED	30,446	1,149,003		No	0	Yes		62 5 %
SUPERIOR MEDICAL IMAGING LLC 5000 NORTH 26TH STREET LINCOLN, NE 68521 26-2884555	OP DIAGNOSTICS	NE	SERMC	RELATED	-200,323	821,112		No	0	Yes		51 %
SURGERY CENTER OF LEXINGTON LLC 424 LEWIS HARGETT CIRCLE STE 160 LEXINGTON, KY 40503 62-1179539	SURGERY CENTER	DE	SJHS	RELATED	-200,318	4,079,584		No	0	Yes		51 %
SURGERY CENTER OF LOUISVILLE LLC 200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 62-1179537	SURGERY CENTER	KY	JH	RELATED	-15,452	396,101		No	0	Yes		51 %
ALEGENT HEALTH NORTHWEST IMAGING CENTER LLC 3606 N 156TH STREET OMAHA, NE 68116 06-1786985	OP DIAGNOSTICS	NE	ACH	RELATED	116,752	776,649		No	0	Yes		51 %
BERGAN MERCY SURGERY CENTER LLC 7710 MERCY ROAD STE 100 OMAHA, NE 68124 20-8671994	AMBUL SURG CTR	NE	ACH	RELATED	142,085	3,294,472		No	0		No	63 94 %
LAKESIDE AMBULATORY SURGICAL CENTER LLC 17031 LAKESIDE HILLS DR OMAHA, NE 68130 20-4267902	AMBUL SURG CTR	NE	ACH	RELATED	3,465,880	1,951,221		No	0		No	51 6 %
LAKESIDE ENDOSCOPY CENTER LLC 17001 LAKESIDE HILLS PLZ STE 201 OMAHA, NE 68130 20-5544496	ENDOSCOPY SRVC	NE	ACH	RELATED	1,455,294	1,013,126		No	0		No	52 28 %
NEBRASKA SPINE HOSPITAL LLC 6901 N 72ND STREET OMAHA, NE 68122 27-0263191	SPINE HOSPITAL	NE	ACH	RELATED	10,501,730	17,301,869		No	0		No	51 %
PRAIRIE HEALTH VENTURES LLC 421 S 9TH ST 102 LINCOLN, NE 68508 20-4962103	TECH SERVICES	NE	AH-IMC	RELATED	1,011,804	5,564,586		No	68,565	Yes		62 7 %
SAINT JOSEPH-ANC HOME CARE SERVICES 1700 EDISON DRIVE SUITE 300 MILFORD, OH 45150 26-3330545	HOME HEALTH	KY	JH	RELATED	3,208,139	9,684,824		No	0		No	96 9 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
LINCOLN CK LEASING LLC 8770 BRYN MAWR SUITE 1370 CHICAGO, IL 60631 26-2496856	REAL ESTATE	NE	SERMC	RELATED	397,452	439,334		No	0		No	53 76 %
HIGHLINE IMAGING LLC 275 SW 160TH ST BURIEN, WA 98166 20-0460005	DIAGNOSTIC	WA	HMC	RELATED	840,222	1,784,058		No	0		No	80 %
HC SL VINTAGE I LLC 18000 WEST SARAH LANE SUITE 250 BROOKFIELD, WI 53045 27-0453767	PROPERTY HOLD	WI	SL CDC - 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	TX	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	TX	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	DIAGNOSTIC	TX	SLHS HOLDINGS	RELATED	273,448	868,814		No	0		No	57 3 %
ST LUKE'S LAKESIDE HOSPITAL LLC 6624 FANNIN SUITE 2505 HOUSTON, TX 77030 30-0427437	HOSPITAL	TX	SL CDC - WOODLANDS	RELATED	1,106,628	25,874,619		No	0	Yes		51 %
ST LUKE'S THE WOODLANDS SLEEP CENTER LLC 6624 FANNIN SUITE 800 HOUSTON, TX 77030 46-2795726	DIAGNOSTIC	TX	SLHS HOLDINGS	RELATED	0	0		No	0		No	51 %

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) Section 512(b)(13) controlled entity?	
								Yes	No
ALTERNATIVE INSURANCE MANAGEMENT SERVICE 3900 OLYMPIC BOULEVARD SUITE 400 ERLANGER, KY 41018 84-1112049	MANAGEMENT SERVICES	CO	CHI	C CORPORATION	0	6,272,746	100 %	Yes	
AMERICAN NURSING CARE 1700 EDISON DRIVE MILFORD, OH 45150 31-1085414	HOME HEALTH	OH	CHS	C CORPORATION	5,118,606	51,920,207	100 %	Yes	
AMERIMED INC 1700 EDISON DRIVE MILFORD, OH 45150 31-1158699	HOME HEALTH	OH	ANC	C CORPORATION	2,134,392	14,669,219	100 %	Yes	
BC HOLDING COMPANY INC 1850 BLUEGRASS AVE LOUISVILLE, KY 40215 31-1542851	FITNESS CLUB	KY	JH	C CORPORATION	0	0	100 %	Yes	
CADUCEUS MEDICAL ASSOCIATES INC 5600 BRAINERD ROAD SUITE 500 CHATTANOOGA, TN 37411 62-1570736	HEALTHCARE	TN	MHCS	C CORPORATION	0	1,008	100 %	Yes	
CAPTIVE MANAGEMENT INITIATIVES PO BOX 10073 APO GEORGETOWN, GRAND CAYMAN KY1-1001 CJ 98-0663022	CAPTIVE MANAGEMENT	CJ	CHI	C CORPORATION	0	0	100 %	Yes	
CATHOLIC HEALTH INITIATIVES CENTER FOR TRANSLATIONAL RESEARCH 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 27-2269511	RESEARCH	CO	CIRI	C CORPORATION	-2,286,538	1,241,259	100 %	Yes	
CGH REALTY COMPANY INC 2500 BERNVILLE RD READING, PA 19603 23-2326801	REAL ESTATE	PA	SJHM	C CORPORATION	0	0	100 %	Yes	
COMCARE SERVICES 4231 W 16TH AVENUE DENVER, CO 80204 84-0904813	INACTIVE	CO	CHIC	C CORPORATION	0	0	100 %	Yes	
CONSOLIDATED HEALTH SERVICES 1700 EDISON DRIVE MILFORD, OH 45150 31-1378212	HOME HEALTH	OH	CHI	C CORPORATION	-879,467	52,379,487	100 %	Yes	
DES MOINES MEDICAL CENTER INC 1111 6TH AVENUE DES MOINES, IA 50314 42-0837382	REAL ESTATE	IA	CHI-IA CORP	C CORPORATION	61,204	1,064,032	92 98 %	Yes	
FIRST INITIATIVES INSURANCE LTD PO BOX 10073 APO GEORGETOWN, GRAND CAYMAN KY1-1001 CJ 98-0203038	INSURANCE	CJ	CHI	C CORPORATION	0	0	100 %	Yes	
FRANCISCAN SERVICES INC 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 23-2487967	HEALTHCARE	CO	CHI	C CORPORATION	-7,868	718,254	100 %	Yes	
GOOD SAMARITAN OUTREACH SERVICES PO BOX 1990 KEARNEY, NE 68848 47-0659440	MEDICAL CLINIC	NE	CHI NEBRASKA	C CORPORATION	-257,418	180,468	100 %	Yes	
HEALTH SYSTEMS ENTERPRISES INC PO BOX 1990 KEARNEY, NE 68848 47-0664558	MANAGEMENT	NE	GSH	C CORPORATION	87,278	1,377,820	100 %	Yes	

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								Yes	No
HEALTHCARE MGMT SERVICES ORG INC 1149 MARKET ST TACOMA, WA 98402 91-1865474	HEALTH ORG	WA	FHS	C CORPORATION	0	0	100 %	Yes	
MEDQUEST 1301 15TH AVENUE WEST WILLISTON, ND 58801 45-0392137	SALE OF DME	ND	MMC WILLISTON	C CORPORATION	153,510	1,152,715	100 %	Yes	
MERCY PARK APARTMENTS LTD 1111 6TH AVENUE DES MOINES, IA 50314 42-1202422	HOUSING	IA	CHI-IA CORP	C CORPORATION	369,231	1,937,218	100 %	Yes	
MERCY SERVICES CORP 2700 STEWART PARKWAY ROSEBURG, OR 97470 93-0824308	RETAIL SALES	OR	MMC	C CORPORATION	-440,596	1,423,377	100 %	Yes	
MHSERVICES CORPORATION 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 43-1457881	DME	MO	SJRMCMC	C CORPORATION	0	0	100 %	Yes	
MOUNTAIN MANAGEMENT SERVICES INC 5600 BRAINERD ROAD SUITE 500 CHATTANOOGA, TN 37411 62-1570739	MGMT SVC ORG	TN	MHCS	C CORPORATION	96,044	6,465,179	100 %	Yes	
NAZARETH ASSURANCE COMPANY PO BOX 10073 APO GEORGETOWN, GRAND CAYMAN KY1-1001 CJ 03-0304831	INSURANCE	CJ	CHI	C CORPORATION	0	0	100 %	Yes	
PATIENT TRANSPORT SERVICES INC 1700 EDISON DRIVE MILFORD, OH 45150 31-1100798	HOME HEALTH	OH	ANC	C CORPORATION	-164,340	5,488,275	100 %	Yes	
PHYSICIAN HEALTH SYSTEM NETWORK 1149 MARKET ST TACOMA, WA 98402 91-1746721	HEALTH ORG	WA	FHS	C CORPORATION	0	0	100 %	Yes	
SAINT CLARES PRIMARY CARE INC 66 FORD ROAD DENVER, NJ 07834 22-2441202	BILLING SERVICES	NJ	SCCC	C CORPORATION	-357,263	1,361,242	100 %	Yes	
SAMARITAN FAMILY CARE INC 40 W FOURTH ST 1700 DAYTON, OH 45402 31-1299450	HEALTHCARE	OH	SHP	C CORPORATION	0	0	100 %	Yes	
SJH SERVICES CORPORATION 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 23-2307408	HEALTHCARE	CO	FSI	C CORPORATION	-197,039	3,331,737	100 %	Yes	
SJL PHYSICIAN MANAGEMENT SERVICES INC 424 LEWIS HARGETT CR 160 LEXINGTON, KY 40503 27-0164198	MANAGEMENT	KY	SJHS	C CORPORATION	0	0	100 %	Yes	
ST ANTHONY DEVELOPMENT COMPANY 1415 SOUTHGATE PENDLETON, OR 97801 93-1216943	ATHLETIC CLUB	OR	SAH	C CORPORATION	114,663	2,936,102	100 %	Yes	
ST VINCENT COMMUNITY HEALTH SERVICES INC TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 71-0710785	HEALTHCARE	AR	SVIMC	C CORPORATION	2,408,638	15,225,732	100 %	Yes	

