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Form 990

## Return of Organization Exempt From Income Tax

2013

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form

► Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

## A For the 2013 calendar year, or tax year beginning 07-01-2013, 2013, and ending 06-30-2014

B Check if applicable	C Name of organization ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM	D Employer identification number 47-0484764
<input type="checkbox"/> Address change	Doing Business As	
<input type="checkbox"/> Name change		
<input type="checkbox"/> Initial return	Number and street (or P O box if mail is not delivered to street address) 7500 MERCY ROAD	Room/suite
<input type="checkbox"/> Terminated		
<input type="checkbox"/> Amended return	City or town, state or province, country, and ZIP or foreign postal code OMAHA, NE 68124	
<input type="checkbox"/> Application pending		G Gross receipts \$ 550,466,429

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

J Website: ► [WWW.CHIHEALTH.COM](http://WWW.CHIHEALTH.COM)

K Form of organization  Corporation  Trust  Association  Other ► L Year of formation 1961 M State of legal domicile NE

## Part I Summary

1 Briefly describe the organization's mission or most significant activities THE MISSION OF THE CORPORATION IS TO NURTURE THE HEALING MINISTRY OF THE CHURCH, SUPPORTED BY EDUCATION AND RESEARCH	
2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets	
3 Number of voting members of the governing body (Part VI, line 1a) . . . . .	3 11
4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	4 8
5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) . . . . .	5 3,332
6 Total number of volunteers (estimate if necessary) . . . . .	6 686
7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	7a 5,310,823
b Net unrelated business taxable income from Form 990-T, line 34 . . . . .	7b -43,584

8 Contributions and grants (Part VIII, line 1h) . . . . .	Prior Year 6,898,628	Current Year 5,397,781
9 Program service revenue (Part VIII, line 2g) . . . . .	561,814,834	524,928,508
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	1,457,946	10,588,668
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10,636,564	2,969,813
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	580,807,972	543,884,770

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . .	43,514,646	40,431,749
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)	196,923,401	147,898,335
16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ► <sup>0</sup>		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . .	251,974,671	267,158,158
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	492,412,718	455,488,242
19 Revenue less expenses Subtract line 18 from line 12 . . . . .	88,395,254	88,396,528

20 Total assets (Part X, line 16) . . . . .	Beginning of Current Year 741,209,565	End of Year 866,964,696
21 Total liabilities (Part X, line 26) . . . . .	177,072,974	196,390,742
22 Net assets or fund balances Subtract line 21 from line 20 . . . . .	564,136,591	670,573,954

## 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	Signature of officer JEANETTE WOJTALEWICZ CFO	Date 2015-05-14
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name ANGELA LEA	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P01051055
	Firm's name ► CATHOLIC HEALTH INITIATIVES			Firm's EIN ► 47-0617373	
	Firm's address ► 12809 WEST DODGE ROAD OMAHA, NE 68154			Phone no (402) 343-4413	

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 or note to any line in this Part III **1 Briefly describe the organization's mission**

THE MISSION OF THE CORPORATION IS TO NURTURE THE HEALING MINISTRY OF THE CHURCH, SUPPORTED BY EDUCATION AND RESEARCH FIDELITY TO THE GOSPEL URGES THE CORPORATION TO EMPHASIZE HUMAN DIGNITY AND SOCIAL JUSTICE AS IT CREATES HEALTHIER COMMUNITIES THE CORPORATION, SPONSORED BY A LAY-RELIGIOUS PARTNERSHIP, CALLS OTHER CATHOLIC SPONSORS AND SYSTEMS TO UNITE TO ENSURE THE FUTURE OF CATHOLIC HEALTH CARE TO FULFILL THIS MISSION, THE CORPORATION, AS A VALUES-BASED ORGANIZATION, WILL ASSURE THE INTEGRITY OF THE MINISTRY IN BOTH CURRENT AND DEVELOPING ORGANIZATIONS AND ACTIVITIES, RESEARCH AND DEVELOP NEW MINISTRIES THAT INTEGRATE HEALTH, EDUCATION, PASTORAL, AND SOCIAL SERVICES, PROMOTE LEADERSHIP DEVELOPMENT AND FORMATION FOR MINISTRY THROUGHOUT THE ENTIRE ORGANIZATION, ADVOCATE FOR SYSTEMIC CHANGES WITH SPECIFIC CONCERN FOR PERSONS WHO ARE POOR, ALIENATED, AND UNDERSERVED, AND STEWARD RESOURCES BY GENERAL OVERSIGHT OF THE ENTIRE ORGANIZATION

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

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

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

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 \$ 174,401,417 including grants of \$ 16,031,064 ) (Revenue \$ 202,270,250 )

BERGAN MERCY MEDICAL CENTER IS EQUIPPED WITH THE LATEST TECHNOLOGIES IN THE DIAGNOSTIC CENTER. THE CENTER IS COMPLETELY DIGITAL SO PATIENTS ARE NEVER WAITING ON FILMS. FEMALE PATIENTS CAN COUNT ON EXPERT IMAGING TESTS INCLUDING ULTRASOUND, BONE DENSITY TESTING, STEREOTACTIC BREAST BIOPSY AND DIGITAL MAMMOGRAPHY. THERE ARE A WIDE RANGE OF AVAILABLE TESTS AT THE DIAGNOSTIC CENTER THAT INCLUDE THE FOLLOWING DIGITAL MAMMOGRAPHY, MRI AND OPEN MRI, CT, PET CT AND CARDIAC CT, 64-SLICE CT, FLUOROSCOPY, PULMONARY FUNCTION TESTING, ULTRASOUND, CARDIOVASCULAR IMAGING, PHLEMBOTOMY, NUCLEAR MEDICINE, DIGITAL IMAGING, EEG, EKG AND EMG, STRESS TESTING AND ARTERIOGRAM

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**4b** (Code) (Expenses \$ 54,786,014 including grants of \$ 5,035,957 ) (Revenue \$ 63,540,660 )

BERGAN MERCY MEDICAL CENTER AND MERCY HOSPITAL, COUNCIL BLUFFS OFFER A WIDE RANGE OF CARDIOVASCULAR SERVICES IN THE REGION, USING A TEAM APPROACH TO ADDRESS THE TOTAL NEEDS OF THE CARDIOVASCULAR PATIENT. ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM PROVIDES A COMPREHENSIVE RANGE OF CARDIAC SERVICES, INCLUDING BUT NOT LIMITED TO VASCULAR AND CARDIAC SURGERY, HEART SCANS AND HEART CHECKS, CARDIAC REHABILITATION, VASCULAR ULTRASOUND, NUCLEAR STRESS TESTS, DUAL SOURCE CT SCANNER AND ANGIOPLASTY. IN 2006, MERCY HOSPITAL OPENED A NEW STATE-OF-THE-ART CARDIAC CATHETERIZATION LAB, ALLOWING PHYSICIANS TO PERFORM PROCEDURES SUCH AS HEART CATHETERIZATIONS, CORONARY INTERVENTIONS INCLUDING BALLOON ANGIOPLASTY AND STENTING, AS WELL AS IMPLANTATION OF PACEMAKERS AND DEFIBRILLATORS

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**4c** (Code) (Expenses \$ 16,676,590 including grants of \$ 1,532,920 ) (Revenue \$ 19,341,461 )

BERGAN MERCY MEDICAL CENTER AND MERCY HOSPITAL, COUNCIL BLUFFS OFFER EXPECTANT MOMS THE MOST COMFORTABLE AND COMPREHENSIVE MATERNITY SERVICES AVAILABLE WITH SPACIOUS, HOME-LIKE SETTINGS AND FAMILY-FRIENDLY GUEST SLEEPING ACCOMMODATIONS. BOTH OF THE MATERNITY CENTER LOCATIONS ARE BACKED BY THE SUPPORT OF BOTH FULL-SERVICE HOSPITALS

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(Code) (Expenses \$ 193,343,937 including grants of \$ 17,831,808 ) (Revenue \$ 225,242,248 )

BERGAN MERCY MEDICAL CENTER AND MERCY HOSPITAL, COUNCIL BLUFFS PROVIDE A LARGE RANGE OF HOSPITAL SERVICES INCLUDING BUT NOT LIMITED TO EMERGENCY DEPARTMENT, INPATIENT HOSPITAL FACILITIES, PROCEDURE CENTER, ORTHOPEDIC SERVICES, DIGESTIVE HEALTH CENTER, FAMILY LIFE CENTER, RADIOLOGY, UROLOGY AND PHYSICAL THERAPY. PATIENTS ARE AT THE CENTER OF EVERYTHING DONE AT BERGAN MERCY MEDICAL CENTER AND MERCY HOSPITAL, COUNCIL BLUFFS

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**4d** Other program services (Describe in Schedule O )

(Expenses \$ 193,343,937 including grants of \$ 17,831,808 ) (Revenue \$ 225,242,248 )

**4e** Total program service expenses ► 439,207,958

**Part IV Checklist of Required Schedules**

- 1** Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A
- 2** Is the organization required to complete Schedule B, *Schedule of Contributors* (see instructions)?
- 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
- 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
- 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
- 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
- 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
- 8** Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III
- 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
- 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
- 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
  - 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
  - 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
  - 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
  - e** Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
  - 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 XI
- 12a** Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII
- 12b** 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
- 13** Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 14a** Did the organization maintain an office, employees, or agents outside of the United States?
- 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
- 15** Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV
- 16** Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV
- 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)
- 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
- 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
- 20a** Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H
- b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

	<b>Yes</b>	<b>No</b>
<b>1</b>	Yes	
<b>2</b>	Yes	
<b>3</b>		No
<b>4</b>	Yes	
<b>5</b>		
<b>6</b>		No
<b>7</b>		No
<b>8</b>		No
<b>9</b>		No
<b>10</b>	Yes	
<b>11a</b>	Yes	
<b>11b</b>	Yes	
<b>11c</b>		No
<b>11d</b>	Yes	
<b>11e</b>	Yes	
<b>11f</b>	Yes	
<b>12a</b>		No
<b>12b</b>	Yes	
<b>13</b>		No
<b>14a</b>		No
<b>14b</b>		No
<b>15</b>		No
<b>16</b>		No
<b>17</b>		No
<b>18</b>		No
<b>19</b>		No
<b>20a</b>	Yes	
<b>20b</b>	Yes	

**Part IV Checklist of Required Schedules (continued)**

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . .	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J . . . . .	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .	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	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .	25a	No	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .	25b	No	
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II . . . . .	26	No	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . .	27	No	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .	28a	No	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .	28b	No	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . . .	28c	No	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .	29	No	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .	30	No	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .	31	No	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .	32	No	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I . . . . .	33	No	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .	35b	Yes	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .	36	No	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI . . . . .	37	No	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> 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 or note to any line in this Part V 

		Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	<b>1a</b>	175	
<b>b</b> Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	<b>1b</b>	0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	Yes	
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	3,332	
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	Yes	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	Yes	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	<b>3b</b>	Yes	
<b>4a</b> 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)?	<b>4a</b>	No	
<b>b</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			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	No	
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	No	
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> 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?	<b>6a</b>	No	
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>	<b>7a</b>	No	
<b>a</b> 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?	<b>7b</b>		
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7c</b>	No	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7d</b>		
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7e</b>	No	
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7f</b>	No	
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7g</b>		
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7h</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>8</b>		
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>9a</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>	<b>9b</b>		
<b>a</b> Did the organization make any taxable distributions under section 4966?			
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?			
<b>10 Section 501(c)(7) organizations.</b> Enter	<b>10a</b>		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10b</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
<b>11 Section 501(c)(12) organizations.</b> Enter	<b>11a</b>		
<b>a</b> Gross income from members or shareholders	<b>11b</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>	<b>13a</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	<b>13b</b>		
<b>b</b> 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	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	No	
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>		

**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 or note to any line in this Part VI

### Section A. Governing Body and Management

			Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b>	11		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b>	8		
<b>2</b> 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?	<b>2</b>	Yes		
<b>3</b> 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?	<b>3</b>	No		
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>	No		
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>	No		
<b>6</b> Did the organization have members or stockholders?	<b>6</b>	Yes		
<b>7a</b> 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?	<b>7a</b>	Yes		
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>	Yes		
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	<b>8a</b>	Yes		
<b>a</b> The governing body?	<b>8b</b>	Yes		
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>9</b>	No		
<b>9</b> 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				