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								Yes	No
ST JOSEPH DEVELOPMENT COMPANY INC 1717 SOUTH J STREET TACOMA, WA 98405 91-1480569	RENTAL	WA	FSI	C CORPORATION	655,478	12,357,418	100 %	Yes	
ST JOSEPH OFFICE PARK ASSOCIATION 1401 HARRODSBURG ROAD BLDG B70 LEXINGTON, KY 40504 61-1079899	MANAGEMENT	KY	SJHS	C CORPORATION	0	882,139	85 %	Yes	
TOWSON MANAGEMENT INC 7601 OSLER DRIVE TOWSON, MD 21204 52-1710750	MANAGEMENT SERVICES	MD	FSI	C CORPORATION	516,457	197,196	100 %	Yes	
COLLABHEALTH MANAGED SOLUTIONS INC 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 46-1222808	HOLDING CO	CO	CHI	C CORPORATION	0	23,806,707	100 %	Yes	
COLLABHEALTH PLAN SERVICES INC 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 46-1224037	ADMIN SERVICES	CO	CHMS	C CORPORATION	-1,082,933	38,272,608	100 %	Yes	
HIGHLINE MEDICAL GROUP 15811 AMBAUM BLVD SW 170 BURIEN, WA 98166 91-1407026	MEDICAL SERVICES	WA	HMC	C CORPORATION	-6,049,147	5,689,139	100 %	Yes	
SOUNDPATH HEALTH INC 32129 WEYERHAEUSER WAY S SUITE 201 FEDERAL WAY, WA 98001 42-1720801	INSURANCE	WA	CHPS	C CORPORATION	-154,741	10,976,973	55 6 %	Yes	
SLEHS HOLDINGS INC 6624 FANNIN SUITE 800 HOUSTON, TX 77030 76-0637138	HOLDING CO	TX	SLHS	C CORPORATION	1,425,313	33,114,103	100 %	Yes	
ST LUKE'S ANESTHESIOLOGY ASSOCIATES 6624 FANNIN SUITE 1100 HOUSTON, TX 77030 46-1517163	MEDICAL CLINIC	TX	SLMC	C CORPORATION	0	0	100 %	Yes	
SLMT PARKING INC 6624 FANNIN SUITE 800 HOUSTON, TX 77030 76-0637140	PARKING	TX	SLHS	C CORPORATION	1,117,934	13,768,221	100 %	Yes	
ST LUKE'S 6620 MAIN CONDOMINIUM ASSOCIATION 6624 FANNIN SUITE 1100 HOUSTON, TX 77030 30-0355517	CONDOMINIUM ASSOC	TX	SLPC	C CORPORATION	0	0	100 %	Yes	
ST LUKE'S EPISCOPAL HOSPITAL PHYSICIAN HOSPITAL ORGANIZATION INC 6720 BERTNER HOUSTON, TX 77030 76-0377932	PHO	TX	SLMC	C CORPORATION	6	0	60 %	Yes	
ST LUKE'S MEDICAL ARTS CENTER I CONDOMINIUM ASSOCIATION 6624 FANNIN SUITE 1100 HOUSTON, TX 77030 30-0355518	CONDOMINIUM ASSOC	TX	SLPC	C CORPORATION	0	0	100 %	Yes	
ST LUKE'S MEDICAL TOWER CONDOMINIUM ASSOCIATION 6624 FANNIN SUITE 1100 HOUSTON, TX 77030 76-0298751	CONDOMINIUM ASSOC	TX	SLMTC	C CORPORATION	0	0	100 %	Yes	
SUGAR LAND DOCTOR GROUP 1317 LAKE POINTE PARKWAY SUGAR LAND, TX 77478 45-4270163	MEDICAL CLINIC	TX	SL CHS	C CORPORATION	-1,159,411	566,590	100 %	Yes	

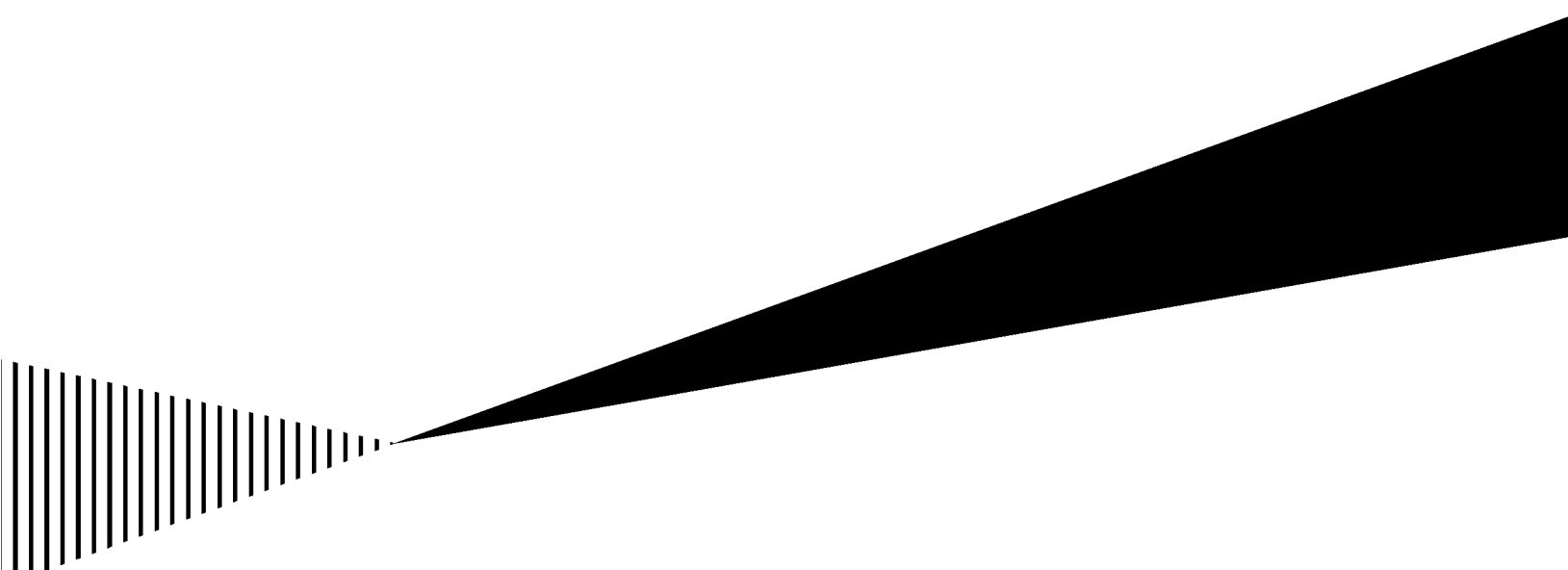
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								Yes	No
THE TEXAS HEART INSTITUTE AT ST LUKE'S EPISCOPAL HOSPITAL DENTON A COOLEY B UILDING CONDOMINIUM ASSOCIATION 6624 FANNIN SUITE 1100 HOUSTON, TX 77030 90-0064009	CONDOMINIUM ASSOC	TX	SLMC	C CORPORATION	0	0	100 %	Yes	
ALEAGENT HEALTHCREIGHTON ST JOSEPH MANAGED CARE SERVICES INC 12809 WEST DODGE ROAD OMAHA, NE 68154 47-0802396	MANAGED CARE	NE	ACH	C CORPORATION	5,312,313	4,520,865	100 %	Yes	
ALL SAINTS INSURANCE COMPANY SPC LTD PO BOX 69 GT 720 WEST BAY ROAD GEORGETOWN, GRAND CAYMAN KY- 1102 CJ	INSURANCE	CJ	SLHS	C CORPORATION	0	43,866,961	100 %	Yes	
VINTAGE DOCTOR GROUP 6624 FANNIN SUITE 1100 HOUSTON, TX 77030	MEDICAL CLINIC	TX	SLMC	C CORPORATION	0	0	100 %	Yes	

CONSOLIDATED FINANCIAL STATEMENTS AND
REPORTS ON FEDERAL AWARD PROGRAMS

Catholic Health Initiatives
Year Ended June 30, 2013
With Reports of Independent Auditors

Ernst & Young LLP



**Building a better
working world**

Catholic Health Initiatives

Consolidated Financial Statements and Reports on Federal Award Programs

Year Ended June 30, 2013

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Report of Independent Auditors

The Board of Stewardship Trustees
Kevin E. Lofton, President and Chief Executive Officer
Dean Swindle, President Enterprise Business Lines and
Chief Financial Officer
Catholic Health Initiatives

Report on the Financial Statements

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 U.S. 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, as 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 audit in accordance with auditing standards generally accepted in the United States and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free of material misstatement.

An audit involves performing procedures to obtain 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 consolidated financial position of Catholic Health Initiatives as of June 30, 2013 and 2012, and the results of its consolidated operations, changes in its net assets and its cash flows for the years then ended in conformity with U.S. generally accepted accounting principles.

Adoption of Accounting Standard

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 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.

Other Reporting Required by Government Auditing Standards

In accordance with Government Auditing Standards, we have also issued our report dated September 17, 2013, on our consideration of Catholic Health Initiatives' internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Catholic Health Initiatives' internal control over financial reporting and compliance.

Ernst & Young LLP

September 17, 2013

Catholic Health Initiatives

Consolidated Balance Sheets

(In Thousands)

	June 30	
	2013	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	1,755,348	1,353,928
Other accounts receivable	197,917	115,884
Current portion of investments and assets limited as to use	11,697	1,901
Inventories	247,720	185,571
Assets held for sale	215,777	485,074
Prepaid and other	137,776	87,125
Total current assets	3,175,461	2,633,455
Investments and assets limited as to use:		
Internally designated for capital and other funds	5,452,023	4,588,520
Mission and Ministry Fund	121,109	110,918
Capital Resource Pool	416,938	320,218
Held by trustees	16,726	228
Held for insurance purposes	825,885	745,127
Restricted by donors	266,325	162,776
Total investments and assets limited as to use	7,099,006	5,927,787
Property and equipment, net	7,786,240	5,346,535
Deferred financing costs	36,557	28,717
Investments in unconsolidated organizations	416,816	307,918
Intangible assets and goodwill, net	364,751	162,880
Notes receivable and other	430,888	605,094
Total assets	\$ 19,309,719	\$ 15,012,386

	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.

Catholic Health Initiatives

Consolidated Statements of Operations (In Thousands)

	Year Ended June 30	
	2013	2012
Revenues		
Net patient services revenues before provision for doubtful accounts	\$ 10,714,455	\$ 9,223,859
Provision for doubtful accounts	(821,465)	(708,458)
Net patient services revenues	9,892,990	8,515,401
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

Catholic Health Initiatives

Consolidated Statements of Changes in Net Assets (In Thousands)

	Unrestricted Net Assets			Temporarily	Permanently	Total Net
	Attributable	Attributable to	Total	Restricted Net	Restricted Net	Assets
	to CHI	Noncontrolling		Assets	Assets	
		Interest				
Balances, June 30, 2011	\$ 7,448,161	\$ 8,967	\$ 7,457,128	\$ 122,795	\$ 62,426	\$ 7,642,349
Excess of revenues over expenses	94,818	537	95,355	—	—	95,355
Net loss from discontinued operations	(45,095)	—	(45,095)	—	—	(45,095)
Increase in pension funded status	(618,141)	(878)	(619,019)	—	—	(619,019)
Temporarily and permanently restricted contributions	—	—	—	39,117	(122)	38,995
Net assets released from restriction for capital	18,119	—	18,119	(18,119)	—	—
Net assets released from restriction for operations	—	—	—	(19,689)	—	(19,689)
Investment income	232	—	232	1,007	47	1,286
KentuckyOne Health noncontrolling interest	—	181,551	181,551	—	—	181,551
Other changes in net assets	24,372	(9,314)	15,058	11,710	5,682	32,450
Net (decrease) increase in net assets	(525,695)	171,896	(353,799)	14,026	5,607	(334,166)
Balances, June 30, 2012	6,922,466	180,863	7,103,329	136,821	68,033	7,308,183
Excess of revenues over expenses	489,740	(37)	489,703	—	—	489,703
Net loss from discontinued operations	(108,594)	—	(108,594)	—	—	(108,594)
Decrease in pension funded status	483,468	2,082	485,550	—	—	485,550
Temporarily and permanently restricted contributions	—	—	—	33,056	(1,554)	31,502
Net assets released from restriction for capital	15,791	—	15,791	(15,791)	—	—
Net assets released from restriction for operations	—	—	—	(15,728)	—	(15,728)
Investment (loss) income	(45)	—	(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	(33,516)	(7,245)	(40,761)	(3,480)	(302)	(44,543)
Net increase (decrease) in net assets	846,844	(5,200)	841,644	77,703	18,595	937,942
Balances, June 30, 2013	\$ 7,769,310	\$ 175,663	\$ 7,944,973	\$ 214,524	\$ 86,628	\$ 8,246,125

See accompanying notes

Catholic Health Initiatives

Consolidated Statements of Cash Flows (In Thousands)

	Year Ended June 30	
	2013	2012
Operating activities		
Increase (decrease) in net assets	\$ 937,942	\$ (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	—	(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)

Catholic Health Initiatives

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	<u>1,265,455</u>	<u>144,502</u>
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	<u>\$ 609,226</u>	<u>\$ 403,972</u>
Supplemental disclosures of cash flow information		
Cash paid during the year for interest, including amounts capitalized	<u>\$ 199,413</u>	<u>\$ 151,837</u>

See accompanying notes

Catholic Health Initiatives

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,

Catholic Health Initiatives

Notes to Consolidated Financial Statements (continued)

1. Summary of Significant Accounting Policies (continued)

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

Net Patient Accounts Receivable and Net Patient Services Revenues

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

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

Catholic Health Initiatives

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 Allowance	Allowance for Bad Debt	Reserve for Charity	Total Accounts Receivable Allowances
Balance at July 1, 2011	\$ (1,543,707)	\$ (636,815)	\$ (124,547)	\$ (2,305,069)
Additions	(17,362,247)	(809,567)	(1,027,652)	(19,199,466)
Reductions	16,958,204	758,751	1,000,851	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	<u>\$ (2,859,970)</u>	<u>\$ (858,394)</u>	<u>\$ (567,116)</u>	<u>\$ (4,285,480)</u>

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

Catholic Health Initiatives

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

Catholic Health Initiatives

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.

Catholic Health Initiatives

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

Catholic Health Initiatives

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)

	<u>2013</u>	<u>2012</u>
Total notes receivable from related entities	\$ 188,275	\$ 465,400
Reinsurance recoverable on unpaid losses and loss 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	<u>\$ 430,888</u>	<u>\$ 605,094</u>

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

Catholic Health Initiatives

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

Catholic Health Initiatives

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.

Catholic Health Initiatives

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.

Catholic Health Initiatives

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

Catholic Health Initiatives

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)

	<u>2013</u>	<u>2012</u>
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 of Medicare	<u>\$ 1,181,491</u>	<u>\$ 1,076,452</u>

Catholic Health Initiatives

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

Catholic Health Initiatives

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.

Catholic Health Initiatives

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	\$ 34,746	\$ 265,568	\$ 65,084	\$ 28,697	\$ 275,661	\$ 669,756
Total debt	33,106	24,408	11,998	12,535	60,474	142,521
Net assets	1,414	195,874	44,996	8,758	172,800	423,842
Net patient services revenues	–	260,204	138,577	34,197	167,914	600,892
Total revenues, net	6,309	353,484	142,775	37,065	310,439	850,072
Excess of revenues over expenses	872	34,633	44,385	4,241	29,416	113,547

	2012					
	Medical Office Buildings	Outpatient and Diagnostic Services	Ambulatory Surgery Centers	Physician Practices	Other Investees	Total
Total assets	\$ 29,557	\$ 259,753	\$ 58,575	\$ 19,997	\$ 140,714	\$ 508,596
Total debt	27,793	12,866	10,627	8,637	18,062	77,985
Net assets	1,160	195,293	42,396	8,462	76,977	324,288
Net patient services revenues	–	277,668	125,121	33,254	109,779	545,822
Total revenues, net	5,845	380,983	125,326	35,685	218,627	766,466
Excess of revenues over expenses	477	37,039	34,367	5,854	15,284	93,021

Catholic Health Initiatives

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	\$ —	\$ —	\$ 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
	<u>\$ 1,260,000</u>	<u>\$ 55,436</u>	<u>\$ 217,709</u>	<u>\$ 608,623</u>	<u>\$ 2,141,768</u>
	St. Luke's	Highline	UMC	Alegent	Total
Fiscal Year 2013					
Purchase price allocation					
Cash and investments	\$ 1,153,253	\$ 57,133	\$ 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)
	<u>\$ 1,260,000</u>	<u>\$ 55,436</u>	<u>\$ 217,709</u>	<u>\$ 608,623</u>	<u>\$ 2,141,768</u>

Catholic Health Initiatives

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.

Catholic Health Initiatives

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
	<u>\$ 258,503</u>	<u>\$ 131,127</u>	<u>\$ 389,630</u>
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	<u>\$ 258,503</u>	<u>\$ 131,127</u>	<u>\$ 389,630</u>

Catholic Health Initiatives

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 \$181.6 million was determined using valuation techniques including discounted cash flows. For the period from January 1 to June 30, 2012, JHSMH contributed \$477.1 million of operating revenues and \$62.2 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

Catholic Health Initiatives

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):

	<u>2013</u>	<u>2012</u>
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	<u>\$ (108,594)</u>	<u>\$ (45,095)</u>

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

Catholic Health Initiatives

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
Medicare	32%	31%
Medicaid	8	7
Managed care	40	39
Self-pay	8	8
Commercial and other	12	15
	100%	100%

Catholic Health Initiatives

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

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

Catholic Health Initiatives

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 U S 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.

Catholic Health Initiatives

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

Catholic Health Initiatives

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.

Catholic Health Initiatives

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			
	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	Unobservable 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	—	—
	<u>\$ 1,899,436</u>	<u>\$ 1,191,953</u>	<u>\$ 695,765</u>	<u>\$ 11,718</u>
Liabilities				
Interest rate swaps	\$ 271,634	\$ —	\$ 271,634	\$ —
Deferred compensation liability	12,035	12,035	—	—
	<u>\$ 283,669</u>	<u>\$ 12,035</u>	<u>\$ 271,634</u>	<u>\$ —</u>

Catholic Health Initiatives

Notes to Consolidated Financial Statements (continued)

7. Fair Value of Assets and Liabilities (continued)

	2012			
	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	Unobservable 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	—	—
	<u>\$ 958,768</u>	<u>\$ 433,305</u>	<u>\$ 523,510</u>	<u>\$ 1,953</u>
Liabilities				
Interest rate swaps	\$ 238,549	\$ —	\$ 238,549	\$ —
Deferred compensation liability	10,852	10,852	—	—
	<u>\$ 249,401</u>	<u>\$ 10,852</u>	<u>\$ 238,549</u>	<u>\$ —</u>

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

Catholic Health Initiatives

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

Catholic Health Initiatives

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			
Variable-rate Bonds			
Series 1997B, maturing through 2022	0.14%	\$ 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 2012A, maturing 2035	3.00-5.00	271,260	271,260
Series 2012 Taxable, maturing 2042	1.60-4.35	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%	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			
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

Catholic Health Initiatives

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):

	<u>Amounts Due</u>
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.

Catholic Health Initiatives

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.

Catholic Health Initiatives

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.

Catholic Health Initiatives

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.

Catholic Health Initiatives

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		
Projected benefit obligation	\$ 3,877,485	\$ 3,601,231
Accumulated benefit obligation	3,844,708	3,428,819

Catholic Health Initiatives

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.

Catholic Health Initiatives

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	Quoted Prices	Other	
	as of	in Active	Observable	Unobservable
	June 30	Markets	Inputs	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	916,766	220,833	695,933	—
Alternative investments	657,194	—	—	657,194
	\$ 3,404,633	\$ 2,038,280	\$ 709,159	\$ 657,194

Catholic Health Initiatives

Notes to Consolidated Financial Statements (continued)

10. Retirement Plans (continued)

	2012			
	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	Unobservable Inputs
Cash and short-term investments	\$ 128,098	\$ 117,585	\$ 10,513	\$ —
Marketable equity securities	1,318,456	1,318,456	—	—
Marketable fixed-income securities	756,137	230,647	525,490	—
Alternative investments	505,720	—	—	505,720
	<u>\$ 2,708,411</u>	<u>\$ 1,666,688</u>	<u>\$ 536,003</u>	<u>\$ 505,720</u>

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	<u>\$ 657,194</u>	<u>\$ 505,720</u>

Catholic Health Initiatives

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):

Year Ending June 30	<u>Estimated Payments</u>
2014	\$ 210,586
2015	203,028
2016	224,238
2017	238,993
2018	250,017
2019–2023	1,396,923

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:

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

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.

Catholic Health Initiatives

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.

Catholic Health Initiatives

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):

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

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.

Catholic Health Initiatives

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 \$1.0 million per claim. Coverage of \$500,000 in excess of \$500,000 per claim is reinsured with an unrelated commercial carrier. FIIL also underwrites the property and casualty risks of CHI for up to \$1.0 million per claim. Unrelated commercial insurance carriers reinsure losses in excess of the per-claim 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 \$51.0 million and \$54.0 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

Catholic Health Initiatives

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.



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Report of Independent Auditors on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with *Government Auditing Standards*

The Board of Stewardship Trustees
Kevin E. Lofton, President, Chief Executive Officer
Dean Swindle, President Enterprise Business Line and
Chief Financial Officer

Catholic Health Initiatives

We have audited, in accordance with auditing standards generally accepted in the United States and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the consolidated financial statements of Catholic Health Initiatives, which comprise the consolidated balance sheet as of June 30, 2013, and the related consolidated statements of operations, changes in net assets, and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated September 17, 2013.

Internal Control Over Financial Reporting

In planning and performing our audit of the consolidated financial statements, we considered Catholic Health Initiatives' internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of Catholic Health Initiatives' internal control. Accordingly, we do not express an opinion on the effectiveness of Catholic Health Initiatives' internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether Catholic Health Initiatives' consolidated financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit and, accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of This Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Ernst + Young LLP

September 17, 2013



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Report of Independent Auditors on Compliance for Each Major Federal Program, Report on Internal Control Over Compliance, and Report on Schedule of Expenditures of Federal Awards Required by OMB Circular A-133

The Board of Stewardship Trustees
Kevin E. Lofton, President, Chief Executive Officer
Dean Swindle, President Enterprise Business Line and
Chief Financial Officer

Catholic Health Initiatives

Report on Compliance for Each Major Federal Program

We have audited Catholic Health Initiatives' compliance with the types of compliance requirements described in the U.S. Office of Management and Budget (OMB) Circular A-133 Compliance Supplement that could have a direct and material effect on each of Catholic Health Initiatives' major federal programs for the year ended June 30, 2013. Catholic Health Initiatives' major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

Catholic Health Initiatives' consolidated financial statements include operations of Appletree Court, which reported loan advances and federal expenditures in the amount of \$1,386,700 and \$22,007, respectively, which are not included in the schedule of expenditures of federal awards during the year ended June 30, 2013. Our audit, described below, did not include the operations of Appletree Court because Appletree Court engaged other auditors to perform an audit in accordance with OMB Circular A-133.

Management's Responsibility

Management is responsible for compliance with the requirements of laws, regulations, contracts, and grants applicable to its federal programs.

Auditor's Responsibility

Our responsibility is to express an opinion on each of Catholic Health Initiatives' major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States, the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States, and OMB Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*. Those standards and OMB

Circular A-133 require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about Catholic Health Initiatives' compliance with those requirements and performing such other procedures as we considered necessary in the circumstances. We believe that our audit provides a reasonable basis for our opinion on compliance for each major federal program. However, our audit does not provide a legal determination of Catholic Health Initiatives' compliance.

Basis for Qualified Opinions on Major Federal Programs

As described in the accompanying schedule of findings and questioned costs, we were unable to obtain sufficient documentation supporting the compliance of Catholic Health Initiatives with CFDA 10 557 Special Supplemental Nutrition Programs for Women, Infants, and Children as described in Finding 2013-002 – Eligibility, nor were we able to satisfy ourselves as to Catholic Health Initiatives' compliance with those requirements by other auditing procedures.