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

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

► JEANETTE WOJTALEWICZ 12809 WEST DODGE ROAD  
OMAHA, NE 68154 (402) 343-4671

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

Check if Schedule O contains a response or note to any line in this Part VI

**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.

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

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 **97**

	<b>Yes</b>	<b>No</b>
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	<b>3</b> Yes	
<b>4</b> 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>	<b>4</b> Yes	
<b>5</b> 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>	<b>5</b>	No

## **Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
COMPHEALTH 6440 S MILLROCK DR STE 175 SALT LAKE CITY UT 84121	MEDICAL SERVICES	2,147,495
ARUP LABORATORIES 500 CHIPETA WAY SALT LAKE CITY UT 84108	LABORATORY RESEARCH	1,491,857
CASSLING DIAGNOSTIC SERVICES INC 13808 F STREET OMAHA NE 68137	DIAGNOSTIC IMAGING SERVICES	1,076,753
AMERITEX SVCS 1321 S 20TH STREET OMAHA NE 68108	MAINTENANCE SERVICES	673,866
MIDWEST PATHOLOGY SPECIALISTS PO BOX 14007 OMAHA NE 68108	PATHOLOGY SERVICES	542,846

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 135

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII 

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b> 152,503					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>					
	<b>d</b> Related organizations . . . . .	<b>1d</b> 348,382					
	<b>e</b> Government grants (contributions)	<b>1e</b> 4,886,451					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 10,445					
	<b>g</b> Noncash contributions included in lines 1a-1f \$						
	<b>h</b> <b>Total.</b> Add lines 1a-1f . . . . .		5,397,781				
<b>Program Service Revenue</b>	<b>Business Code</b>						
	<b>2a</b> NET PATIENT SERVICES	900099	491,414,874	491,414,874			
	<b>b</b> LABORATORY SERVICES	621500	17,298,195	14,676,615	2,621,580		
	<b>c</b> PHARMACY SERVICES	446110	8,589,419		2,836,437	5,752,982	
	<b>d</b> CAFETERIA	722100	3,322,890		141,631	3,181,259	
	<b>e</b> MEANINGFUL USE REVENUE	900099	2,804,867	2,804,867			
	<b>f</b> All other program service revenue		1,498,263	1,498,263	0	0	
	<b>g</b> <b>Total.</b> Add lines 2a-2f . . . . .		524,928,508				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		4,445,496		-464,850	4,910,346	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .		0				
	<b>5</b> Royalties . . . . .		0				
	<b>6a</b> Gross rents	(I) Real	(II) Personal				
	<b>b</b> Less rental expenses	6,593,575					
	<b>c</b> Rental income or (loss)	6,262,765					
	<b>d</b> Net rental income or (loss) . . . . .	330,810	0	330,810			330,810
	<b>7a</b> Gross amount from sales of assets other than inventory	(I) Securities	(II) Other				
<b>b</b> Less cost or other basis and sales expenses	6,179,945	0					
<b>c</b> Gain or (loss)		36,774					
<b>d</b> Net gain or (loss) . . . . .	6,179,945	-36,774	6,143,172			6,143,172	
<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a						
<b>b</b> Less direct expenses . . . . .	b						
<b>c</b> Net income or (loss) from fundraising events . . . . .		0					
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	a						
<b>b</b> Less direct expenses . . . . .	b						
<b>c</b> Net income or (loss) from gaming activities . . . . .		0					
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	a						
<b>b</b> Less cost of goods sold . . . . .	b	464,749					
<b>c</b> Net income or (loss) from sales of inventory . . . . .		282,121	182,628			182,628	
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11a</b> CHILD CARE		624410	1,468,042			1,468,042	
<b>b</b>			0				
<b>c</b>			0				
<b>d</b> All other revenue . . . . .		988,333	0	176,025		812,308	
<b>e</b> <b>Total.</b> Add lines 11a-11d . . . . .		2,456,375					
<b>12</b> <b>Total revenue.</b> See Instructions . . . . .		543,884,770	510,394,619	5,310,823		22,781,547	

**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 or note to any line in this Part IX 

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	161,758	161,758		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	40,269,991	40,269,991		
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	115,806,635	110,016,303	5,790,332	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,950,689	1,853,155	97,534	
9 Other employee benefits	21,699,619	20,614,638	1,084,981	
10 Payroll taxes	8,441,392	8,019,322	422,070	
11 Fees for services (non-employees)				
a Management	6,150,699	5,843,164	307,535	
b Legal	0			
c Accounting	0			
d Lobbying	8,275	8,275		
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	640,314	608,299	32,015	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	31,112,388	28,915,835	2,196,553	0
12 Advertising and promotion	23,980	22,781	1,199	
13 Office expenses	13,312,603	12,646,973	665,630	
14 Information technology	0			
15 Royalties	0			
16 Occupancy	7,787,374	7,398,005	389,369	
17 Travel	493,394	468,724	24,670	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	5,887	5,593	294	
20 Interest	7,558,837	7,558,837		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	21,093,625	20,038,944	1,054,681	
23 Insurance	1,270,918	1,207,372	63,546	
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 UNRELATED BUSINESS TAXES	471,018	447,467	23,551	
b BAD DEBTS	24,592,723	24,592,723		
c MEDICAL SUPPLIES	69,580,969	69,580,969		
d INTERCOMPANY ALLOCATIONS	78,394,402	74,474,682	3,919,720	
e All other expenses	4,660,752	4,454,148	206,604	0
25 Total functional expenses. Add lines 1 through 24e	455,488,242	439,207,958	16,280,284	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 ► if following SOP 98-2 (ASC 958-720)	0			

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X 

		<b>(A)</b> Beginning of year	<b>(B)</b> End of year
<b>Assets</b>			
1	Cash—non-interest-bearing	1,130,393	<b>1</b> 2,293,113
2	Savings and temporary cash investments	2	678,934
3	Pledges and grants receivable, net	3	
4	Accounts receivable, net	63,899,197	<b>4</b> 82,410,929
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	<b>5</b> 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	0	<b>6</b> 0
7	Notes and loans receivable, net	2,654,000	<b>7</b> 2,534,000
8	Inventories for sale or use	9,215,697	<b>8</b> 10,102,921
9	Prepaid expenses and deferred charges	275,601	<b>9</b> 1,417,313
10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b> 571,698,597	
b	Less accumulated depreciation	<b>10b</b> 329,121,417	259,566,198 <b>10c</b> 242,577,180
11	Investments—publicly traded securities	231,412,732	<b>11</b>
12	Investments—other securities See Part IV, line 11	0	<b>12</b> 225,432,739
13	Investments—program-related See Part IV, line 11	0	<b>13</b> 0
14	Intangible assets	14	
15	Other assets See Part IV, line 11	173,055,748	<b>15</b> 299,517,567
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	741,209,565	<b>16</b> 866,964,696
<b>Liabilities</b>			
17	Accounts payable and accrued expenses	10,134,915	<b>17</b> 32,886,260
18	Grants payable	18	
19	Deferred revenue	72,500	<b>19</b> 62,500
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	0	<b>22</b> 0
23	Secured mortgages and notes payable to unrelated third parties	23	83,892
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	166,865,559	<b>25</b> 163,358,090
26	<b>Total liabilities.</b> Add lines 17 through 25	177,072,974	<b>26</b> 196,390,742
<b>Net Assets or Fund Balances</b>			
	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>		
27	Unrestricted net assets	564,075,302	<b>27</b> 670,512,665
28	Temporarily restricted net assets	61,289	<b>28</b> 61,289
29	Permanently restricted net assets	29	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>		
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	564,136,591	<b>33</b> 670,573,954
34	<b>Total liabilities and net assets/fund balances</b>	741,209,565	<b>34</b> 866,964,696

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI 

1	Total revenue (must equal Part VIII, column (A), line 12)	1	543,884,770
2	Total expenses (must equal Part IX, column (A), line 25)	2	455,488,242
3	Revenue less expenses Subtract line 2 from line 1	3	88,396,528
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	564,136,591
5	Net unrealized gains (losses) on investments	5	18,584,104
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-8,274
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-534,994
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	670,573,954

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line 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	2a	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	2b	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	2c	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?	3a	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	3b	Yes

## Additional Data

**Software ID:** 13000248  
**Software Version:** 2013v3.1  
**EIN:** 47-0484764  
**Name:** ALLEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM

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

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

**SCHEDULE A**  
(Form 990 or 990EZ)**Public Charity Status and Public Support**

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

**2013****Open to Public  
Inspection**Department of the  
Treasury  
Internal Revenue Service

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

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).**Name of the organization**

ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM

**Employer identification number**

47-0484764

**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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III )
- 10  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
- e  a  Type I b  Type II c  Type III - Functionally integrated d  Type III - Non-functionally integrated
- 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	
<b>Total</b>									

**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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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						
<b>4 Total.</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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)						
<b>11 Total support</b> (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					<b>12</b>	
<b>13 First five years.</b> 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 <b>stop here</b> . . . . . ►						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	
15 Public support percentage for 2012 Schedule A, Part II, line 14	<b>15</b>	
<b>16a 33 1/3% support test—2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization ►		
<b>b 33 1/3% support test—2012.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization ►		
<b>17a 10%-facts-and-circumstances test—2013.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ►		
<b>b 10%-facts-and-circumstances test—2012.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ►		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►		

**Part III Support Schedule for Organizations Described in 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6 )						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12 )						
<b>14 First five years.</b> 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 <b>stop here</b> ►						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15
16 Public support percentage from 2012 Schedule A, Part III, line 15	16

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18
<b>19a 33 1/3% support tests—2013.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization ►	
<b>b 33 1/3% support tests—2012.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization ►	
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►	

**Part IV Supplemental Information.** 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**

Return Reference

Explanation

**SCHEDULE C**  
(Form 990 or 990-EZ)**Political Campaign and Lobbying Activities****2013****Open to Public  
Inspection****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. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**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 ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM	Employer identification number 47-0484764
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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?  Yes  No
- 4a Was a correction made?  Yes  No
- b If "Yes," describe in Part IV

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ► \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt 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?  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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

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

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	<b>(a) 2010</b>	<b>(b) 2011</b>	<b>(c) 2012</b>	<b>(d) 2013</b>	<b>(e) Total</b>
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> 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		8,275	
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			8,275	
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**

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

Return Reference	Explanation
Schedule C, Part II-B, Line 1, Description of the activities reported on Lines 1a through 1i	THE PORTION OF ORGANIZATION DUES THAT ARE RELATED TO LOBBYING ARE AS FOLLOWS IOWA HOSPITAL ASSOCIATION - \$20 NEBRASKA HOSPITAL ASSOCIATION - \$8255

## Part IV **Supplemental Information (continued)**

**Schedule D (Form 990) 2013**

**SCHEDULE D**  
(Form 990)**Supplemental Financial Statements**

OMB No 1545-0047

**2013**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b  
 ► Attach to Form 990. ► See separate instructions. ► Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**Open to Public Inspection**Department of the Treasury  
Internal Revenue Service**Name of the organization**

ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM

**Employer identification number**

47-0484764

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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?  Yes  No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)	<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of an historically important land area
	<input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure
	<input type="checkbox"/> 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	
a Total number of conservation easements	<b>Held at the End of the Year</b>
b Total acreage restricted by conservation easements	2a
c Number of conservation easements on a certified historic structure included in (a)	2b
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c
	2d

- 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 ► \$ \_\_\_\_\_

**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)

- |   |   |
|---|---|
| <b>a</b> <input type="checkbox"/> Public exhibition                   | <b>d</b> <input type="checkbox"/> Loan or exchange programs |
| <b>b</b> <input type="checkbox"/> Scholarly research                  | <b>e</b> <input type="checkbox"/> Other                     |
| <b>c</b> <input type="checkbox"/> Preservation for future generations |   |

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

	<b>Amount</b>
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

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	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	856,084	4,292,558	4,241,339	3,961,188	3,665,977
<b>b</b> Contributions . . . . .	204,112	221,432	118,255	6,001	149,013
<b>c</b> Net investment earnings, gains, and losses . . . . .	-2,682	2,661	-64,203	464,742	298,938
<b>d</b> Grants or scholarships . . . . .				6,642	9,996
<b>e</b> Other expenditures for facilities and programs . . . . .	160,672	3,659,916	2,833	183,950	142,744
<b>f</b> Administrative expenses . . . . .		651			
<b>g</b> End of year balance . . . . .	896,842	856,084	4,292,558	4,241,339	3,665,977

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  100 000 %

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 . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(ii) related organizations . . . . .	<input type="checkbox"/> Yes	
<b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .	<b>3b</b>	<input type="checkbox"/> Yes

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

**Part VI Land, Buildings, and Equipment.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. 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
<b>1a</b> Land . . . . .		3,322,089			3,322,089
<b>b</b> Buildings . . . . .		267,626,375	119,731,678		147,894,697
<b>c</b> Leasehold improvements . . . . .		1,788,004	1,395,016		392,988
<b>d</b> Equipment . . . . .		283,394,947	198,056,859		85,338,088
<b>e</b> Other . . . . .		15,567,182	9,937,864		5,629,318
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)					242,577,180

**Part VI Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives	0	
(2) Closely-held equity interests	0	
(3) Other		
(A) CHI OIP - FIXED INCOME	109,768,076	
(B) CHI OIP - EQUITY SECURITIES	115,664,661	
(C) CHI OIP - MONEY MARKET	2	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12 )	<b>225,432,739</b>	

**Part VII Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13 )		

**Part IX Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) INTERCOMPANY RECEIVABLES	299,517,567
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	<b>299,517,567</b>

**Part X Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	0
OTHER CURRENT LIABILITIES	4,215,551
ENVIRONMENTAL REMEDIATION LIABILITY	1,720,853
LONG-TERM DEBT - CHI	157,421,686
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 )	<b>163,358,090</b>

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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**

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

Return Reference	Explanation
Schedule D, Part V, Line 4, Intended uses of endowment funds	ENDOWMENT FUNDS ARE INTENDED TO HELP WITH THE ORGANIZATIONAL OPERATIONS OF ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM
Schedule D, Part X, Line 2, FIN 48 (ASC 740) footnote	ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM'S FINANCIAL INFORMATION IS INCLUDED IN THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF CATHOLIC HEALTH INITIATIVES (CHI), A RELATED ORGANIZATION CHI'S FIN 48 (ASC 740) FOOTNOTE FOR THE YEAR ENDED JUNE 30, 2014 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 "

**Part XIII Supplemental Information (continued)**

Return Reference	Explanation

SCHEDULE H  
(Form 990)

## Hospitals

OMB No 1545-0047

Department of the Treasury  
Internal Revenue Service

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

► Attach to Form 990. ► See separate instructions.

► Information about Schedule H (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

2013

Open to Public  
Inspection

## Name of the organization

ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM

## Employer identification number

47-0484764

## 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	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	3a	No
<input 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	3b	No
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input 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"?	4	Yes
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	No
6a Did the organization prepare a community benefit report during the tax year?	6a	Yes
b If "Yes," did the organization make it available to the public?	6b	Yes
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H		

## 7 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)		11,581	12,599,508		12,599,508	2 930 %
b Medicaid (from Worksheet 3, column a)		5,501	59,976,465	40,980,970	18,995,495	4 410 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			1,485,155	1,839,330	-354,175	0 %
d <b>Total</b> Financial Assistance and Means-Tested Government Programs	0	17,082	74,061,128	42,820,300	31,240,828	7 340 %
<b>Other Benefits</b>						
e Community health improvement services and community benefit operations (from Worksheet 4)	27	4,976	768,361	57,978	710,383	0 170 %
f Health professions education (from Worksheet 5)	15	3,373	767,926		767,926	0 180 %
g Subsidized health services (from Worksheet 6)	1		2,948,940	1,269,868	1,679,072	0 390 %
h Research (from Worksheet 7)	2		76,542		76,542	0 020 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	10	1,100	271,711		271,711	0 060 %
j <b>Total</b> Other Benefits	55	9,449	4,833,480	1,327,846	3,505,634	0 820 %
k <b>Total</b> Add lines 7d and 7j	55	26,531	78,894,608	44,148,146	34,746,462	8 160 %

**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
<b>1</b> Physical improvements and housing					0	0 %
<b>2</b> Economic development					0	0 %
<b>3</b> Community support	2		175		175	0 %
<b>4</b> Environmental improvements					0	0 %
<b>5</b> Leadership development and training for community members					0	0 %
<b>6</b> Coalition building	2		18,238		18,238	0 %
<b>7</b> Community health improvement advocacy	2	20	65		65	0 %
<b>8</b> Workforce development	2	11	3,907		3,907	0 %
<b>9</b> Other					0	0 %
<b>10 Total</b>	8	31	22,385	0	22,385	0 %

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

		Yes	No
<b>1</b> Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15?	<b>1</b>	Yes	
<b>2</b> Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	<b>2</b>	5,174,054	
<b>3</b> 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	<b>3</b>	0	
<b>4</b> 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**

<b>5</b> Enter total revenue received from Medicare (including DSH and IME)	<b>5</b>	98,689,097	
<b>6</b> Enter Medicare allowable costs of care relating to payments on line 5	<b>6</b>	150,878,081	
<b>7</b> Subtract line 6 from line 5. This is the surplus (or shortfall)	<b>7</b>	-52,188,984	
<b>8</b> Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used			

Cost accounting system

Cost to charge ratio

Other

**Section C. Collection Practices**

<b>9a</b> Did the organization have a written debt collection policy during the tax year?	<b>9a</b>	Yes	
<b>b</b> If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	<b>9b</b>	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 %
<b>1</b>					
<b>2</b>					
<b>3</b>					
<b>4</b>					
<b>5</b>					
<b>6</b>					
<b>7</b>					
<b>8</b>					
<b>9</b>					
<b>10</b>					
<b>11</b>					
<b>12</b>					
<b>13</b>					

**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?

3

Name, address, primary website address, and state license number

See Additional Data Table

Other (Describe)

Facility reporting group

ER-other

ER-24 hours

Research facility

Critical access hospital

Teaching hospital

Children's hospital

General medical & surgical

Licensed hospital

**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)

A

**Name of hospital facility or facility reporting group** \_\_\_\_\_**If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A)** \_\_\_\_\_ 1

	Yes	No
<b>Community Health Needs Assessment</b> (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 persons who represent the broad interests 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 (list url) <u>www.chihealth.com</u>		
b <input checked="" type="checkbox"/> Other website (list url) <u>www.douglascohealth.org</u>		
c <input checked="" type="checkbox"/> Available upon request from the hospital facility		
d <input checked="" 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 as of the end of the tax year)		
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 checked="" 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)**

<b>Financial Assistance Policy</b>		<b>Yes</b>	<b>No</b>
<b>9</b>	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?	<b>9</b>	Yes
<b>10</b>	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? . . . . .	<b>10</b>	No
	If "Yes," indicate the FPG family income limit for eligibility for free care ____%		
	If "No," explain in Part VI the criteria the hospital facility used		
<b>11</b>	Used FPG to determine eligibility for providing <i>discounted</i> care? . . . . .	<b>11</b>	No
	If "Yes," indicate the FPG family income limit for eligibility for discounted care ____%		
	If "No," explain in Part VI the criteria the hospital facility used		
<b>12</b>	Explained the basis for calculating amounts charged to patients? . . . . .	<b>12</b>	Yes
	If "Yes," indicate the factors used in determining such amounts (check all that apply)		
<b>a</b>	<input checked="" type="checkbox"/> Income level		
<b>b</b>	<input checked="" type="checkbox"/> Asset level		
<b>c</b>	<input type="checkbox"/> Medical indigency		
<b>d</b>	<input type="checkbox"/> Insurance status		
<b>e</b>	<input checked="" type="checkbox"/> Uninsured discount		
<b>f</b>	<input type="checkbox"/> Medicaid/Medicare		
<b>g</b>	<input type="checkbox"/> State regulation		
<b>h</b>	<input checked="" type="checkbox"/> Residency		
<b>i</b>	<input checked="" type="checkbox"/> Other (describe in Part VI)		
<b>13</b>	Explained the method for applying for financial assistance? . . . . .	<b>13</b>	Yes
<b>14</b>	Included measures to publicize the policy within the community served by the hospital facility? . . . . .	<b>14</b>	Yes
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		
<b>a</b>	<input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
<b>b</b>	<input checked="" type="checkbox"/> The policy was attached to billing invoices		
<b>c</b>	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
<b>d</b>	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
<b>e</b>	<input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
<b>f</b>	<input checked="" type="checkbox"/> The policy was available upon request		
<b>g</b>	<input type="checkbox"/> Other (describe in Part VI)		

**Billing and Collections**

<b>15</b>	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? . . . . .	<b>15</b>	Yes
<b>16</b>	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 individual's eligibility under the facility's FAP		
<b>a</b>	<input type="checkbox"/> Reporting to credit agency		
<b>b</b>	<input type="checkbox"/> Lawsuits		
<b>c</b>	<input type="checkbox"/> Liens on residences		
<b>d</b>	<input type="checkbox"/> Body attachments		
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>17</b>	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 individual's eligibility under the facility's FAP? . . . . .	<b>17</b>	No
	If "Yes," check all actions in which the hospital facility or a third party engaged		
<b>a</b>	<input type="checkbox"/> Reporting to credit agency		
<b>b</b>	<input type="checkbox"/> Lawsuits		
<b>c</b>	<input type="checkbox"/> Liens on residences		
<b>d</b>	<input type="checkbox"/> Body attachments		
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		

**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 individuals regarding the individuals' bills
- d Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- e Other (describe in Section C)

**Policy Relating to Emergency Medical Care**

**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 The hospital facility did not provide care for any emergency medical conditions
- b The hospital facility's policy was not in writing
- c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d Other (describe in Part VI)

	Yes	No
<b>19</b> Yes		

**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 The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d Other (describe in Part VI)

<b>21</b>		No

**21** During the tax year, did the hospital facility charge any FAP-eligible individual 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

**22** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .

If "Yes," explain in Part VI

**Part V Facility Information (continued)**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6l, 7, 10, 11, 12l, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
See Additional Data Table	

**Schedule H (Form 990) 2013**

**Part V Facility Information (continued)****Section D. 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? 2

Name and address	Type of Facility (describe)
1 ALEGENT HEALTH HOSPICE 703 ROSARY DRIVE CORNING, IA 50041	LICENSED HOSPICE
2 ALEGENT HEALTH HOSPICE 7070 SPRING STREET OMAHA, NE 68106	LICENSED HOSPICE
3	
4	
5	
6	
7	
8	
9	
10	

**Part VI Supplemental Information**

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNA's 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

Form and Line Reference	Explanation
Schedule H, Part I, Line 3c, Eligibility criteria for free or discounted care	WHEN CATHOLIC HEALTH INITIATIVES (THE ULTIMATE PARENT ORGANIZATION TO ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM) ESTABLISHED ITS FINANCIAL ASSISTANCE POLICY IT WAS DETERMINED THAT ESTABLISHING A HOUSEHOLD INCOME SCALE BASED ON THE HUD VERY LOW INCOME GUIDELINES MORE ACCURATELY REFLECTS THE SOCIOECONOMIC DISPERSIONS AMONG URBAN AND RURAL COMMUNITIES IN 18 STATES SERVED BY CHI HOSPITALS AND HEALTH CARE FACILITIES. IN COMPARING HUD GUIDELINES TO THE FEDERAL POVERTY GUIDELINES ("FPG"), WE FIND THAT ON AVERAGE HUD GUIDELINES COMPUTE TO APPROXIMATELY 200% TO 250% (AND SOMETIMES 300%) OF FPG. ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM BASES ITS FINANCIAL ASSISTANCE ELIGIBILITY ON HUD'S 130% OF VERY LOW INCOME GUIDELINES BASED ON GEOGRAPHY, AND AFFORDS THE UNINSURED AND UNDERINSURED THE ABILITY TO OBTAIN FINANCIAL ASSISTANCE WRITE-OFFS, BASED ON A SLIDING SCALE, RANGING FROM 25%-100% OF CHARGES. AN INDIVIDUAL'S INCOME UNDER THE HUD GUIDELINES IS A SIGNIFICANT FACTOR IN DETERMINING ELIGIBILITY FOR FINANCIAL ASSISTANCE. HOWEVER, IN DETERMINING WHETHER TO EXTEND DISCOUNTED OR FREE CARE TO A PATIENT, THE PATIENT'S ASSETS MAY ALSO BE TAKEN INTO CONSIDERATION. FOR EXAMPLE, A PATIENT SUFFERING A CATASTROPHIC ILLNESS MAY HAVE A REASONABLE LEVEL OF INCOME, BUT A LOW LEVEL OF LIQUID ASSETS SUCH THAT THE PAYMENT OF MEDICAL BILLS WOULD BE SERIOUSLY DETERIMENTAL TO THE PATIENT'S BASIC FINANCIAL (AND ULTIMATELY PHYSICAL) WELL-BEING AND SURVIVAL. SUCH A PATIENT MAY BE EXTENDED DISCOUNTED OR FREE CARE BASED UPON THE FACTS AND CIRCUMSTANCES.