As described in the accompanying schedule of findings and questioned costs, Catholic Health Initiatives did not comply with requirements regarding the following:

Finding No.	CFDA No.	Program (or Cluster) Name	Compliance Requirement
2013-004 2013-006 2013-003	10 855	Distance Learning and Telemedicine Loans and Grants	Equipment and Real Property Management Procurement and Suspension and Debarment
2013-008 2013-001			Reporting
2013-004	93 887	Health Care and Other Facilities	Equipment and Real Property Management
2013-004	93 889	National Bioterrorism Hospital Preparedness Program	Equipment and Real Property Management
2013-05	93 958	Block Grants for Community Mental Health Services	Allowable Costs/Cost Principles

Compliance with such requirements is necessary, in our opinion, for Catholic Health Initiatives to comply with requirements applicable to that program.

Qualified Opinion on Special Supplemental Nutrition Programs for Women, Infants, and Children

In our opinion, except for the possible effects of the matter described in the Basis for Qualified Opinion paragraph, Catholic Health Initiatives complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on Special Supplemental Nutrition Programs for Women, Infants, and Children for the year ended June 30, 2013

Qualified Opinions on Distance Learning and Telemedicine Loans and Grants, Health Care and Other Facilities, Block Grants for Community Mental Health Services, and National Bioterrorism Hospital Preparedness Program

In our opinion, except for the noncompliance described in the Basis for Qualified Opinion paragraph, Catholic Health Initiatives complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on Distance Learning and Telemedicine Loans and Grants, Health Care and Other Facilities, Block Grants for Community Mental Health Services, and the National Bioterrorism Hospital Preparedness Program for the year ended June 30, 2013

Unmodified Opinions on the Student Financial Assistance Cluster, the Research and Development Cluster, the Mortgage Insurance Hospitals Program, the Supportive Housing Program, the Program of Competitive Grants for Worker Training and Placement in High Growth and Emerging Industry Sectors, and the Affordable Care Act Initiative to Reduce Avoidable Hospitalizations Among Nursing Facility Residents Programs

In our opinion, Catholic Health Initiatives complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its other major federal programs that are identified in the summary of auditors results section of the accompanying schedule of findings and questioned costs for the year ended June 30, 2013

Other Matters

The results of our auditing procedures disclosed other instances of noncompliance which are required to be reported in accordance with OMB Circular A-133, and which are described in the accompanying schedule of findings and questioned costs and summarized in the table below. Our opinion on each major federal program is not modified with respect to these matters

Finding No.	CFDA No.	Program (or Cluster) Name	Compliance Requirement
2013-001 2013-003 2013-005	93 889	National Bioterrorism Hospital Preparedness Program	Reporting Procurement Allowable Costs/Cost Principles
2013-001 2013-003 2013-007	93 621	Affordable Care Act Initiative to Reduce Avoidable Hospitalizations Among Nursing Facility Residents	Reporting Procurement Cash Management
2013-003	93 887	Health Care and Other Facilities	Procurement
2013-003	93 958	Block Grants for Community Mental Health Services	Procurement
2013-005	93 846	Research and Development Cluster	Allowable Costs/ Costs Principles
2013-001	various		Reporting

Catholic Health Initiatives' responses to the noncompliance findings identified in our audit are described in the accompanying schedule of findings and questioned costs. Catholic Health Initiatives' responses were not subjected to the auditing procedures applied in the audit of compliance, and accordingly, we express no opinion on the responses.

Report on Internal Control Over Compliance

Management of Catholic Health Initiatives is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered Catholic Health Initiatives' internal control over compliance with the requirements that could have a direct and material effect on each major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major program and to test and report on internal control over compliance in accordance with OMB Circular A-133, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of Catholic Health Initiatives' internal control over compliance.

Our consideration of internal control over compliance was for the limited purpose described in the preceding paragraph and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies, and therefore, material weaknesses or significant deficiencies may exist that were not identified. However, as discussed below, we identified certain deficiencies in internal control over compliance that we consider to be material weaknesses and significant deficiencies.

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. *A material weakness in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. We consider the deficiencies in internal control over compliance described in the accompanying schedule of findings and questioned costs and summarized below to be material weaknesses.

Finding No.	CFDA No.	Program (or Cluster) Name	Compliance Requirement
2013-004	10 855	Distance Learning and Telemedicine Loans and Grants	Equipment and Real Property Management
2013-006			Procurement and Suspension and Debarment
2013-008			Reporting
2013-004	93 887	Health Care and Other Facilities	Equipment and Real Property Management
2013-004	93 889	National Bioterrorism Hospital Preparedness Program	Equipment and Real Property Management
2013-005	93 958	Block Grants for Community Mental Health Services	Allowable Costs/Costs Principles

A significant deficiency in internal control over compliance is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness, yet important enough to merit attention by those charged with governance. We consider the deficiencies in internal control over compliance described in the accompanying schedule of findings and questioned costs and summarized in the table below to be significant deficiencies.

Finding No.	CFDA No.	Program (or Cluster) Name	Compliance Requirement
2013-001	10 855	Distance Learning and Telemedicine Loans and Grants	Reporting
2013-001	93 889	National Bioterrorism Hospital Preparedness Program	Reporting
2013-001	93 621	Affordable Care Act Initiative to Reduce Avoidable Hospitalizations Among Nursing Facility Residents	Reporting
2013-005	93 889	National Bioterrorism Hospital Preparedness Program	Allowable Costs/Costs Principles
2013-001	Various	Research and Development	Reporting

Catholic Health Initiatives' responses to the internal control over compliance findings identified in our audit are described in the accompanying schedule of findings and questioned costs. Catholic Health Initiatives' responses were not subjected to the auditing procedures applied in the audit of compliance, and accordingly, we express no opinion on the responses.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of OMB Circular A-133. Accordingly, this report is not suitable for any other purpose.

Report on Schedule of Expenditures of Federal Awards Required by OMB Circular A-133

We have audited the consolidated financial statements of Catholic Health Initiatives as of and for the year ended June 30, 2013, and have issued our report thereon dated September 17, 2013, which contained an unmodified opinion on those financial statements. Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The accompanying schedule of expenditures of federal awards is presented for purposes of additional analysis as required by OMB Circular A-133 and is not a required part of the consolidated financial statements. The accompanying schedule of expenditures of federal awards 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 the 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 financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States. In our opinion, the schedule of expenditure of federal awards is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

Ernst + Young LLP

March 31, 2014

Catholic Health Initiatives

Schedule of Expenditures of Federal Awards

Year Ended June 30, 2013

Federal Grantor/Pass-Through Grantor/Program Title	Federal CFDA Number	Pass-Through Entity Identifying Number	Research & Development Cluster	Other Federal Expenditures	Total Federal Expenditures
U S Department of Agriculture					
Direct Award					
Distance Learning and Telemedicine Loans and Grants	10 855		\$ —	\$ 614 047	\$ 614 047
Pass-Through From					
<i>King County Washington State</i>					
Special Supplemental Nutrition Program for Women Infants and Children	10 557	CHS2443	—	65 966	65 966
<i>North County Community Health Services</i>					
Special Supplemental Nutrition Program for Women Infants and Children	10 557		—	122 271	122 271
<i>Washington State Department of Health</i>					
Special Supplemental Nutrition Program for Women Infants and Children	10 557	N19872	—	1 471 231	1 471 231
<i>Total CFDA 10 557</i>			—	1 659 468	1 659 468
<i>Iowa Department of Education</i>					
Child and Adult Care Food Program	10 558	778084	—	40 964	40 964
<i>Pennsylvania Department of Education</i>					
Child and Adult Care Food Program	10 558	300-06-556-0 (ECE)	—	43 089	43 089
		300-06-000-1 (Adult)	—	84 053	84 053
<i>Total CFDA 10 558</i>			—	2 357 568	2 357 568
Total U S Department of Agriculture					
U S Department of Defense					
Department of Defense					
Direct Award					
Military Medical Research and Development	12 420		354 381	—	354 381
Pass-Through From					
<i>American Burn Association</i>					
Military Medical Research and Development	12 420	W81XWH-08-1-0683	5 740	—	5 740
<i>Total CFDA 12 420</i>			360 121	—	360 121
Total U S Department of Defense					
U S Department of Housing and Urban Development					
Direct Award					
Mortgage Insurance Hospitals	14 128		—	116 010 000	116 010 000
Pass-Through From					
<i>City of Des Moines</i>					
Supportive Housing Program	14 235	IA0037B7D021104 IA0037L7D021205	—	504 895	504 895
Total U S Department of Housing and Urban Development					
			—	116 514 895	116 514 895

Catholic Health Initiatives

Schedule of Expenditures of Federal Awards (continued)

Federal Grantor/Pass-Through Grantor/Program Title	Federal CFDA Number	Pass-Through Entity Identifying Number	Research & Development Cluster	Other Federal Expenditures	Total Federal Expenditures
U S Department of Justice					
Pass-Through From					
<i>Colorado Department of Public Safety</i>					
<i>Division of Criminal Justice</i>					
Violence Against Women Formula Grants	ARRA-16 588	10-VW-5-35 11-VW-17-19 11-VW-17-39 12-VW-5-14	\$ -	\$ 71 712	\$ 71 712
Total U S Department of Justice			-	71 712	71 712
U S Department of Labor					
Pass-Through From					
<i>Iowa Workforce Development</i>					
Program of Competitive Grants for Worker Training and Placement in High Growth and Emerging Industry Sectors	ARRA-17 275	10-W-PF-HC-0-01	-	543 925	543 925
Total U S Department of Labor			-	543 925	543 925
U S Department of Transportation					
Pass-Through From					
<i>Minnesota Department of Public Safety</i>					
Occupant Protection Incentive Grants	20 602	3-13785	-	3 571	3 571
<i>Nebraska Office of Highway Safety</i>					
Occupant Protection Incentive Grants	20 602	405-13-06 405-12-06 403-13-6-5	-	13 032	13 032
<i>Total CFDA 20 602</i>			-	16 603	16 603
Total U S Department of Transportation			-	16 603	16 603
Environmental Protection Agency					
Direct Award					
Surveys Studies Research Investigations Demonstrations and Special Purpose Activities Relating to the Clean Air Act	66 034		-	22 116	22 116
Total Environmental Protection Agency			-	22 116	22 116
U S Department of Education					
Direct Awards					
Student Financial Assistance Cluster					
Federal Supplemental Educational Opportunity Grants	84 007		-	69 120	69 120
Federal Work-Study program	ARRA-84 033		-	13 030	13 030
Federal Pell Grant Program	ARRA-84 063		-	1 940 403	1 940 403
Federal Direct Student Loans	84 268		-	8 627 157	8 627 157
<i>Total Student Financial Assistance Cluster</i>			-	10 649 710	10 649 710

Catholic Health Initiatives

Schedule of Expenditures of Federal Awards (continued)