Form and Line Reference	Explanation
Schedule H, Part I, Line 6a, Community benefit report prepared by related organization	ALEGENT CREIGHTON HEALTH

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 6A, ANNUAL PUBLIC COMMUNITY BENEFIT REPORT	YES, THE ALEGENT CREIGHTON HEALTH SYSTEM PRODUCES AN ANNUAL PUBLIC COMMUNITY BENEFIT REPORT THAT IS MAILED TO A CORE CONSTITUENCY, PLACED IN KEY PLACES THROUGHOUT THE ORGANIZATION AND DISTRIBUTED IN COMMUNITY MEETINGS IT IS ALSO AVAILABLE ON THE COMPANY'S INTRANET SITE, AND ON ITS PUBLIC WEBSITE AT <a href="http://WWW.CHIHEALTH.COM/COMMUNITY-BENEFIT">WWW.CHIHEALTH.COM/COMMUNITY-BENEFIT</a>

Form and Line Reference	Explanation
Schedule H, Part I, Line 7, Costing Methodology used to calculate financial assistance	THE COSTING METHODOLOGY USED TO CALCULATE THE AMOUNTS REPORTED IN THE TABLE WERE WORKSHEETS 1-8 PROVIDED WITH THE SCHEDULE H INSTRUCTIONS THE COST TO CHARGE RATIO DERIVED FROM WORKSHEET 2 WAS USED TO CALCULATE TOTAL COMMUNITY BENEFIT EXPENSE FOR CHARITY CARE, MEDICAID AND OTHER MEANS TESTED PART I, LINE 7, COLUMN (F) BAD DEBT OF \$24,592,723 INCLUDED IN FUNCTIONAL EXPENSE TOTAL PART IX, LINE 25, COLUMN (A) IS SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN BAD DEBT EXPENSE (AT COST) FOR ENTITIES OF ALEGENT CREIGHTON HEALTH IS DETERMINED BY USING THE COST TO CHARGE RATIO FROM MEDICARE COST REPORTS PER ENTITY AND MULTIPLYING THE RATIO BY THE ACTUAL BAD DEBT CHARGES PER ENTITY TO DETERMINE THE AMOUNT OF THE ORGANIZATION'S BAD DEBT EXPENSE (AT COST) ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S CHARITY CARE POLICY, REPRESENTATIVES OF THE ALEGENT CREIGHTON HEALTH SYSTEM DETERMINE IF AN ACCOUNT NEEDS TO BE MOVED FROM BAD DEBT TO CHARITY CARE WHEN A PATIENT EITHER COMES FORWARD AND COMPLETES A CHARITY APPLICATION, WHICH IS APPROVED OR IF IT IS DETERMINED THAT THE PATIENT HAS NO OTHER RESOURCES TO PAY THE ACCOUNT BALANCE

Form and Line Reference	Explanation
Schedule H, Part I, Line 7, col(f), Bad Debt Expense excluded from financial assistance calculation	24,592,723

Form and Line Reference	Explanation
Schedule H, Part I, Line 7g, Subsidized Health Services	ALEGENT CREIGHTON HEALTH BERGAN MERCY HEALTH SYSTEM PROVIDES SUBSIDIZED HEALTH TO THE BROADER COMMUNITY VIA A NEONATIVE INTENSIVE CARE UNIT AND HOSPICE CARE

Form and Line Reference	Explanation
Schedule H, Part II, Community Building Activities	<p>ALEGENT CREIGHTON HEALTH HAS A HISTORY OF CENTRALIZED COMMUNITY BENEFIT INVESTMENTS, AS WELL AS HOSPITAL SPECIFIC INVESTMENTS THAT ADDRESS COMMUNITY HEALTH NEEDS WHICH INCLUDE COMMUNITY BUILDING SUCH AS -LIVE WELL OMAHA KIDS- AS A RESULT OF COMMUNITY HEALTH NEEDS ASSESSMENT CONDUCTED IN 2006 WHICH POINTED TO CHILDHOOD OBESITY AS A SERIOUS HEALTH NEEDS ISSUE ACROSS ALL OMAHA MSA COUNTIES SERVED, THE ALEGENT CREIGHTON HEALTH SYSTEM PARTNERED WITH THE COMMUNITY TO MAKE A MULTI-YEAR COMMITMENT TO IMPACT CHILDHOOD OBESITY THROUGH COMMUNITY BASED BEST PRACTICE INTERVENTIONS THIS INITIATIVE HAS HAD A PRIMARY FOCUS OF IMPACT IN DOUGLAS COUNTY, NEBRASKA, BUT THE FUNDING TO UNDERWRITE HAS COME FROM THE FISCAL PERFORMANCE OF ALL ALEGENT CREIGHTON HEALTH HOSPITALS THE COMMUNITY COALITION KNOWN AS LIVE WELL OMAHA KIDS (LWOK) IS STAFFED AND FUNDED BY ALEGENT CREIGHTON HEALTH AN EXECUTIVE COMMITTEE CONSISTING OF COMMUNITY LEADERS AND POLICY MAKERS HAVE DIRECTED AN ECOLOGICAL APPROACH TO IMPROVE PROGRAMS, POLICIES AND BUILD THE ENVIRONMENT TO PROMOTE PHYSICAL ACTIVITY AND HEALTHY EATING AND BUILD CAPACITY FOR HEALTHY CHOICES AT THE INDIVIDUAL AND ORGANIZATIONAL LEVEL MORE THAN 200 VOLUNTEERS AND 90 ORGANIZATIONS HAVE PARTICIPATED IN THE PLANNING AND IMPLEMENTATION OF LWOK INITIATIVES A PORTION OF THIS INVESTMENT IN LWOK IS ALLOCATED TO THE BERGAN MERCY HEALTH SYSTEM ON A NET SERVICE REVENUE BASIS -COMMUNITY AND ECONOMIC DEVELOPMENT INCLUDING SUPPORT OF LOCAL CHAMBERS OF COMMERCE -STRATEGIC PLANNING AND CONSULTING SERVICES FOR COMMUNITY -SPONSORSHIP OF COMMUNITY NOT FOR PROFITS AND FUNDRAISING EVENTS -SUPPORT OF INTERNATIONAL HEALTH MINISTRIES IN TANZANIA AND DOMINICAN REPUBLIC -SUPPORT OF THE FEDERALLY QUALIFIED HEALTHCARE CENTERS -PARISH NURSING PROGRAM -COMMUNITY HEALTH FAIRS, SUPPORT GROUPS AND COMMUNITY EDUCATION -SCHOOL BASED HEALTHCARE SERVICES -LEADERSHIP IN AND FUNDING OF HEALTH COALITIONS INCLUDING- -LIVE WELL OMAHA-A COALITION FOUNDED BY ALEGENT CREIGHTON HEALTH AND THE COUNTY HEALTH DEPARTMENT THAT SERVES AS CONVENER OF BUSINESS, HEALTHCARE AND COMMUNITY LEADERS TO REVIEW HEALTH TRENDS AND CATALYZE COMMUNITY ACTION TO ADDRESS HEALTH ISSUES ALEGENT CREIGHTON HEALTH SERVES ON THE BOARD OF DIRECTORS, IS A MEMBER AT THE HIGHEST LEVEL AND LEASES STAFF TO LIVE WELL OMAHA -LIVE WELL POTAWATTAMIE COUNTY -AN EMERGING COALITION TO ADDRESS OBESITY IN POTAWATTAMIE COUNTY ALEGENT CREIGHTON HEALTH PROVIDES STRATEGIC PLANNING, GRANT WRITING AND STAFF SUPPORT -OMAHA BY DESIGN- A COALITION THAT SUPPORT HEALTHY AND SUSTAINABLE COMMUNITY DEVELOPMENT AND LAND USE - VIOLENCE PREVENTION-A PARTNERSHIP WITH CATHOLIC HEALTH INITIATIVES, WOMEN'S CENTER FOR ADVANCEMENT, UNIVERSITY OF NEBRASKA-OMAHA AND CREIGHTON UNIVERSITY TO IMPLEMENT A CAMPUS BASED VIOLENCE PREVENTION PLAN KNOWN AS "GREEN DOT" ALEGENT CREIGHTON HEALTH ALSO SUPPORTS ECPR TRAINING TO PROVIDE COMMUNITY CAPACITY AND SKILLS TO ADDRESS THE TRAUMA ASSOCIATED WITH VIOLENCE -METRO AREA CONTINUUM OF CARE FOR THE HOMELESS- BOARD SERVICE AND FINANCIAL SUPPORT TO THIS COALITION ADDRESSING HOMELESSNESS IN THE SERVICE AREA -HOPE MEDICAL COALITION-BOARD SERVICE AND ANNUAL OPERATING SUBSIDY ALEGENT CREIGHTON HEALTH'S HOSPITALS AND PHYSICIANS PROVIDE SPECIALTY CARE TO PATIENTS UNABLE TO AFFORD MEDICAL SERVICES -PARTICIPATION IN AND FUNDING OF MATERNAL HEALTH, BREASTFEEDING, SUBSTANCE ABUSE, CANCER, DIABETES AND OTHER COMMUNITY HEALTH COALITIONS -MENTAL HEALTH COALITIONS INCLUDING NATIONAL ALLIANCE ON MENTAL ILLNESS, NEBRASKA ASSOCIATION OF BEHAVIORAL HEALTH CARE ORGANIZATIONS, AND THE JUVENILE JUSTICE PROVIDER FORUM BEHAVIORAL HEALTH COMMITTEE</p>

Form and Line Reference	Explanation
Schedule H, Part III, Line 2, Bad debt expense - methodology used to estimate amount	COSTING METHODOLOGY FOR AMOUNTS REPORTED ON LINE 2 IS DETERMINED USING THE ORGANIZATION'S COST/CHARGE RATIO OF 24.49%. WHEN DISCOUNTS ARE EXTENDED TO SELF-PAY PATIENTS, THESE PATIENT ACCOUNT DISCOUNTS ARE RECORDED AS A REDUCTION IN REVENUE, NOT AS BAD DEBT EXPENSE

Form and Line Reference	Explanation
Schedule H, Part III, Line 3, Bad Debt Expense Methodology	ALEGENT HEALTH - BERGAN MERCY HEALTH SYSTEM DOES NOT BELIEVE THAT ANY PORTION OF BAD DEBT EXPENSE COULD REASONABLY BE ATTRIBUTED TO PATIENTS WHO QUALIFY FOR FINANCIAL ASSISTANCE SINCE AMOUNTS DUE FROM THOSE INDIVIDUALS' ACCOUNTS WILL BE RECLASSIFIED FROM BAD DEBT EXPENSE TO CHARITY CARE WITHIN 30 DAYS FOLLOWING THE DATE THAT THE PATIENT IS DETERMINED TO QUALIFY FOR CHARITY CARE

Form and Line Reference	Explanation
Schedule H, Part III, Line 4, Bad debt expense - financial statement footnote	ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM DOES NOT ISSUE SEPARATE COMPANY AUDITED FINANCIAL STATEMENTS HOWEVER, THE ORGANIZATION IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF CATHOLIC HEALTH INITIATIVES THE CONSOLIDATED FOOTNOTE READS AS FOLLOWS "THE PROVISION FOR BAD DEBTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS, TAKING INTO CONSIDERATION HISTORICAL BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN HEALTH CARE COVERAGE, AND OTHER COLLECTION INDICATORS MANAGEMENT ROUTINELY ASSESSES THE ADEQUACY OF THE ALLOWANCE 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 BALANCES WITH COLLECTION AGENCIES, SUBJECT TO THE TERMS OF CERTAIN RESTRICTIONS ON COLLECTION EFFORTS AS DETERMINED BY EACH FACILITY THE PROVISION FOR BAD DEBTS IS PRESENTED ON THE CONSOLIDATED STATEMENTS OF OPERATIONS AS A DEDUCTION FROM PATIENT SERVICES REVENUES (NET OF CONTRACTUAL ALLOWANCES AND DISCOUNTS) SINCE CHI ACCEPTS AND TREATS SUBSTANTIALLY ALL PATIENTS WITHOUT REGARD TO THE ABILITY TO PAY "