Federal Grantor/Pass-Through Grantor/Program Title	Federal CFDA Number	Pass-Through Entity Identifying Number	Research & Development Cluster	Other Federal Expenditures	Total Federal Expenditures
U S Department of Education (continued)					
Pass-Through From					
<i>Des Moines Public Schools</i>					
Title I Grants to Local Educational Agencies	84 010		\$ —	\$ 8 554	\$ 8 554
<i>Nebraska Department of Education</i>					
Rehabilitation Services Vocational Rehabilitation Grants to States	84 126	33104	—	50 000	50 000
<i>New Jersey Department of Human Services</i>					
Rehabilitation Services Vocational Rehabilitation Grants to States	84 126	70013	—	91 750	91 750
<i>Total CFDA 84 126</i>			—	141 750	141 750
<i>University of Nebraska Medical Center</i>					
Special Education – Grants for Infants and Families	84 181	94-2810-248-IC5-13	—	12 700	12 700
<i>The University of Louisville Research Foundation, Inc</i>					
National Institute on Disability and Rehabilitation Research	84 133	H1433N110007	6 887	—	6 887
Total U S Department of Education			6 887	10 812 714	10 819 601
U S Department of Health and Human Services					
Direct Awards					
Consolidated Health Centers (Community Health Centers Migrant Health Centers Health Care for the Homeless Public Housing Primary Care and School Based Health Centers)	93 224		—	888 959	888 959
Affordable Care Act Nursing Assistant and Home Health Aide Program	93 503		—	178 844	178 844
Affordable Care Act Initiative to Reduce Avoidable Hospitalizations Among Nursing Facility Residents	93 621		—	412 036	412 036
Health Care and Other Facilities	93 887		—	891 612	891 612
Pass-Through From					
<i>Nebraska Department of Health and Human Services</i>					
Community-Based Abstinence Education	93 010	6H3HRH000171001	—	8 300	8 300
<i>Denver Regional Council of Governments</i>					
Special Programs for the Aging Title III Part Grants for Supportive Services and Senior Centers	93 044	EX11038	—	105 484	105 484
<i>Colorado Division of Insurance</i>					
Special Programs for the Aging Title IV and Title II Discretionary Projects	ARRA-93 048	OE SFA 13SMP0000002	—	4 372	4 372
<i>Iowa Department of Public Health</i>					
Public Health Emergency Preparedness	93 069	5883BT02	—	20 666	20 666
<i>North Country Community Health Board</i>					
Public Health Emergency Preparedness	93 069		—	40 026	40 026
<i>North Dakota Department of Health</i>					
Public Health Emergency Preparedness	93 069	11 704	—	1 760	1 760

Catholic Health Initiatives

Schedule of Expenditures of Federal Awards (continued)

Federal Grantor/Pass-Through Grantor/Program Title	Federal CFDA Number	Pass-Through Entity Identifying Number	Research & Development Cluster	Other Federal Expenditures	Total Federal Expenditures
<i>Total CFDA 93 069</i>			—	62 452	62 452
U S Department of Health and Human Services (continued)					
Pass-Through From (continued)					
<i>Goodwill Easter Seals</i>					
Healthy Marriage Promotion and Responsible Fatherhood Grants	93 086	00-824-230-535	\$ —	\$ 79 298	\$ 79 298
<i>Nebraska Department of Health and Human Services</i>					
Emergency Medical Services for Children	93 127		—	108	108
<i>Cincinnati Children's Hospital Medical Center</i>					
Research Related to Deafness and Communication Disorders	93 173	5R01DC010202-02	49 252	—	49 252
<i>Nebraska Department of Health and Human Services</i>					
Affordable Care Act Abstinence Education Program	93 235	10395-Y3	—	40 594	40 594
<i>Iowa Department of Public Health</i>					
State Rural Hospital Flexibility Program	93 241	58812013	—	3 641	3 641
<i>Nebraska Department of Health and Human Services</i>					
State Rural Hospital Flexibility Program	93 241	3H54RH00005D	—	27 000	27 000
<i>Nebraska Office of Rural Health</i>					
State Rural Hospital Flexibility Program	93 241	#15957-Y3 #11460-Y3	—	28 682	28 682
<i>North Memorial Health Care Ambulance</i>					
State Rural Hospital Flexibility Program	93 241	PO3000005305	—	4 785	4 785
<i>University of North Dakota Center for Rural Health</i>					
State Rural Hospital Flexibility Program	93 241	UND10097 UND10098	—	27 426	27 426
<i>Total CFDA 93 241</i>			—	91 534	91 534
<i>Iowa Department of Public Health</i>					
Substance Abuse and Mental Health Services Projects of Regional and National Significance	93 243	588 3 SA08	—	29 768	29 768
<i>Iowa Department of Public Health</i>					
Immunization Cooperative Agreements	93 268	58821402	—	7 966	7 966
<i>American Psychological Association</i>					
Centers for Disease Control and Prevention Investigations and Technical Assistance	93 283		—	12 976	12 976
<i>Iowa Department of Public Health</i>					
Centers for Disease Control and Prevention Investigations and Technical Assistance	93 283	5883NB01	—	32 183	32 183
<i>New Jersey Department of Health and Senior Services</i>					
Centers for Disease Control and Prevention Investigations and Technical Assistance	93 283	DFHS13CED014	—	45 000	45 000
<i>North Dakota Cancer Coalition</i>					
Centers for Disease Control and Prevention Investigations and Technical Assistance	93 283	4521 HKH3203 03	—	5 300	5 300
<i>University of Iowa</i>					
Centers for Disease Control and Prevention Investigations and Technical Assistance	93 283	W000383548	—	3 000	3 000
<i>Total CFDA 93 283</i>			—	98 459	98 459

Catholic Health Initiatives

Schedule of Expenditures of Federal Awards (continued)

Federal Grantor/Pass-Through Grantor/Program Title	Federal CFDA Number	Pass-Through Entity Identifying Number	Research & Development Cluster	Other Federal Expenditures	Total Federal Expenditures
U S Department of Health and Human Services (continued)					
Pass-Through From (continued)					
<i>Iowa Department of Public Health</i>					
Small Rural Hospital Improvement Grant Program	93 301	5883SH72 5882SH02	\$ —	\$ 23 451	\$ 23 451
<i>Kentucky Hospital Research and Education Foundation</i>					
Small Rural Hospital Improvement Grant Program	93 301		—	6 000	6 000
<i>Minnesota Department of Health</i>					
Small Rural Hospital Improvement Grant Program	93 301	H128880397W #36536	—	25 710	25 710
<i>Minnesota Department of Human Services</i>					
Small Rural Hospital Improvement Grant Program	93 301	3000003361	—	8 355	8 355
<i>Nebraska Department of Health and Human Services</i>					
Small Rural Hospital Improvement Grant Program	93 301	6H3HRH000171001	—	7 317	7 317
<i>University of North Dakota Center for Rural Health</i>					
Small Rural Hospital Improvement Grant Program	93 301	UND100069 UND100071 UND100077 UND100085	—	40 546	40 546
<i>Total CFDA 93 301</i>			—	111 379	111 379
<i>Central Community College</i>					
Nurse Education Practice Quality and Retention Grants	93 359		—	68 750	68 750
<i>Ohio State University</i>					
Cancer Treatment Research	93 395	27469-76	2 028	—	2 028
<i>University of Michigan</i>					
Cancer Treatment Research	93 395	CA32102	23 600	—	23 600
<i>Total CFDA 93 395</i>			25 628	—	25 628
<i>Colorado Department of Public Health and Environment</i>					
Affordable Care Act (ACA) Maternal Infant and Early Childhood Home Visiting Program	93 505	13 FLA 50476	—	120 374	120 374
<i>North Country Community Health Board</i>					
Affordable Care Act (ACA) Maternal Infant and Early Childhood Home Visiting Program	93 505		—	106 216	106 216
<i>Total CFDA 93 505</i>			—	226 590	226 590
<i>National Council on Aging</i>					
Affordable Care Act – Medicare Improvements for Patients and Providers	93 518		—	57 650	57 650
<i>North Country Community Health Board</i>					
PPHF 2012 Community Transformation Grants and National Dissemination and Support for Community Transformation Grants – financed solely by 2012 Prevention and Public Health Funds	93 531		—	13 349	13 349
<i>North Country Community Health Services</i>					
Temporary Assistance for Needy Families	93 558		—	38 307	38 307
<i>University of Alabama at Birmingham</i>					
Health Care Innovations Awards	93 610	000432302-002	18 569	—	18 569
<i>North Country Community Health Services</i>					
Medical Assistance Program	93 778		—	73 229	73 229

Catholic Health Initiatives

Schedule of Expenditures of Federal Awards (continued)

Federal Grantor/Pass-Through Grantor/Program Title	Federal CFDA Number	Pass-Through Entity Identifying Number	Research & Development Cluster	Other Federal Expenditures	Total Federal Expenditures
U S Department of Health and Human Services (continued)					
Pass-Through From (continued)					
<i>Colorado Division of Insurance</i>					
Centers for Medicare and Medicaid Services (CMS)					
Research Demonstrations and Evaluations	93 779		\$ —	\$ 26 577	\$ 26 577
<i>Washington University</i>					
Blood Diseases and Resources Research	93 839	5U01HL088476-03	9 750	—	9 750
<i>Washington University — St Louis, Missouri</i>					
Blood Diseases and Resources Research	93 839	WU-11-298	19 877	—	19 877
<i>Total CFDA 93 839</i>			29 627	—	29 627
<i>Drexel University</i>					
Arthritis Musculoskeletal and Skin Diseases Research	93 846	11012367	15 179	—	15 179
<i>University of Medicine and Dentistry of New Jersey</i>					
Extramural Research Programs in the Neurosciences and Neurological Disorders	93 853	34079	5 000	—	5 000
<i>Cincinnati Children's Hospital Medical Center</i>					
Child Health and Human Development					
Extramural Research	93 865	R01HL097064	26 114	—	26 114
<i>Iowa Department of Public Health</i>					
National Bioterrorism Hospital Preparedness Program	93 889	5883BHP304 5883BHP88 5883BHP62 5883BHP61 5883BHP14 5883BHP63 5883BHP15	—	158 058	158 058
<i>Kansas Department of Health and Environment</i>					
National Bioterrorism Hospital Preparedness Program	93 889		—	119 000	119 000
<i>Oregon Health Authority</i>					
National Bioterrorism Hospital Preparedness Program	93 889	139896	—	5 620	5 620
<i>Pennsylvania Department of Health and Human Services</i>					
National Bioterrorism Hospital Preparedness Program	93 889	4100051125	—	37 026	37 026
<i>Sanford-Burnham Medical Center</i>					
National Bioterrorism Hospital Preparedness Program	93 889	300007579	—	8 088	8 088
<i>Tennessee Department of Health</i>					
National Bioterrorism Hospital Preparedness Program	93 889	34349-35813	—	85 690	85 690
<i>Washington State Department of Health Washington State Hospital Association</i>					
National Bioterrorism Hospital Preparedness Program	93 889	1U90TP000559-01	—	42 981	42 981
<i>Total CFDA 93 889</i>			—	456 463	456 463
<i>Veria Health</i>					
Rural Health Care Services Outreach Rural Health Network Development and Small Health Care Provider Quality Improvement Program	93 912		—	1 400	1 400
<i>Nebraska Office of Rural Health</i>					
Grants to States for Operation of Offices of Rural Health	93 913	#47730-04 #12286-13	—	14 263	14 263

Catholic Health Initiatives

Schedule of Expenditures of Federal Awards (continued)

Federal Grantor/Pass-Through Grantor/Program Title	Federal CFDA Number	Pass-Through Entity Identifying Number	Research & Development Cluster	Other Federal Expenditures	Total Federal Expenditures
U S Department of Health and Human Services (continued)					
Pass-Through From (continued)					
<i>Iowa Department of Health and Human Services</i>					
Block Grants for Community Mental Health Services	93 958	MDHA11-053 MDHS11-054	\$ —	\$ 67 443	\$ 67 443
<i>New Jersey Department of Human Services</i>					
Block Grants for Community Mental Health Services	93 958	30305	—	405 597	405 597
<i>Total CFDA 93 958</i>			—	473 040	473 040
<i>Minnesota Department of Human Services</i>					
Block Grants for Prevention and Treatment of Substance Abuse	93 959	GRK 029214	—	203 220	203 220
<i>North Country Community Health Services</i>					
Maternal and Child Health Services Block Grant to the States	93 994		—	35 068	35 068
<i>Colorado Cancer Research Program</i>					
Clinical Practice Support	93 Unknown		—	17 742	17 742
<i>Colorado Cardiac Alliance</i>					
Penrose Cardio Center	93 Unknown		—	1 500	1 500
Total U S Department of Health and Human Services			169 369	4 718 313	4 887 682
Corporation for National and Community Service					
Pass-Through From					
<i>Foundation for a Healthy Kentucky</i>					
Social Innovation Fund	94 019	10-W-PF-HC-0-01	—	214 848	214 848
Total Corporation for National and Community Service			—	214 848	214 848
U S Department of Homeland Security					
Direct Award					
Hazard Mitigation Grant	97 039		—	62 240	62 240
Total U S Department of Homeland Security			—	62 240	62 240
Total Expenditures of Federal Awards			\$ 536,377	\$ 135,334,934	\$ 135,871,311

See accompanying notes to schedule of expenditures of federal awards

Catholic Health Initiatives

Notes to Schedule of Expenditures of Federal Awards

June 30, 2013

1. General

The schedule of expenditures of federal awards (SEFA) presents expenditures for all federal programs that were in effect during the year ended June 30, 2013, for Catholic Health Initiatives (CHI), with two exceptions. Expenditures reported for CFDA 93 224 – Consolidated Health Centers presents expenditures for the 18-month period of January 1, 2012 through June 30, 2013, as approved by the federal agency. Loan advances and federal expenditures in the amount of \$1,386,700 and \$22,007, respectively, for CFDA 14 157 – Supportive Housing for the Elderly are not presented in the SEFA, as a stand-alone A-133 audit for Appletree Court was performed as required by the U S Department of Housing and Urban Development (HUD).