Form and Line Reference	Explanation
Schedule H, Part III, Line 8, Community benefit & methodology for determining medicare costs	THE ALEGENT CREIGHTON HEALTH SYSTEM DOES NOT CONSIDER MEDICARE SHORTFALLS TO BE COMMUNITY BENEFIT, PER THE RECOMMENDATION OF THE CATHOLIC HEALTH ASSOCIATION THE MEDICARE CHARGES REPORTED ON LINES 5 AND 6 ARE FROM MEDICARE COST REPORTS WHICH USED A COST TO CHARGE RATIO

Form and Line Reference	Explanation
Schedule H, Part III, Line 9b, Collection practices for patients eligible for financial assistance	ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM DEBT COLLECTION POLICY PROVIDES THAT ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM WILL PERFORM A REASONABLE REVIEW OF EACH INPATIENT ACCOUNT PRIOR TO TURNING AN ACCOUNT OVER TO A THIRD-PARTY COLLECTION AGENT AND PRIOR TO INSTITUTING ANY LEGAL ACTION FOR NON-PAUMENT, TO ASSURE THAT THE PATIENT AND PATIENT GUARANTOR ARE NOT ELIGIBLE FOR ANY ASSISTANCE PROGRAM (E G MEDICAID) AND TO NOT QUALIFY FOR COVERAGE UNDER THE FINANCIAL ASSISTANCE POLICY AFTER HAVING BEEN TURNED OVER TO A THIRD-PARTY COLLECTION AGENT, ANY PATIENT ACCOUNT THAT IS SUBSEQUENTLY DETERMINED TO MEET THE ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM'S FINANCIAL ASSISTANCE POLICY IS REQUIRED TO BE RETURNED IMMEDIATELY BY THE THIRD-PARTY COLLECTION AGENT TO (NAME OF ENTITY) FOR APPROPRIATE FOLLOW-UP ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM REQUIRES ITS THIRD-PARTY COLLECTION AGENTS TO INCLUDE A MESSAGE ON ALL STATEMENTS INDICATING THAT IF A PATIENT OR PATIENT GUARANTOR MEETS CERTAIN STIPULATED INCOME REQUIREMENTS, THE PATIENT OR PATIENT GUARANTOR MAY BE ELIGIBLE FOR FINANCIAL ASSISTANCE ALL OF CATHOLIC HEALTH INITIATIVES' HOSPITALS' CONTRACTS WITH THIRD-PARTY COLLECTION AGENCIES INCLUDE THE FOLLOWING STANDARDS 1 NEITHER CHI HOSPITALS NOR THEIR COLLECTION AGENCIES WILL REQUEST BENCH OR ARREST WARRANTS AS A RESULT OF NON-PAYMENT, 2 NEITHER CHI HOSPITALS NOR THEIR COLLECTION AGENCIES WILL SEEK LIENS THAT WOULD REQUIRE THE SALE OR FORECLOSURE OF A PRIMARY RESIDENCE, AND 3 NO CHI COLLECTION AGENCY MAY SEEK COURT ACTION WITHOUT HOSPITAL APPROVAL FINALLY, COLLECTION AGENCIES ARE TRAINED ON THE CHI MISSION, CORE VALUES AND STANDARD OF CONDUCT TO MAKE SURE ALL PATIENTS ARE TREATED WITH DIGNITY AND RESPECT

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2, Needs assessment	<p>THE PROCESS TO DEVELOP ASSESSMENTS OF THE COMMUNITY HEALTH NEEDS (CHNA) IS COLLABORATIVE IN NATURE AND INVOLVES HEALTH DEPARTMENTS, EXISTING HEALTH COALITIONS, COMMUNITY MEMBERS AND HOSPITAL LEADERSHIP, AND IS SUPPORTED BY THE ALEGENT CREIGHTON HEALTH'S COMMUNITY BENEFIT AND HEALTHIER COMMUNITIES DEPARTMENT STAFF. EACH ALEGENT CREIGHTON HEALTH HOSPITAL PARTICIPATES IN THE CHNA PROCESS FOR THE COUNTY IN WHICH THE FACILITY IS LOCATED AT LEAST EVERY 3 YEARS IN PARTNERSHIP WITH THE LOCAL HEALTH DEPARTMENTS. THE ASSESSMENT VARIES IN EACH COMMUNITY BUT INCLUDES REVIEW OF PRIMARY DATA (SUCH AS SURVEYS, KEY INFORMANT INTERVIEWS, FOCUS GROUPS) AND SECONDARY DATA (SUCH AS COUNTY HEALTH RANKINGS, BRFRSS, YRBS, CENSUS DATA ETC). LEADERSHIP FROM ALEGENT CREIGHTON HEALTH PARTICIPATE IN MULTIPLE INTERNAL AND EXTERNAL VENUES TO GARNER COMMUNITY INPUT, PRIORITIZE COMMUNITY HEALTH NEEDS AND DEVELOP COMMUNITY HEALTH IMPROVEMENT PLANS. THE CHNA REPORT FOR EACH COMMUNITY IS MADE AVAILABLE TO THE PUBLIC BY POSTING THE REPORT ON THE ALEGENT CREIGHTON HEALTH EXTERNAL WEBSITE AND BY MAKING IT AVAILABLE IN COMMUNITY VENUES. THE CHNAs ARE INTEGRATED INTO THE GOVERNANCE AND PLANNING FOR ALEGENT CREIGHTON HEALTH ON TWO LEVELS- * REPORTING INTO THE COMMITTEE OF THE BOARD OF DIRECTORS CHARGED WITH HEALTH PLANNING OVERSIGHT * INTO THE ANNUAL STRATEGIC PLANNING AND BUDGETING PROCESSES OF ALEGENT CREIGHTON HEALTH * IMPLEMENTATION PLANS APPROVED BY BOARD OF DIRECTORS PARTICULAR TO THE COUNTY IN WHICH BERGAN MERCY MEDICAL CENTER RESIDES, ALEGENT CREIGHTON HEALTH PARTNERS WITH LOCAL HEALTH DEPARTMENTS, LIVE WELL OMAHA AND COMPETING HEALTH SYSTEMS TO RETAIN PROFESSIONAL RESEARCH CONSULTANTS TO CONDUCT A CHNA FOR THE OMAHA/COUNCIL BLUFFS METROPOLITAN SERVICE AREA. THE CHNA COVERS FOUR COUNTIES SERVED BY THE ALEGENT CREIGHTON HEALTH OMAHA AND COUNCIL BLUFFS HOSPITALS. THE CHNA REPORTS DATA AT THE COUNTY LEVEL AND FOR DOUGLAS COUNTY, BY FOUR QUADRANTS WITHIN THE COUNTY. ALEGENT CREIGHTON HEALTH LEADERS SERVE ON THE CHNA STEERING COMMITTEE AND PARTICIPATE IN KEY INFORMANT INTERVIEWS CONDUCTED AT HOSPITAL LOCATIONS, THEY ALSO PARTICIPATE IN THE IMPLEMENTATION PLANS. THE CHNA IS SHARED IN MULTIPLE VENUES WITH THE PUBLIC, INCLUDING AT THE LIVE WELL OMAHA SUMMIT. ALEGENT CREIGHTON HEALTH IS ONE OF THE FOUNDERS OF LIVE WELL OMAHA. IN ADDITION, ALEGENT CREIGHTON HEALTH HAS JOINED WITH LOCAL HEALTH SYSTEMS AND HEALTH DEPARTMENTS TO FUND THE WEB BASED COMMUNITY HEALTH DASHBOARD (<a href="http://www.douglascohealth.org/">HTTP //WWW DOUGLASCOHEALTH.ORG/</a>). THE CHNA PROCESS FOR THE HOSPITAL INCLUDED BOTH QUANTITATIVE AND QUALITATIVE SOURCES. QUANTITATIVE DATA INPUT INCLUDES PRIMARY RESEARCH (THE PRC COMMUNITY HEALTHY SURVEY) AND SECONDARY RESEARCH (VITAL STATISTICS AND OTHER EXISTING HEALTH-RELATED DATA). THESE QUANTITATIVE COMPONENTS ALLOW FOR TRENDING AND COMPARISON TO BENCHMARK DATA AGAINST THE STATE AND NATIONAL LEVELS. QUALITATIVE DATA INPUT INCLUDES PRIMARY RESEARCH GATHERED THROUGH A SERIES OF KEY INFORMANT INTERVIEWS. THE SURVEY INSTRUMENT USED FOR THE CHNA IS BASED LARGELY ON THE CENTERS FOR DISEASE CONTROL AND PREVENTION BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM, WITH THE FINAL SURVEY QUESTIONS DEVELOPED BY THE SPONSORS AND PRC, SIMILAR TO PREVIOUS CHNAs USED IN THE REGION ALLOWING FOR DATA TRENDING. A TELEPHONE INTERVIEW METHODOLOGY-ONE THAT INCORPORATES BOTH LANDLINES AND CELL PHONE INTERVIEWS-WAS EMPLOYED FOR THE CHNA. THE CHNA CONSISTED OF STRATIFIED RANDOM SAMPLE OF 2,000 INDIVIDUALS AGE 18 AND OLDER IN THE SERVICE AREA, INCLUDING 1,000 INTERVIEWS IN DOUGLAS COUNTY, 400 IN SARPY COUNTY, 200 IN CASS COUNTY AND 400 IN POTAWATTAMIE COUNTY. IN ADDITION, TO BETTER REPRESENT RACIAL/ETHNIC GROUPS, TWO OVERSAMPLES WERE APPLIED IN DOUGLAS COUNTY (100 ADDITIONAL INTERVIEWS WITH BLACK/AFRICAN AMERICAN RESIDENTS AND 100 ADDITIONAL INTERVIEWS WITH HISPANIC RESIDENTS). IN ALL, 2,200 INTERVIEWS WERE COMPLETED THROUGHOUT THE SERVICE AREA. AS PART OF THE CHNA, THERE WERE FIVE FOCUS GROUPS AND 88 KEY INFORMANT INTERVIEWS WHICH INCLUDED PHYSICIANS, OTHER HEALTH PROFESSIONALS, MEDIA, AGENCIES SERVING VULNERABLE POPULATIONS AND INDIVIDUAL COMMUNITY MEMBERS.</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 3, Patient education of eligibility for assistance	<p>THERE ARE SEVERAL FINANCIAL ASSISTANCE ACCESS POINTS THROUGHOUT A PATIENT'S CARE CYCLE BILLS CONTAIN FINANCIAL ASSISTANCE VERBIAGE, SIGNS ARE POSTED IN CLINICS AND HOSPITAL, AND THERE IS INFORMATION ON FINANCIAL ASSISTANCE POSTED AT REGISTRATION POINTS THROUGHOUT CLINICS AND HOSPITALS INFORMATION ON THE ALEGENT CREIGHTON HEALTH SYSTEM'S FINANCIAL ASSISTANCE POLICIES ARE LOCATED SEVERAL PLACES ON THE SYSTEM'S WEBSITE- <a href="http://WWW.ALEGENTCREIGHTON.COM">WWW.ALEGENTCREIGHTON.COM</a> ALL EFFORTS ARE MADE TO ESTABLISH WHETHER PATIENTS ARE ELIGIBLE FOR FINANCIAL ASSISTANCE PRIOR TO SERVICE IF POSSIBLE, OTHERWISE AS SOON AS POSSIBLE FOLLOWING SERVICE ALEGENT CREIGHTON HEALTH REPRESENTATIVES HELP PATIENTS SEEK REIMBURSEMENT FROM LOCAL, STATE AND FEDERAL PROGRAMS AT NO CHARGE TO THE PATIENT AFTER THESE EFFORTS AND RESOURCES HAVE BEEN EXHAUSTED, PATIENTS ARE ASSISTED IN THE APPLICATION PROCESS FOR FINANCIAL ASSISTANCE CONSISTENT WITH ALEGENT CREIGHTON HEALTH'S FINANCIAL ASSISTANCE POLICY THE APPLICATION PROCESS REQUIRES THAT THE PATIENT COMPLETE A PERSONAL FINANCIAL APPLICATION AND PROVIDE VERIFICATION DOCUMENTS VERIFICATION INCLUDES EMPLOYMENT VERIFICATION AND OBTAINING DOCUMENTATION OF THE APPLICANT'S FINANCIAL CONDITION SUCH AS FEDERAL TAX RETURN, PAY STUB, NET WORTH AND/OR LIQUID ASSETS AND REASONABLE HOUSEHOLD OR BUSINESS EXPENSES FINANCIAL ASSISTANCE MAY STILL BE GRANTED IN CERTAIN CIRCUMSTANCES INVOLVING A CATASTROPHIC OCCURRENCE RESULTING IN MEDICAL BILLS GROSSLY EXCEEDING THE PATIENT'S ABILITY TO PAY, AND IN THESE SITUATIONS, THE PATIENT'S RESPONSIBILITY WILL BE LIMITED TO 20% OF THE FAMILY'S GROSS ANNUAL INCOME</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4, Community information	<p>ALLEGENT CREIGHTON HEALTH SYSTEM SERVES THE NINE COUNTIES OF GREATER OMAHA COMBINED STATISTICAL AREA (CSA), WITH AN ESTIMATED POPULATION OF OVER 925,858, RANKING 56TH OUT OF 166 CSAS IN TOTAL POPULATION. THE CSA CONSISTS OF 3 IOWA AND 6 NEBRASKA COUNTIES ON BOTH SIDES OF THE MISSOURI RIVER AND COVERS 4407 SQUARE MILES LOCATED IN DOUGLAS COUNTY, THE CITY OF OMAHA HAS A POPULATION OF 419,041. NEARLY 1.3 MILLION PEOPLE LIVE WITHIN A 60-MILE RADIUS OF OMAHA. CHARACTERIZED BY STEADY GROWTH, THE CSA GREW BY 14.9 PERCENT BETWEEN 2000 AND 2011, THE 2016 PROJECTED POPULATION IS MORE THAN 946,000, A 7.3 PERCENT INCREASE APPROXIMATELY. 36 PERCENT OF THE POPULATION IS 25 YEARS OF AGE OR YOUNGER WITH A MEDIAN AGE OF 35.2 YEARS COMPARED TO A U.S. MEDIAN AGE OF 37.6. 50.6% OF THE POPULATION IS FEMALE. RACIAL MINORITIES COMprise ABOUT 17.4 PERCENT OF GREATER OMAHA'S POPULATION, INCLUDING AN AFRICAN-AMERICAN POPULACE OF 7.8 PERCENT AND A GROWING HISPANIC POPULATION OF 9.8 PERCENT. IN 2012 GREATER OMAHA WAS PREDICTED TO HAVE 387,514 TOTAL HOUSING UNITS AND HOUSING UNITS ARE PROJECTED TO INCREASE ANOTHER 5 PERCENT BY 2017. THE MEDIAN HOUSEHOLD INCOME IS \$56,445 WHICH SURPASSES THE NATIONAL AVERAGE OF \$53,046, WITH A PER CAPITA INCOME OF \$27,307. GREATER OMAHA IS A WELL-EDUCATED COMMUNITY. NEARLY 91 PERCENT OF ADULTS, AGE 25 AND OLDER, ARE HIGH SCHOOL GRADUATES AND 32 PERCENT HAVE A BACHELOR'S DEGREE OR HIGHER, COMPARED TO 27.9 PERCENT NATIONALLY. GREATER OMAHA OFFERS A LARGE AND DIVERSE WORKFORCE FOR EMPLOYERS OF ALL SIZES AND INDUSTRIES. THE GREATER OMAHA POPULATION NOT ONLY POSSESSES THE EDUCATION AND DEMOGRAPHIC QUALITIES THAT EMPLOYERS ARE LOOKING FOR, BUT ALSO THE NATIONALLY RECOGNIZED MIDWEST WORK ETHIC THAT IS SIMPLY PART OF THE FABRIC OF THE REGION. OMAHA IS HOME TO MANY MAJOR COMPANIES AND LARGE EMPLOYERS, INCLUDING FIVE FORTUNE 500 COMPANIES, MAKING IT FOURTH IN THE NATION FOR NUMBER OF SUCH COMPANIES PER CAPITA. RECENT RECOGNITIONS FOR THE GREATER OMAHA AREA INCLUDE AMONG THE 10 BEST CITIES FOR PROFESSIONAL WOMEN, AMONG THE 10 BEST CITIES FOR CONSUMER BANKING, AMONG THE 10 BEST CITIES TO RAISE A FAMILY, AND AMONG THE BEST CITIES FOR JOB SEEKERS.</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5, Promotion of community health	<p>ALEGENT CREIGHTON HEALTH HAS A HISTORY OF CENTRALIZED COMMUNITY BENEFIT AND HOSPITAL SPECIFIC COMMUNITY BENEFIT INVESTMENTS TO ADDRESS COMMUNITY HEALTH NEEDS OF THE PARTICULAR SERVICE AREA. EXAMPLES OF HOW ALEGENT CREIGHTON HEALTH FURTHERS ITS EXEMPT PURPOSE BY PROMOTING THE HEALTH OF THE COMMUNITY INCLUDE:</p> <ul style="list-style-type: none"> <li>* FINANCIAL ASSISTANCE AND UNPAID COSTS OF MEDICAID</li> <li>* COMMUNITY HEALTH IMPROVEMENT SERVICES- O COMMUNITY EDUCATION, CLASSES AND PROGRAMS (CHILD BIRTH, DIABETES, ONCOLOGY, PHYSICAL ACTIVITY, HEALTHY EATING AND COOKING, HEALTH CAREERS, CANCER, SPORTS MEDICINE ETC)</li> <li>O SUPPORT GROUPS (CANCER, BEREAVEMENT, YOUTH ETC)</li> <li>O COMMUNITY HEALTH FAIRS AND SCREENINGS</li> <li>O IMMUNIZATION CLINICS</li> <li>O PARISH NURSING PROGRAM AND FAITH COMMUNITY OUTREACH</li> <li>O SCHOOL BASED HEALTHCARE SERVICES</li> <li>* HEALTH PROFESSIONAL EDUCATION- O CLINICAL PRECEPTORSHIPS FOR HEALTHCARE PROFESSIONALS</li> <li>O SCHOLARSHIPS AND MENTORSHIPS</li> <li>O AFFILIATION WITH AND SUPPORT OF CREIGHTON UNIVERSITY SCHOOL OF MEDICINE</li> <li>O PHYSICIAN RESIDENCY AND FELLOWSHIP PROGRAMS TRAINING MORE THAN 200 RESIDENTS AND FELLOWS ANNUALLY</li> <li>* RESEARCH-PARTICIPATION IN THE MISSOURI VALLEY CANCER CONSORTIUM</li> <li>* FINANCIAL AND IN-KIND CONTRIBUTIONS</li> <li>O SUPPORT OF THE FEDERALLY QUALIFIED HEALTHCARE CENTERS (AND HOPE MEDICAL COALITION WHICH PROVIDES ACCESS TO MEDICAL SERVICES SPECIFICALLY FOR THE UNDERSERVED)</li> <li>O CORPORATE SPONSORSHIPS O TANZANIA AND DOMINICAN REPUBLIC HEALTH MINISTRIES</li> <li>O STAFF SERVICE ON HEALTH RELATED BOARD AND COALITIONS</li> <li>* SUBSIDIZED HEALTHCARE SERVICE INCLUDING BEHAVIORAL HEALTH, NICU, HOME HEALTH AND HOSPICE</li> <li>* COMMUNITY BUILDING ACTIVITIES- O COMMUNITY AND ECONOMIC DEVELOPMENT INCLUDING SUPPORT OF LOCAL CHAMBERS OF COMMERCE</li> <li>O STRATEGIC PLANNING AND CONSULTING SERVICES FOR COMMUNITY</li> <li>O HEALTH COALITIONS</li> <li>LIVE WELL OMAHA-A COALITION FOUNDED BY ACH AND THE COUNTY HEALTH DEPARTMENT THAT SERVES AS CONVENER OF BUSINESS, HEALTHCARE AND COMMUNITY LEADERS TO REVIEW HEALTH TRENDS AND CATALYZE COMMUNITY ACTION TO ADDRESS HEALTH ISSUES</li> <li>ACH SERVES ON THE BOARD OF DIRECTORS, IS A MEMBER AT THE HIGHEST LEVEL AND LEADS STAFF TO LIVE WELL OMAHA</li> <li>LIVE WELL OMAHA KIDS-A COALITION FUNDED AND STAFFED FOR SEVEN YEARS BY ACH TO ADDRESS CHILDHOOD OBESITY</li> <li>LIVE WELL POTTAWATTAMIE-AN EMERGING COALITION TO ADDRESS OBESITY IN POTTAWATTAMIE COUNTY</li> <li>ACH PROVIDES STRATEGIC PLANNING, GRANT WRITING AND STAFF SUPPORT</li> <li>VIOLENCE PREVENTION-A PARTNERSHIP WITH CATHOLIC HEALTH INITIATIVES, WOMEN'S CENTER FOR ADVANCEMENT, UNIVERSITY OF NEBRASKA-OMAHA AND CREIGHTON UNIVERSITY TO IMPLEMENT A CAMPUS BASED VIOLENCE PREVENTION PLAN KNOWN AS "GREEN DOT"</li> <li>METRO AREA CONTINUUM OF CARE FOR THE HOMELESS- BOARD SERVICE AND FINANCIAL SUPPORT TO THIS COALITION ADDRESSING HOMELESSNESS IN THE SERVICE AREA</li> <li>HOPE MEDICAL COALITION-BOARD SERVICE AND ANNUAL OPERATING SUBSIDY</li> <li>ACH HOSPITALS AND PHYSICIANS PROVIDE SPECIALTY CARE TO PATIENTS UNABLE TO AFFORD MEDICAL SERVICES</li> <li>PARTICIPATION IN AND FUNDING OF MATERNAL HEALTH, BREASTFEEDING, SUBSTANCE ABUSE, CANCER, DIABETES AND OTHER COMMUNITY HEALTH COALITIONS</li> <li>MENTAL HEALTH COALITIONS</li> <li>INCLUDING NATIONAL ALLIANCE ON MENTAL ILLNESS, NEBRASKA ASSOCIATION OF BEHAVIORAL HEALTH CARE ORGANIZATIONS, AND THE JUVENILE JUSTICE PROVIDER FORUM</li> <li>BEHAVIORAL HEALTH COMMITTEE</li> <li>THE PRIMARY CARE AND PEDIATRIC PHYSICIAN CLINICS THAT ARE PART OF THE PARENT CORPORATION PROVIDE ACCESS TO CARE THROUGH THE SYSTEM'S FINANCIAL ASSISTANCE POLICY AND PARTICIPATE IN MEDICAL STUDENT PRECEPTORSHIPS THAT ADVANCE THE HEALTHCARE PROVIDER EDUCATION PROCESS</li> <li>ALEGENT CREIGHTON HEALTH HAS OPEN MEDICAL STAFFS</li> <li>ALEGENT CREIGHTON HEALTH IS ONE OF THREE HEALTH SYSTEMS THAT FUND THE OPERATIONS OF A COALITION THAT EXISTS TO PROVIDE ACCESS FOR THE PATIENTS OF THREE AREA FEDERALLY QUALIFIED HEALTHCARE CENTERS TO SPECIALTY PHYSICIAN SERVICES AND HOSPITAL BASED DIAGNOSTICS AND TREATMENT</li> <li>- HOPE MEDICAL OUTREACH COALITION</li> <li>ALEGENT CREIGHTON HEALTH IS THE SOLE, COMPREHENSIVE MENTAL HEALTH PROVIDER IN THE OMAHA MSA AREA OPERATING A BREAK EVEN POINT OF REVENUE</li> <li>ALEGENT CREIGHTON HEALTH IS A JOINT VENTURE PARTNER IN A NOT-FOR-PROFIT HOSPICE INPATIENT HOSPITAL AND PROVIDES THE MANAGEMENT SUPPORT CONTRACT</li> <li>ALEGENT HEALTH BUDGETS FOR AN EMERGENCY FUND AS A SUBSET OF OTHER COMMUNITY DONATIONS TO RESPOND TO CRISES OR UNPLANNED FUNDING NEEDS OF A VITAL COMMUNITY SERVICE, WHICH HAS FIRST USED IN FY2011 WITH THE ECONOMIC DOWNTURN</li> <li>ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM IS GOVERNED BY A BOARD OF DIRECTORS PRIMARILY COMPRISED OF VOLUNTEER MEMBERS OF OUR LOCAL COMMUNITY WHO ARE LEADERS IN THE FIELDS OF BUSINESS, HEALTHCARE, ACCOUNTING AND MEDICINE AND UNDERSTAND THE IR ROLE IN PROVIDING STRONG CORPORATE GOVERNANCE</li> <li>THE HOSPITALS HAVE FULL-TIME EMERGENCY DEPARTMENTS THAT ARE OPEN TO THE PUBLIC AND PROVIDE MEDICAL SCREENING EXAMINATIONS AND STABILIZING TREATMENT WITHIN THE CAPABILITIES AND CAPACITIES OF THE HOSPITALS REGARDLESS OF BUT NOT LIMITED TO THE PATIENT'S RACE, COLOR, SEX, AGE, AND/OR ABILITY TO PAY</li> <li>THE HOSPITALS ARE IN COMPLIANCE WITH THE FEDERAL EMTALA REGULATIONS</li> </ul>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5, Promotion of community health	IONS IN ADDITION, TOGETHER WITH UNRELATED HOSPITALS IN THE AREA, WORK CLOSELY WITH LOCAL FIRE AND RESCUE DEPARTMENTS TO ENSURE THAT AMBULANCES TAKE PATIENTS TO THE APPROPRIATE HOSPITAL. THIS IS GENERALLY THE HOSPITAL THAT IS CLOSEST GEOGRAPHICALLY WITH EXCEPTIONS BASED ON PATIENT PREFERENCE, PATIENT'S PHYSICIAN PREFERENCE, AND CAPACITY OR THE AVAILABILITY OF SPECIALIZED FACILITIES OR PROGRAMS RELATED TO THE PATIENT'S CONDITION. FINALLY, THE HOSPITALS MAINTAIN DETAILED PROCEDURES REGARDING WHEN AND UNDER WHAT CIRCUMSTANCES A PATIENT CAN BE TRANSFERRED UNDER THIS POLICY. NO PATIENT WILL BE TRANSFERRED BASED ON RACE, CREED, RELIGION OR ABILITY TO PAY.