For purposes of the SEFA, federal awards include all federal assistance entered into directly between CHI and the federal government and sub-awards from non-federal organizations made under federally sponsored agreements. The SEFA does not include payments received under Medicare and Medicaid reimbursement programs.

2. Basis of Accounting

Expenditures are reported on the accrual basis of accounting in accordance with U S generally accepted accounting principles. The information in this schedule is presented in accordance with the requirements of OMB Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*.

3. Federal Student Loan Programs

CHI participates in the Federal Direct Student Loans program (CFDA 84 268), which includes the Federal Stafford Loan and the Federal Parent Loans for Undergraduate Students programs. New loans disbursed during the fiscal year ended June 30, 2013, totaled \$8,627,157. Loans under the Federal Direct Student Loans program are made directly by the federal government to students. New loans made in the fiscal year ended June 30, 2013, relating to this program are represented as current year federal expenditures, whereas the outstanding loan balances are not.

4. Mortgage Insurance Hospitals

CHI has a HUD-insured deed of trust in relation to a mortgage of Highline Medical Group, which was acquired by CHI during FY 2013. CHI reported \$116,010,000 on the SEFA for CFDA 14 128 – Mortgage Insurance Hospitals, which represents the outstanding balance of the loan as of June 30, 2012 and 2013. The HUD loans were subsequently defeased as of September 2013.

Catholic Health Initiatives

Notes to Schedule of Expenditures of Federal Awards (continued)

5. Subrecipients

Of the federal expenditures represented in the SEFA, CHI provided federal awards to subrecipients as follows

CFDA Program Title

	<u>Amount</u>
12 420 – Military Medical Research and Development	\$ 277,897
93 241 – State Rural Hospital Flexibility Program	3,587
93 Unknown – Clinical Practice Support	<u>17,742</u>
	<u><u>\$ 299,226</u></u>

Catholic Health Initiatives

Schedule of Findings and Questioned Costs

Year Ended June 30, 2013

Part I – Summary of Auditor’s Results

Financial statements section

Type of auditor’s report issued (unmodified, qualified, adverse, or disclaimer)

Unmodified

Internal control over financial reporting

Material weakness(es) identified?

 yes X **no**

Significant deficiency(ies) identified?

 yes X **none reported**

Noncompliance material to financial statements noted?

 yes X **no**

Federal awards section

Internal control over major programs

Material weakness(es) identified?

 X **yes** **no**

Significant deficiency(ies) identified?

 X **yes** **none reported**

Type of auditor’s report issued on compliance for major programs (unmodified, qualified, adverse, or disclaimer)

Unmodified for all major programs, except for Special Supplemental Nutrition Program for Women, Infants, and Children, Distance Learning and Telemedicine Loans and Grants, Block Grants for Community Mental Health Services, Health Care and Other Facilities, and National Bioterrorism Hospital Preparedness Program, which were qualified

Any audit findings disclosed that are required to be reported in accordance with Section 510(a) of OMB Circular A-133?

 X **yes** **no**

Catholic Health Initiatives

Schedule of Findings and Questioned Costs (continued)

Part I – Summary of Auditor’s Results (continued)

Identification of major programs

CFDA Number(s)	Name of Federal Program or Cluster
84 007, ARRA-84 033, ARRA-84 063, 84 268	Student Financial Assistance Cluster
Various	Research and Development Cluster
10 557	Special Supplemental Nutrition Program for Women, Infants, and Children
10 855	Distance Learning and Telemedicine Loans and Grants
14 128	Mortgage Insurance Hospitals
14 235	Supportive Housing Program
ARRA-17 275	Program of Competitive Grants for Worker Training and Placement in High Growth and Emerging Industry Sectors
93 621	Affordable Care Act Initiative to Reduce Avoidable Hospitalizations Among Nursing Facility Residents
93 887	Health Care and Other Facilities
93 889	National Bioterrorism Hospital Preparedness Program
93 958	Block Grants for Community Mental Health Services

Dollar threshold used to distinguish between Type A and Type B programs

\$300,000

Auditee qualified as low-risk auditee?

_____ **yes** X **no**

Catholic Health Initiatives

Schedule of Findings and Questioned Costs (continued)

Part II – Financial Statement Findings Section

This section identifies the significant deficiencies, material weaknesses, fraud, noncompliance with provisions of laws, regulations, contracts, and grant agreements, and abuse related to the financial statements for which *Government Auditing Standards* require reporting in a Circular A-133 audit

There were no financial statement findings

Part III – Federal Award Findings and Questioned Costs Section

This section identifies the audit findings required to be reported by Circular A-133 section 510(a) (for example, material weaknesses, significant deficiencies, and material instances of noncompliance, including questioned costs), as well as any abuse findings involving federal awards that are material to a major program

Catholic Health Initiatives

Schedule of Findings and Questioned Costs (continued)

Finding 2013-001 – Significant Deficiency – SEFA Preparation – Reporting

Federal program information

U S Department of Agriculture
 U S Department of Defense
 U S Department of Education
 U S Department of Health and Human Services
 Research and Development Cluster (R&D) CFDA's 93 846,
 93 853, 93 610, 93 839, 12 420 and 84 133
 CFDA 10 855 Distance Learning and Telemedicine Loans and
 Grants (DLT)
 CFDA 93 621 Affordable Care Act Initiative to Reduce Avoidable
 Hospitalizations Among Nursing Facility Residents (ACA
 Initiative)
 CFDA 93 889 National Bioterrorism Hospital Preparedness
 Program (HPP)

Criteria or specific requirement
 (including statutory, regulatory or
 other citation)

In accordance with OMB Circular A-133 Section 300, the auditee shall identify, in its accounts, all federal awards received and expended and the federal programs under which they were received. Federal program and award identification shall include, as applicable, the CFDA title and number, award number and year, name of the federal agency, and name of the pass-through entity. Additionally, the auditee shall prepare appropriate financial statements, including the schedule of expenditures of federal awards.

Condition

CHI did not provide a complete and accurate listing of all federal awards and expenditures on the schedule of expenditures of federal awards. Various major programs were affected as named above.

Questioned costs

\$0

Context

During our audit procedures, we noted expenditures were misstated for various major programs on the initial schedule of expenditures of federal awards provided. The net misstatement was an overstatement of \$442,576, which was ultimately adjusted on the final schedule of expenditures of federal awards. The errors noted related to cutoff issues, research and development classification issues, omitted federal grants and funds from for-profit entities included on the schedule. We specifically noted the following:

- R&D was understated by a net amount of \$22,991 due to the

Catholic Health Initiatives

Schedule of Findings and Questioned Costs (continued)

	<p>reclassification of certain grants to/from the cluster and due to cutoff issues (reclassifications identified by CHI)</p> <ul style="list-style-type: none">• DLT was overstated by \$133.084 due to cutoff issues• Funding in the amount of \$311.265 from a for-profit company was included in the schedule in error for CFDA 93 959• ACA Initiative was overstated by \$30.200 due to cutoff issues• HPP was understated by \$30.600 due to cutoff issues• HPP was understated by \$8.088 due to the omission of one grant (identified by CHI)• Other miscellaneous differences
<u>Effect</u>	Failure to properly accumulate federal expenditures could result in the improper preparation of the schedule of expenditures of federal awards in accordance with OMB Circular A-133
<u>Cause</u>	CHI does not have an effective process in place to properly accumulate all expenditures of federal awards. This is primarily the result of CHI having numerous locations and the federal awards being administered by various departments and individuals at multiple locations.
<u>Recommendation</u>	CHI should challenge the current accumulation process for reporting expenditures of federal awards. A suggestion to improve the current process is to record all federal expenditures in designated general ledger accounts. This will help to ensure that federal expenditures are accurately included on the SEFA. CHI should establish procedures to ensure that research and development grants are classified correctly in the SEFA.
<u>Views of responsible officials and planned corrective actions</u>	<p>Beginning in FY 2014, CHI has centralized grant accounting and has implemented a grant module within its accounting system. The implementation of this module will give CHI a tool to effectively accumulate and report federal expenditures. Within this module, cluster information is stored, which will ensure the correct classification of research and development grants.</p> <p>CHI self-disclosed programs that were omitted from the original SEFA provided to Ernst and Young LLP and self-identified programs for reclassification to/from the research and development cluster.</p>

Catholic Health Initiatives

Schedule of Findings and Questioned Costs (continued)

Finding 2013-002 – Eligibility

Federal program information

U S Department of Agriculture
CFDA 10 557 – Special Supplemental Nutrition Programs for
Women, Infants, and Children (WIC)
Passed Through Washington State Department of Health –
Franciscan Medical Group (N19872)
Passed through King County Washington State – Highline Medical
Group (CHS2443)
Passed through North Country Community Health Board –
St Joseph’s Area Health Services

Criteria or specific requirement (including statutory, regulatory, or other citation)

Scope Limitation – Eligibility per OMB Circular A-133 Section
5102(5) the auditor should report a finding when the auditor’s
report on compliance is other than unqualified

Condition

CHI was unable to provide sufficient documentation at Franciscan
Medical Group in Tacoma, Washington, supporting eligibility
determinations made for WIC program participants due to the use
of a paperless software system supported by the State of
Washington and the U S Department of Agriculture

Questioned costs

\$0

Context

Upon the screening of an individual for eligibility for
participation in the WIC program, Franciscan Medical Group
reviews the support for income, residency, etc., and
documents the applicant’s eligibility in a software program
supported by the State of Washington and the
U S Department of Agriculture Based upon the inputs from
screening, the software program indicates whether or not an
individual is eligible for WIC However, Franciscan Medical
Group is not required to and does not retain evidence of what
was documented in the software program

Effect

We are not able to test eligibility compliance or controls over
compliance for the WIC program at Franciscan Medical
Group resulting in a scope limitation Due to the scope
limitation at Franciscan Medical Group, which accounted for
89% of the WIC expenditures, the scope limitation is reported

Catholic Health Initiatives

Schedule of Findings and Questioned Costs (continued)

	for the WIC program overall
<u>Cause</u>	The paperless software system used for the WIC program at Franciscan Medical Group does not require the retention of records supporting eligibility determination, and such records are not retained
<u>Recommendation</u>	None
<u>Views of responsible officials and planned corrective actions</u>	<p>A scope limitation qualified opinion was issued for Catalog of Federal Domestic Assistance (CFDA) 10 557 – Special Supplemental Nutrition Programs for Women, Infants, and Children (WIC) as the auditors were unable to obtain sufficient documentation supporting the compliance of Franciscan Medical Group (FMG) regarding eligibility for participants FMG uses a paperless software system as required by the State of Washington and the U S Department of Agriculture Third-party documentation is reviewed by FMG at the time the initial eligibility determination of a WIC participant is made However, due to the paperless system, these records are not retained Since FMG follows the paperless system as described above, no further corrective action will be taken</p> <p>CHI notes that this issue is isolated to FMG and does not apply to the other CHI locations that receive funding from the WIC program</p>