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5, PROMOTION OF COMMUNITY HEALTH	(CONTINUATION # 1) * COMMUNITY BUILDING ACTIVITIES- O COMMUNITY AND ECONOMIC DEVELOPMENT INCLUDING SUPPORT OF LOCAL CHAMBERS OF COMMERCE O STRATEGIC PLANNING AND CONSULTING SERVICES FOR COMMUNITY O HEALTH COALITIONS LIVE WELL OMAHA-A COALITION FOUNDED BY ACH AND THE COUNTY HEALTH DEPARTMENT THAT SERVES AS CONVENER OF BUSINESS, HEALTHCARE AND COMMUNITY LEADERS TO REVIEW HEALTH TRENDS AND CATALYZE COMMUNITY ACTION TO ADDRESS HEALTH ISSUES ACH SERVES ON THE BOARD OF DIRECTORS, IS A MEMBER AT THE HIGHEST LEVEL AND LEASES STAFF TO LIVE WELL OMAHA LIVE WELL OMAHA KIDS-A COALITION FUNDED AND STAFFED FOR SEVEN YEARS BY ACH TO ADDRESS CHILDHOOD OBESITY LIVE WELL POTAWATTAMIE-AN EMERGING COALITION TO ADDRESS OBESITY IN POTAWATTAMIE COUNTY ACH PROVIDES STRATEGIC PLANNING, GRANT WRITING AND STAFF SUPPORT VIOLENCE PREVENTION-A PARTNERSHIP WITH CATHOLIC HEALTH INITIATIVES, WOMEN'S CENTER FOR ADVANCEMENT, UNIVERSITY OF NEBRASKA-OMAHA AND CREIGHTON UNIVERSITY TO IMPLEMENT A CAMPUS BASED VIOLENCE PREVENTION PLAN KNOWN AS "GREEN DOT" METRO AREA CONTINUUM OF CARE FOR THE HOMELESS-BOARD SERVICE AND FINANCIAL SUPPORT TO THIS COALITION ADDRESSING HOMELESSNESS IN THE SERVICE AREA HOPE MEDICAL COALITION-BOARD SERVICE AND ANNUAL OPERATING SUBSIDY ACH HOSPITALS AND PHYSICIANS PROVIDE SPECIALTY CARE TO PATIENTS UNABLE TO AFFORD MEDICAL SERVICES PARTICIPATION IN AND FUNDING OF MATERNAL HEALTH, BREASTFEEDING, SUBSTANCE ABUSE, CANCER, DIABETES AND OTHER COMMUNITY HEALTH COALITIONS MENTAL HEALTH COALITIONS INCLUDING NATIONAL ALLIANCE ON MENTAL ILLNESS, NEBRASKA ASSOCIATION OF BEHAVIORAL HEALTH CARE ORGANIZATIONS, AND THE JUVENILE JUSTICE PROVIDER FORUM BEHAVIORAL HEALTH COMMITTEE THE PRIMARY CARE AND PEDIATRIC PHYSICIAN CLINICS THAT ARE PART OF THE PARENT CORPORATION PROVIDE ACCESS TO CARE THROUGH THE SYSTEM'S FINANCIAL ASSISTANCE POLICY AND PARTICIPATE IN MEDICAL STUDENT PRECEPTORSHIPS THAT ADVANCE THE HEALTHCARE PROVIDER EDUCATION PROCESS ALEGENT CREIGHTON HEALTH HAS OPEN MEDICAL STAFFS * ALEGENT CREIGHTON HEALTH IS ONE OF THREE HEALTH SYSTEMS THAT FUND THE OPERATIONS OF A COALITION THAT EXISTS TO PROVIDE ACCESS FOR THE PATIENTS OF THREE AREA FEDERALLY QUALIFIED HEALTHCARE CENTERS TO SPECIALTY PHYSICIAN SERVICES AND HOSPITAL BASED DIAGNOSTICS AND TREATMENT - HOPE MEDICAL OUTREACH COALITION * ALEGENT CREIGHTON HEALTH IS THE SOLE, COMPREHENSIVE MENTAL HEALTH PROVIDER IN THE OMAHA MSA AREA OPERATING A BREAK EVEN POINT OF REVENUE * ALEGENT CREIGHTON HEALTH IS A JOINT VENTURE PARTNER IN A NOT-FOR-PROFIT HOSPICE INPATIENT HOSPITAL AND PROVIDES THE MANAGEMENT SUPPORT CONTRACT * ALEGENT HEALTH BUDGETS FOR AN EMERGENCY FUND AS A SUBSET OF OTHER COMMUNITY DONATIONS TO RESPOND TO CRISIS OR UNPLANNED FUNDING NEEDS OF A VITAL COMMUNITY SERVICE, WHICH HAS FIRST USED IN FY2011 WITH THE ECONOMIC DOWNTURN

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6, Affiliated health care system	<p>ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM ALONG WITH ITS AFFILIATED OUTPATIENT FACILITIES ARE PART OF CATHOLIC HEALTH INITIATIVES (CHI) CHI IS A NATIONAL FAITH-BASED NONPROFIT HEALTH CARE ORGANIZATION WITH HEADQUARTERS IN ENGLEWOOD, COLORADO CHI'S EXEMPT PURPOSE IS TO SERVE AS AN INTEGRAL PART OF ITS NATIONAL SYSTEM OF HOSPITALS AND OTHER CHARITABLE ENTITIES, WHICH ARE DESCRIBED AS MARKET BASED ORGANIZATIONS, OR MBOS AN MBO IS A DIRECT PROVIDER OF CARE OR SERVICES WITHIN A DEFINED MARKET AREA THAT MAY BE AN INTEGRATED HEALTH SYSTEM AND/OR A STAND-ALONE HOSPITAL OR OTHER FACILITY OR SERVICE PROVIDER CHI SERVES AS THE PARENT CORPORATION OF ITS MBOS WHICH ARE COMPRISED OF 92 HOSPITALS, INCLUDING 4 ACADEMIC MEDICAL CENTERS, AND 24 CRITICAL ACCESS FACILITIES, COMMUNITY HEALTH SERVICE ORGANIZATIONS, ACCREDITED NURSING COLLEGES, HOME HEALTH AGENCIES, AND OTHER FACILITIES THAT SPAN THE INPATIENT AND OUTPATIENT CONTINUUM OF CARE TOGETHER, THESE FACILITIES PROVIDED \$910 MILLION IN CHARITY CARE AND COMMUNITY BENEFIT IN THE 2014 FISCAL YEAR, INCLUDING SERVICES FOR THE POOR, FREE CLINICS, EDUCATION AND RESEARCH CHI PROVIDES STRATEGIC PLANNING AND MANAGEMENT SERVICES AS WELL AS CENTRALIZED "SHARED SERVICES" FOR THE MBOS THE PROVISION OF CENTRALIZED MANAGEMENT AND SHARE SERVICES - INCLUDING AREAS SUCH AS ACCOUNTING, HUMAN RESOURCES, PAYROLL AND SUPPLY CHAIN - PROVIDES ECONOMIES OF SCALE AND PURCHASING POWER TO THE MBOS THE COST SAVINGS ACHIEVED THROUGH CHI'S CENTRALIZATION ENABLES MBOS TO DEDICATE ADDITIONAL RESOURCES TO HIGH-QUALITY HEALTH CARE AND COMMUNITY OUTREACH SERVICES TO THE MOST VULNERABLE MEMBERS OF OUR SOCIETY ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM OPERATES WITH ITS WHOLLY OWNED AFFILIATES AND COMMUNITY PARTNERS, ALONG WITH ITS FUNDRAISING ARM, ALEGENT CREIGHTON HEALTH FOUNDATION, TO SERVE THE HEALTH CARE NEEDS OF OMAHA, NE AND SOUTHWEST, IA</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 7, State filing of community benefit report	IA, NE



## Additional Data

**Software ID:** 13000248  
**Software Version:** 2013v3.1  
**EIN:** 47-0484764  
**Name:** ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V Sec B, Line 3, Community Served by Needs Assessment	(1) A - AH BERGAN MERCY MEDICAL CENTER ACH SERVED AS A KEY MEMBER OF THE STEERING COMMITTEE FOR A TRI-COUNTY CHNA LED BY LOCAL HEALTH DEPARTMENTS, THE FOLLOWING LEADERS PARTICIPATED IN SURVEY CREATION, FOCUS GROUPS AND DISSEMINATING RESULTS INPUT FROM THE GREATER COMMUNITY WAS ALSO OBTAINED IN THE CHNA PROCESS VIA SURVEY AND KEY INFORMANT INTERVIEWS WITH OVERSAMPLES TO INTENTIONALLY HEAR FROM UNDERSERVED POPULATIONS OF BLACK/AFRICAN AMERICAN RESIDENTS AND HISPANIC RESIDENTS COMMUNITY REPRESENTATIVES AND THOSE WITH SPECIAL KNOWLEDGE OR EXPERTISE AS TO THE HEALTH NEEDS OF THE SERVICE AREA PARTICIPATED IN FIVE FOCUS GROUPS WITH 88 KEY INFORMANTS ALEGENT CREIGHTON HEALTH- * BETH LLEWELLYN-VICE PRESIDENT MISSION INTEGRATION * MIKKI FROST -DIRECTOR COMMUNITY BENEFIT AND HEALTHIER COMMUNITIES DOUGLAS COUNTY HEALTH DEPARTMENT- * ADI POUR -HEALTH DIRECTOR LIVE WELL OMAHA- * KERRI PETERSON -EXECUTIVE DIRECTOR METHODIST HEALTH SYSTEM- * KEN KLAASMEYER- VICE PRESIDENT * RUTH FREED-FOUNDATION POTTAWATTAMIE HEALTH DEPARTMENT/VNA- * KRIS STAPP-VISITING NURSES ASSOCIATION SARPY/CASS COUNTY HEALTH DEPARTMENT- * DIANE KELLY-DIRECTOR THE NEBRASKA MEDICAL CENTER- * LESLIE UTTECHT - COMMUNITY RELATIONS LIAISON * TADD PULLIN- VICE PRESIDENT MARKETING, PLANNING AND NETWORK OPERATIONS PRC IS A NATIONALLY RECOGNIZED CONSULTING FIRM WITH EXTENSIVE EXPERIENCE CONDUCTING CHNAs SINCE 1994 THIS CHNA IS AN UPDATE TO THE CHNAs CONDUCTED BY PRC IN 2002 AND 2008 THAT WERE USED TO DEVELOP A COMMUNITY REPORT CARD, DIALOGUE AND PRIORITIES THROUGH THE LIVE WELL OMAHA COALITION ,

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V Sec B, Line 4, Other Hospital Facilities included in Needs Assessment	(1) A - AH BERGAN MERCY MEDICAL CENTER ALEGENT CREIGHTON HEALTH INVESTED IN THE CHNA AND SERVED AS AN EQUAL PARTNER WITH THE TWO OTHER HEALTH SYSTEMS SERVING THE SAME MSA, THE NEBRASKA MEDICAL CENTER AND METHODIST HEALTH SYSTEM CHILDREN'S HOSPITAL AND MEDICAL CENTER CONDUCTED A SEPARATE ASSESSMENT FOCUSED ON CHILDREN,