Catholic Health Initiatives

Schedule of Findings and Questioned Costs (continued)

Finding 2013-003 – Procurement

Federal program information

U S Department of Agriculture
U S Department of Health and Human Services (HHS)

CFDA 10 855 Distance Learning and Telemedicine Loans and Grants (DLT). Good Samaritan Hospital (Kearney) (Nebraska 716-E17) and Alegent Creighton Health (Alegent) (Nebraska 725-B17)
Kearney and Alegent represent all expenditures of the major program

CFDA 93 889 – National Bioterrorism Hospital Preparedness Program (HPP)
Passed through Kansas Department of Health and Environment – St Catherine Hospital (Garden City)
Passed through Tennessee Department of Health – Memorial Hospital (Chattanooga) (34349-35813)
Passed through Pennsylvania Department of Health and Human Services – St Joseph Medical Center (Reading) (4100051125)
Passed through Iowa Department of Public Health – Alegent Creighton Health (Alegent)
Garden City, Chattanooga, Reading and Alegent represent \$307,966 of total major program expenditures of \$456,463

CFDA 93 887 – Health Care and Other Facilities (HCOF). Mercy Health Foundation (Durango) (C76HF19377)
Durango represents \$693,000 of total major program expenditures of \$891,612

CFDA 93 958 – Block Grants for Community Mental Health Services (Mental Health). Passed through Iowa Department of Health and Human Services. Alegent Creighton Health (Alegent) (MHDS11-0461 11-054)
Alegent represents \$67,443 of total major program expenditures of \$473,040

CFDA 93 621 – Affordable Care Act Initiative to Reduce Avoidable Hospitalizations Among Nursing Facility Residents (ACA Initiative). Alegent Creighton Health (Alegent) (1E1CMS331085)
Alegent represents all expenditures of the major program

Catholic Health Initiatives

Schedule of Findings and Questioned Costs (continued)

Criteria or specific requirement
(including statutory, regulatory, or
other citation)

In accordance with 2 CFR Section 215.44(a) codified in 45 CFR Section 74.44(a) by HHS and 7 CFR Section 3019.449(a) by Agriculture, all recipients shall establish written procurement procedures. These procedures shall provide for, at a minimum, that

- (1) Recipients avoid purchasing unnecessary items
- (2) Where appropriate, an analysis is made of lease and purchase alternatives to determine which would be the most economical and practical procurement for the recipient and the federal government
- (3) Solicitations for goods and services provide for all of the following
 - (i) A clear and accurate description of the technical requirements for the material, product, or service to be procured. In competitive procurements, such a description shall not contain features that unduly restrict competition
 - (ii) Requirements which the bidder/offeror must fulfill and all other factors to be used in evaluating bids or proposals
 - (iii) A description, whenever practicable, of technical requirements in terms of functions to be performed or performance required, including the range of acceptable characteristics or minimum acceptable standards
 - (iv) The specific features of "brand name or equal" descriptions that bidders are required to meet when such items are included in the solicitation
 - (v) The acceptance, to the extent practicable and economically feasible, of products and services dimensioned in the metric system of measurement
 - (vi) Preference, to the extent practicable and economically feasible, for products and services that conserve natural resources and protect the environment and are energy efficient

Condition

For various CHI locations, written procurement policies either did not exist or did not contain all required elements in accordance with criteria above. CHI does not have a corporate-wide written procurement policy.

Questioned costs

\$0

Context

Written procurement policies do not meet the minimum

Catholic Health Initiatives

Schedule of Findings and Questioned Costs (continued)

	<p>requirements per federal requirements for DLT – Kearney, HPP Chattanooga, and Reading, HCOF – Durango and Alegent, DLT, Mental Health, ACA Initiative, and HPP</p> <p>HPP Garden City does not have a written procurement policy</p> <p>CHI does not have a corporate-wide written procurement policy</p>
<u>Effect</u>	<p>Without written policies that incorporate federal requirements for procurements with federal funds, noncompliance with federal requirements may be more likely to occur</p>
<u>Cause</u>	<p>Locations may not be aware of the requirements of 45 CFR Section 74 44(a) and 7 CFR Section 3019 44(a) and would benefit from a corporate-wide policy that complies with the requirements</p>
<u>Recommendation</u>	<p>CHI should prepare a written procurement policy that meets all of the requirements of 2 CFR Section 215, as codified by HHS at 45 CFR Section 74 44(a), and provide to all CHI locations</p>
<u>Views of responsible officials and planned corrective actions</u>	<p>CHI will prepare and implement a written procurement policy during FY 2014 that incorporates all of the federal requirements</p>

Catholic Health Initiatives

Schedule of Findings and Questioned Costs (continued)

Finding 2013-004 – Material Weakness – Equipment and Real Property Management

Federal program information

U S Department of Agriculture
U S Department of Health and Human Services (HHS)

CFDA 10 855 – Distance Learning and Telemedicine Loans and Grants (DLT). Good Samaritan Hospital (Kearney) (Nebraska 716-E17) and Alegent Creighton Health (Alegent) (Nebraska 725-B17)
Kearney and Alegent represent all expenditures of the major program

CFDA 93 889 – National Bioterrorism Hospital Preparedness Program (HPP)
Passed through Kansas Department of Health and Environment – St Catherine Hospital (Garden City)
Passed through Tennessee Department of Health – Memorial Hospital (Chattanooga) (34349-35813)
Passed through Pennsylvania Department of Health and Human Services – St Joseph Medical Center (Reading) (4100051125)
Passed through Iowa Department of Public Health – Alegent Creighton Health (Alegent)
Garden City, Chattanooga, Reading, and Alegent represent \$307,966 of total major program expenditures of \$456,463

CFDA 93 887 – Health Care and Other Facilities (HCOF). Mercy Foundation of Des Moines, Iowa (Des Moines) (C76HF19995)
Des Moines represents \$198,612 of total major program expenditures of \$891,612

Criteria or specific requirement (including statutory, regulatory or other citation)

In accordance 2 CFR Section 215 34(f), codified by HHS at 45 CFR Section 74 34(f) and by Agriculture at 7 CFR Section 3019 349(f), property management records for equipment acquired with federal funds shall include all of the following description of equipment, serial number, model number, or other identification number, source of the equipment, including the award number, whether the title vests in the recipient or federal government, acquisition date, location and condition of equipment, unit acquisition cost, and ultimate disposition date Also, the recipient shall take a physical inventory of equipment and the results reconciled with the equipment records at least once every two

Catholic Health Initiatives

Schedule of Findings and Questioned Costs (continued)

	<p>years. Any differences between quantities determined by the physical inspection and those shown in the accounting records shall be investigated to determine the causes of the difference. The recipient shall, in connection with the inventory, verify the existence, current utilization, and continued need for the equipment.</p>
<u>Condition</u>	<p>CHI's property management records for equipment acquired with federal funds do not include all of the required information at various locations.</p> <p>Physical inventories were not performed or documented adequately at various locations.</p>
<u>Questioned costs</u>	<p>\$0</p>
<u>Context</u>	<p>For DLT – Kearney, the equipment records did not include source, who holds title, percentage of federal participation in the cost, condition, and disposition data.</p> <p>For HPP – Garden City, a list of capital equipment is not maintained, and equipment is not recorded as in the general ledger as capital equipment. Garden City's grant document requires that an inventory control system for tracking capital equipment be maintained.</p> <p>For HPP – Chattanooga, the list of capital equipment only includes the item description, serial number, and location and does not include acquisition date or cost, who holds title, condition, or disposition data.</p> <p>For HPP – Reading, an equipment listing is not maintained, however, one was prepared by Reading for the last five years but did not include acquisition date, who holds title, condition or disposition data. HPP – Reading was able to download an equipment list from HHS's website going back to 2005, however, it did not contain all required fields and would not suffice to meet the federal requirements noted above.</p> <p>For Alegent – HPP and DLT, the listing did not include source, who holds title, percentage of federal participation in the cost, condition, and disposition data. Further, Alegent did not provide a listing of equipment purchased under these federal grants from</p>

Catholic Health Initiatives

Schedule of Findings and Questioned Costs (continued)

grant inception to date

For HCOF – Des Moines, the listing included a brief description but did not include an identification number, source, who holds title, percentage of federal participation in the cost, condition, and disposition data

For HPP – Chattanooga, no evidence of physical inventory was provided

For HPP – Garden City, a physical inventory was provided for various items including supplies, however, it could not be determined if the listing included all potential capital equipment items since no other listing of federally funded capital equipment is maintained or was provided

For HPP – Reading, the physical inventory was performed on a sample basis, and Reading indicated that it was possible that HPP items may not have been counted. The documentation also contained unresolved differences and questions

For Alegent, DLT, and HPP, a physical inventory was performed on an annual basis for all Alegent locations, however, per review of documentation, the inventories conducted at the various locations are not sufficiently tracked centrally with follow-up of differences or non-responses to the inventory requests

For HCOF – Des Moines, no physical inventory was taken. Equipment is maintained by clinical engineering which verifies inventory annually.

Effect

Misappropriation or loss of equipment purchased with federal funds could occur when internal controls designed to prevent and detect noncompliance related to safeguarding and identifying federal equipment are not implemented or operating effectively.

Cause

Proper controls were not implemented to appropriately record equipment information in the system after the equipment was received and tagged and to perform the required physical inventories every two years.

Catholic Health Initiatives

Schedule of Findings and Questioned Costs (continued)

Recommendation

All equipment purchased with federal funds should be appropriately tagged, and a detailed listing should be maintained with all of the required elements. A physical inventory observation of federally funded equipment should be performed and documented every two years.

Views of responsible officials
and planned corrective actions

CHI will implement a policy during FY 2014 that requires a physical inventory observation of federally funded equipment every two years. CHI will also investigate storing the required attributes of 2 CFR Section 215.34 in its fixed asset accounting module.

Catholic Health Initiatives

Schedule of Findings and Questioned Costs (continued)

Finding 2013-005 – Allowable Costs/Cost Principles

Material Weakness – Program 93.958

Significant Deficiency – Programs 93.889

Control Deficiency – Research and Development Cluster

Federal program information

U S Department of Health and Human Services (HHS)

CFDA 93 889 – National Bioterrorism Hospital Preparedness Program (HPP)
 Passed through Kansas Department of Health and Environment – St Catherine Hospital (Garden City)
 Passed through Iowa Department of Public Health – Alegent Creighton Health (Alegent) (5883BHP 304, 88, 62, 61, 14, 63, 15)
 Alegent and Garden City represent \$185,250 of the total program expenditures of \$456,463

CFDA 93 958 – Block Grants for Community Mental Health Services (Mental Health), passed through Iowa Department of Health and Human Services, Alegent Creighton Health (Alegent) (MHDS 11-046/11-054)
 Alegent represents \$67,443 of the total program expenditures of \$473,040

Research and Development Cluster – Jewish Hospital and St Mary's Health Care, Inc (Kentucky)
 Passed through Drexel University (11012367)
 Kentucky represents \$376,447 of the total program expenditures of \$536,377

Criteria or specific requirement
 (including statutory, regulatory, or
 other citation)

As required by CFR 45 Part 74 Appendix E and OMB A-122, Attachment B, Paragraph 7, the distribution of salaries and wages must be supported by personnel activity reports for each employee whose compensation is charged in whole or in part to the award. The reports must reflect an assessment of actual activity for each employee, must account for the total activity for which the employee is compensated, must be prepared at least monthly, must coincide with one or more pay periods, and must be signed by the individual employee or a supervisory official having firsthand knowledge of the activities performed by the employee. Budget estimates should not be used as support for expenditures.

Catholic Health Initiatives

Schedule of Findings and Questioned Costs (continued)

Condition

CHI did not require employees to prepare time and effort records or personnel activity reports for employees charging hours to federal grants for certain federal grants

Questioned costs

93 889 \$19,965
93 958 \$41,000
Research and Development 93 846 \$15,179

Context

Hours charged to the HPP grant for two selected employees' salaries and wages of \$1,773 were not supported by time and effort records at Alegent. Alegent indicated that time and effort records were not prepared for other employees. Total HPP payroll expenditures at Alegent were \$19,950.

Hours charged to the HPP grant for one selected employee's salaries and wages of \$15 were not supported by time and effort records at Garden City. Further for this grant, the grant document for Garden City requires grantee to document through job descriptions and employee time and attendance records that all staff members paid with HPP funds are performing activities related to preparedness. Total payroll expenditures for this grant at Garden City were \$1,412.

Hours charged to the 93 958 Mental Health grant for selected employees' salaries and wages totaling \$21,532 were based on a pro rata share of the original budgeted hours and were not supported by time and effort records at Alegent. Total payroll expenditures to this grant at Alegent were approximately \$41,000.

Hours charged to the Research and Development Cluster, specifically CFDA 93 846, Arthritis, Musculoskeletal, and Skin Diseases Research at Kentucky, for one selected employee's salaries, wages, and fringe benefits plus indirect costs totaled \$582. The salaries and wages charged to the grant represented the budgeted percent of 25% of total effort per the grant agreement, however, the time and effort records for the employee did not reflect the actual hours worked by the employee on the grant. Total payroll expenditures plus indirect costs charged to this grant at Kentucky were \$15,179.

Catholic Health Initiatives

Schedule of Findings and Questioned Costs (continued)

<u>Effect</u>	Payroll expenditures cannot be supported for amounts charged to federal awards
<u>Cause</u>	Grantees and employees were not aware of the federal requirements
<u>Recommendation</u>	Personnel activity reports or time and effort records should be prepared at least monthly and coincide with one or more pay periods for employees who charge time to federal programs and be signed by the employee or supervisory official having firsthand knowledge of the activities performed by the employee
<u>Views of responsible officials and planned corrective actions</u>	CHI will implement a time and effort reporting policy during FY2014 that incorporates all of the federal requirements

Catholic Health Initiatives

Schedule of Findings and Questioned Costs (continued)

Finding 2013-006 – Material Weakness – Procurement and Suspension and Debarment

Federal program information

U S Department of Agriculture
CFDA 10 855 – Distance Learning and Telemedicine Loans and Grants (DLT) (Nebraska 716-E17). Good Samaritan Hospital (Kearney)
Kearney represents \$247,131 of the total program expenditures of \$614,047

Criteria or specific requirement
(including statutory, regulatory, or
other citation)

Per 7 CFR 3019.43, all procurement transactions shall be conducted in a manner to provide, to the maximum extent practical, open and free competition

Per 7 CFR 3019.45, some form of cost or price analysis shall be made and documented in the procurement files in connection with every procurement action. Price analysis may be accomplished in various ways, including the comparison of price quotations submitted, market prices, and similar indicia, together with discounts. Cost analysis is the review and evaluation of each element of cost to determine reasonableness, allocability, and allowability.

Per 7 CFR 3019.46, procurement records and files for purchases in excess of the small purchase threshold of \$25,000 shall include the following at a minimum: (a) basis for contractor selection, (b) justification for lack of competition when competitive bids or offers are not obtained, and (c) basis for award cost or price.

Condition

CHI did not provide evidence of competitive procurement or sole source justification for one purchase.

Questioned costs

\$0

Context

For DLT Kearney, CHI did not provide evidence of competitive procurement or sole source justification for a purchase of information technology equipment for \$184,390.

Effect

Federal awards may not be expended in a manner that allows for open and free competition to the extent practical, which results in noncompliance with federal requirements.

Catholic Health Initiatives

Schedule of Findings and Questioned Costs (continued)

Cause

Documentation was not retained or inadequate knowledge of federal requirements of those personnel procuring goods or services

Recommendation

All procurement transactions should be conducted in a manner to provide, to the maximum extent practical, open and free competition and a cost or price analysis be performed for procurement transactions. Procurement files should be maintained for procurements above a threshold establish by CHI, which is not less stringent than federal requirements, that include (a) the basis for contractor selection, (b) justification for lack of competition when competitive bids or offers are not obtained, and (c) basis for award cost or price

Views of responsible officials
and planned corrective actions

CHI will implement a written procurement policy during FY 2014 that incorporates all of the federal requirements

Catholic Health Initiatives

Schedule of Findings and Questioned Costs (continued)

Finding 2013-007 – Cash Management

Federal program information

U S Department of Health and Human Services
CFDA 93 621 – Affordable Care Act Initiative to Reduce
Avoidable Hospitalizations Among Nursing Facility Residents
(ACA Initiative). Alegent Creighton Health (Alegent)
(1E1CMS331085)
Alegent represents all expenditures of the major program

Criteria or specific requirement
(including statutory, regulatory or
other citation)

Per OMB Circular A-110 2 CFR, Section 215 22, when entities are
funded on a reimbursement basis, program costs must be paid for
by entity funds before reimbursement is requested from the federal
government When funds are advanced, recipients must have
written procedures to minimize the time elapsing between the
transfer of funds from the U S Treasury and disbursement by the
recipient

Condition

For the ACA Initiative program at Alegent, the grant was on a
reimbursement basis Reimbursement was requested and received
prior to the underlying expenditures being incurred

Questioned costs

\$0

Context

Alegent received federal funds of approximately \$536,000 during
the year compared to only \$412,000 in underlying expenditures for
the year Funds were received in February, March, and May 2013,
and expenditures were made through June 30, 2013, with
approximately \$100,000 remaining as cash on hand per Federal
Financial Report for period ended June 30, 2013

Effect

Program funds were requested before program costs were incurred,
so grant was not on a reimbursement basis

Cause

Alegent initially misunderstood the method of payment,
resulting in excess reimbursement over expenses

Recommendation

For grants on a reimbursement basis, program costs should be paid
for by CHI funds before reimbursement is requested from the

Catholic Health Initiatives

Schedule of Findings and Questioned Costs (continued)

	federal government
<u>Views of responsible officials and planned corrective actions</u>	During FY 2013, and prior to this audit, CHI personnel worked with the grantor agency to resolve this issue. This issue resulted from confusion due to wording in the grant agreement and conflicting guidance from multiple sources at the grantor agency. CHI understands the requirements and will follow the requirements in the future.

Catholic Health Initiatives

Schedule of Findings and Questioned Costs (continued)

Finding 2013-008 – Material Weakness – Reporting

Federal program information

U S Department of Agriculture
CFDA 10 855 – Distance Learning and Telemedicine Loans and Grants (DLT). Alegent Creighton Health (Alegent) (Nebraska 725-B17)
Alegent represents \$366,916 of the total program expenditures of \$614,047

Criteria or specific requirement
(including statutory, regulatory or
other citation)

In accordance with Section 5.7 of the Distance Learning and Telemedicine Grant Agreement between the U S Department of Agriculture Rural Utilities Service (RUS) and Alegent, dated January 20, 2012, within ninety (90) days after the close of each calendar year, the grantee shall deliver to RUS a Project Performance Activity Report, in a form and substance satisfactory to RUS, in accordance with RUS Regulations at 7 CFR 1703.107 and a completed Standard Form 425, Federal Financial Report. The grantee shall deliver the Project Performance Activity Report and Standard Form 425 until the expiration or termination of the grant or the completion of the project and expenditure of all grant funds by the grantee. The Project Performance Activity Report shall include, but is not limited to, the following:

- (1) A comparison of actual accomplishments to the objectives established for that period.
- (2) A description of any problems, delays, or adverse conditions that have occurred, or are anticipated, and that may affect the attainment of overall project objectives, prevent the meeting of time schedules or objectives, or preclude the attainment of particular project work elements during established time periods. This disclosure shall be accompanied by a statement of the action taken or planned to resolve the situation, and
- (3) Objectives and timetable established for the next reporting period.

Condition

Alegent did not submit a Project Performance Activity Report or a Standard Form 425 for the year ended June 30, 2012.

Questioned costs

\$0

Catholic Health Initiatives

Schedule of Findings and Questioned Costs (continued)

<u>Context</u>	DLT Alegent did not submit a Project Performance Activity Report or a Standard Form 425 for the year ended June 30, 2012
<u>Effect</u>	DLT Alegent is not in compliance with the grant's reporting requirements
<u>Cause</u>	DLT Alegent indicated that report was not submitted for 2012 since grant personnel was not aware that there were grant expenditures in 2012
<u>Recommendation</u>	CHI should establish controls to ensure that all required reports are submitted to grantors in accordance with grant requirements
<u>Views of responsible officials and planned corrective actions</u>	CHI personnel have been in contact with the grantor agency regarding this issue. The 2013 report will include all activity that has taken place during the life of the grant, including activity that should have been reported for 2012. CHI understands the reporting requirements and will comply with the requirements in the future.

Catholic Health Initiatives

Summary Schedule of Prior Audit Findings

Year Ended June 30, 2013

Federal Award Findings and Questioned Costs – For the Year Ended December 31, 2012 Catholic Health Initiatives – Highline Medical Center – Burien, WA

Finding 12-001 – Equipment (CFDA 14.128)

Current year status: Highline Medical Center affiliated with CHI as of April 1, 2013. At that time, Highline Medical Center adopted CHI policies and procedures related to fixed assets. The threshold for fixed asset capitalization is now \$3,000. None of the items related to this finding would now be subject to capitalization. Highline Medical Center had discussions with all levels of staff regarding the proper tracking and reporting of fixed assets. Additionally, the HUD loan was repaid subsequent to year-end.

Federal Award Findings and Questioned Costs – For the Year Ended June 30, 2012 Catholic Health Initiatives – Iowa, Corp. d/b/a Mercy Medical Center – Des Moines, IA

Finding 12-1 – Procurement Policy and Conflict of Interest Policy (CFDA 14.235 and CFDA 17.275)

Current year status: The finding has been corrected. Mercy Medical Center implemented a corporate procurement policy for grant-funded purchases with an effective date of October 2011.

Finding 12-2 – Procurement Transactions and Suspension and Debarment (CFDA 14.235)

Current year status: Mercy Medical Center implemented a corporate procurement policy for grant-funded purchases with an effective date of October 2011.

The finding also addresses a “special procurement requirement” contained in the pass-through contract which required Mercy Medical Center to insert a required clause in its contracts for goods and services paid by the grantor. After further review of this clause, Mercy Medical Center disagrees with this portion of the finding as the clause appears to only be required in employment related contracts and not contracts for goods. The contracts that were tested that resulted in this finding were related to goods. As a result, no further action will be taken on this portion of the finding.

Catholic Health Initiatives

Summary Schedule of Prior Audit Findings (continued)

Federal Award Findings and Questioned Costs – For the Year Ended June 30, 2011 Catholic Health Initiatives – Iowa, Corp. d/b/a Mercy Medical Center – Des Moines, IA

Finding 11-7 – Level of Effort and Cash Management (CFDA 93.959)

Current year status: The finding has been substantially corrected. House of Mercy reviews monthly performance reports from the pass-through for contract performance. Periodic reviews with the pass-through entity were performed over the contract period with no requests for return of funds. A request has been made to the pass-through entity to provide written documentation of these reviews of service. In addition, House of Mercy will document future meeting outcomes with the pass-through entity. A CHI national policy has been implemented that covers the requirements of Section 22 of 2 CFR Part 215.

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