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6l, 7, 10, 11, 12l, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V Sec B, Line 5d, Availability of Needs Assessment	(1) A - AH BERGAN MERCY MEDICAL CENTER THE CHNA RESULTS WERE SHARED WITH THE COMMUNITY AT AN ANNUAL HEALTH SUMMIT FACILITATED BY LIVE WELL OMAHA - A 35 MEMBER HEALTHY COMMUNITY COLLABORATION, AND CONTINUES TO BE A KEY FINANCIAL SUPPORTER AND MEMBER OF THE BOARD OF THE DIRECTORS OF THE ORGANIZATION IN ADDITION, THE DATA IS SHARED ON AN EASILY ACCESSIBLE, PUBLIC WEBSITE WWW DOUGLASCOHEALTH.ORG THAT IS PARTIALLY FUNDED BY ALEGENT CREIGHTON HEALTH AND OTHER AREA HOSPITALS INCLUDING THE NEBRASKA MEDICAL CENTER AND METHODIST HEALTH SYSTEM TO SHARE TRI-COUNTY HEALTH DATA AND BEST PRACTICES ,

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6l, 7, 10, 11, 12l, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V Sec B, Line 7, Needs not addressed in Needs Assessment	(1) A - AH BERGAN MERCY MEDICAL CENTER TWO HEALTH NEEDS IDENTIFIED IN THE PRIMARY DATA WILL NOT BE ADDRESSED BY THE HOSPITAL 1) ORAL HEALTH, AND 2) SEXUALLY TRANSMITTED DISEASES CURRENTLY, ACH DOES NOT OFFER ANY ORAL HEALTH CARE OR FUTURE PLANS TO PROVIDE DIRECT ORAL HEALTH CARE OTHER ORGANIZATIONS SUCH AS CREIGHTON SCHOOL OF DENTISTRY AND BUILDING HEALTHY FUTURES ARE TAKING ON THIS ISSUE SEXUALLY TRANSMITTED DISEASE IS ALSO AN ISSUE THAT IS COVERED BY OTHER KEY ORGANIZATIONS SUCH AS THE DOUGLAS COUNTY HEALTH DEPARTMENT, FEDERALLY QUALIFIED HEALTH CENTERS, THE NEBRASKA AIDS PROJECT, ETC THE FINAL LIST OF HEALTH PRIORITIES SELECTED BY THE COMMUNITY IS BEING ADDRESSED BY ACH IN EITHER SYSTEM-WIDE OR INDIVIDUAL HOSPITAL IMPLEMENTATION STRATEGIES ,

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V Sec B, Line 10, Used federal poverty guidelines (FPG) to determine eligibility	(1) A - AH BERGAN MERCY MEDICAL CENTER EXPLANATION FOR ALEGENT HEALTH-BERGAN MERCY MEDICAL CENTER, ALEGENT HEALTH-MERCY HOSPITAL, AND ALEGENT HEALTH-LASTING HOPE RECOVERY CENTER, THE ELIGIBILITY FOR PROVIDING DISCOUNTED CARE IS BASED ON A FINANCIAL ASSISTANCE SLIDING FEE SCHEDULE UTILIZING A DERIVATIVE OF THE CURRENT US DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD) VERY LOW INCOME GUIDELINES, WHICH ARE UPDATED YEARLY. ALL EFFORTS ARE MADE TO ESTABLISH WHETHER PATIENTS ARE ELIGIBLE FOR FINANCIAL ASSISTANCE PRIOR TO SERVICE IF POSSIBLE, OTHERWISE AS SOON AS POSSIBLE FOLLOWING SERVICE. ALEGENT CREIGHTON HEALTH REPRESENTATIVES HELP PATIENTS SEEK REIMBURSEMENT FROM LOCAL, STATE AND FEDERAL PROGRAMS AT NO CHARGE TO THE PATIENT. AFTER THESE EFFORTS AND RESOURCES HAVE BEEN EXHAUSTED, PATIENTS ARE ASSISTED IN THE APPLICATION PROCESS FOR FINANCIAL ASSISTANCE CONSISTENT WITH ALEGENT CREIGHTON HEALTH'S FINANCIAL ASSISTANCE POLICY. THE APPLICATION PROCESS REQUIRES THAT THE PATIENT COMPLETE A PERSONAL FINANCIAL APPLICATION AND PROVIDE VERIFICATION DOCUMENTS. VERIFICATION INCLUDES EMPLOYMENT VERIFICATION AND OBTAINING DOCUMENTATION OF THE APPLICANT'S FINANCIAL CONDITION SUCH AS FEDERAL TAX RETURN, PAY STUB, NET WORTH AND/OR LIQUID ASSETS AND REASONABLE HOUSEHOLD OR BUSINESS EXPENSES. FINANCIAL ASSISTANCE MAY STILL BE GRANTED IN CERTAIN CIRCUMSTANCES INVOLVING A CATASTROPHIC OCCURRENCE RESULTING IN MEDICAL BILLS GROSSLY EXCEEDING THE PATIENT'S ABILITY TO PAY, AND IN THESE SITUATIONS, THE PATIENT'S RESPONSIBILITY WILL BE LIMITED TO 20% OF THE FAMILY'S GROSS ANNUAL INCOME ,

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V Sec B, Line 11, Eligibility for Discounted Care	(1) A - AH BERGAN MERCY MEDICAL CENTER FOR ALEGENT HEALTH-BERGAN MERCY MEDICAL CENTER, ALEGENT HEALTH-MERCY HOSPITAL, AND ALEGENT HEALTH-LASTING HOPE RECOVERY CENTER, THE ELIGIBILITY FOR PROVIDING DISCOUNTED CARE IS BASED ON A FINANCIAL ASSISTANCE SLIDING FEE SCHEDULE UTILIZING A DERIVATIVE OF THE CURRENT US DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD) VERY LOW INCOME GUIDELINES, WHICH ARE UPDATED YEARLY. ALL EFFORTS ARE MADE TO ESTABLISH WHETHER PATIENTS ARE ELIGIBLE FOR FINANCIAL ASSISTANCE PRIOR TO SERVICE IF POSSIBLE, OTHERWISE AS SOON AS POSSIBLE FOLLOWING SERVICE ALEGENT CREIGHTON HEALTH REPRESENTATIVES HELP PATIENTS SEEK REIMBURSEMENT FROM LOCAL, STATE AND FEDERAL PROGRAMS AT NO CHARGE TO THE PATIENT. AFTER THESE EFFORTS AND RESOURCES HAVE BEEN EXHAUSTED, PATIENTS ARE ASSISTED IN THE APPLICATION PROCESS FOR FINANCIAL ASSISTANCE CONSISTENT WITH ALEGENT CREIGHTON HEALTH'S FINANCIAL ASSISTANCE POLICY. THE APPLICATION PROCESS REQUIRES THAT THE PATIENT COMPLETE A PERSONAL FINANCIAL APPLICATION AND PROVIDE VERIFICATION DOCUMENTS. VERIFICATION INCLUDES EMPLOYMENT VERIFICATION AND OBTAINING DOCUMENTATION OF THE APPLICANT'S FINANCIAL CONDITION SUCH AS FEDERAL TAX RETURN, PAY STUB, NET WORTH AND/OR LIQUID ASSETS AND REASONABLE HOUSEHOLD OR BUSINESS EXPENSES. FINANCIAL ASSISTANCE MAY STILL BE GRANTED IN CERTAIN CIRCUMSTANCES INVOLVING A CATASTROPHIC OCCURRENCE RESULTING IN MEDICAL BILLS GROSSLY EXCEEDING THE PATIENT'S ABILITY TO PAY, AND IN THESE SITUATIONS, THE PATIENT'S RESPONSIBILITY WILL BE LIMITED TO 20% OF THE FAMILY'S GROSS ANNUAL INCOME ,

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V Sec B, Line 12i, Other factors used in determining amounts charged to patients	(1) A - FACILITY REPORTING GROUP A SIZE OF FAMILY IS ALSO USED IN CALCULATION ,

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V Sec B, Line 20d, How amounts charged to FAP-eligible patients were determined	(1) A - FACILITY REPORTING GROUP A PATIENTS WHO ARE CONSIDERED SELF PAY PATIENTS ARE PROVIDED AN UPFRONT DISCOUNT BASED ON THE AVERAGE MANAGED CARE CONTRACTS OF THE GEOGRAPHICAL AREA OF 50%,

## Schedule I (Form 990)

## **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

► Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

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Name of the organization

## ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM

**Employer identification number**

47-0484764

## **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.

**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
(1) SCHOLARSHIPS	7	4,900			
(2) MERCY FUND DISTRIBUTIONS	111		40,218	BOOK	PATIENT SUPPORT
(3) CHARITY CARE	11581		40,155,182	BOOK	REDUCTION OR WRITE OFF OF PATIENT SERVICES
(4) WOW/CARE SUPPORT	355		69,691	BOOK	PATIENT SUPPORT

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
SCHEDULE I, PART IV, GRANTS OR ASSISTANCE PROVIDED	ALEGENT HEALTH - BERGAN MERCY HEALTH SYSTEM RECOGNIZES THE RIGHT TO QUALITY HEALTHCARE REGARDLESS OF AGE, SEX, RACE, RELIGION, NATIONAL ORIGIN, OR ABILITY TO PAY. BUSINESS OFFICE STAFF HELPS PATIENTS SEEK LOCAL, STATE, AND FEDERAL REIMBURSEMENT AT NO CHARGE WHEN NO OTHER SOURCE OF PAYMENT IS AVAILABLE. FINANCIAL ASSISTANCE IS PROVIDED TO PATIENTS WITH DEMONSTRATED INABILITY TO PAY FOR MEDICALLY NECESSARY SERVICES. THESE FUNDS ARE DIRECTLY USED TO OFFSET THE PATIENTS' ACCOUNTS RECEIVABLE.
Schedule I, Part I, Line 2, Procedures for monitoring use of grant funds	MOST DISBURSEMENTS IN FURTHERANCE OF THE ORGANIZATION'S EXEMPT PROGRAMS ARE MADE DIRECTLY IN THE ACTIVE CONDUCT OF THE ACTIVITIES CONSTITUTING THE EXEMPT PURPOSE OR FUNCTION OF THE ORGANIZATION. OTHERWISE, DISTRIBUTIONS IN FURTHERANCE OF THE INSTITUTION'S EXEMPT PROGRAMS ARE MADE IN ACCORDANCE WITH PROCEDURES OR SUBJECT TO CONDITIONS ESTABLISHED BY THE INSTITUTION'S GOVERNING BOARD OR MANAGEMENT DESIGNED TO ENSURE THAT RECIPIENTS OF SUCH DISBURSEMENTS FROM THE ORGANIZATION ARE ADEQUATELY INVESTIGATED AND GRANTED TO QUALIFIED RECIPIENTS. THE BERGAN MERCY AUXILIARY TEEN SCHOLARSHIP PROGRAM WAS SET UP IN 1986 BY BERGAN MERCY. THE PURPOSE OF THE SCHOLARSHIP PROGRAM IS TO PROVIDE COLLEGE SCHOLARSHIPS TO TEEN VOLUNTEERS WHO HAVE VOLUNTEERED THEIR SERVICES AT BERGAN MERCY MEDICAL CENTER IN ORDER TO RECEIVE A SCHOLARSHIP IN THIS PROGRAM, THE APPLICANT MUST BE AN ACTIVE VOLUNTEER THROUGHOUT ALL THE YEARS THEY DO SERVICE, INCLUDING THEIR SENIOR YEAR. IF A STUDENT IS TO DROP OUT OF THE PROGRAM OR IS TO BE DISMISSED, THEY ARE NOT ELIGIBLE FOR THE SCHOLARSHIPS. MERCY FUND DISTRIBUTIONS ARE ESTABLISHED FOR THE DISBURSEMENT OF ALEGENT HEALTH BERGAN MERCY AUXILIARY MONIES FOR PATIENT ASSISTANCE THAT IS COMPLIANT WITH ALEGENT HEALTH POLICIES AND PROCEDURES, INTERNAL REVENUE SERVICE (IRS) REGULATIONS AND OTHER APPLICABLE FEDERAL, STATE, AND LOCAL LAWS AND REGULATIONS.

**Schedule J**  
(Form 990)**Compensation Information**

OMB No 1545-0047

Department of the Treasury  
Internal Revenue ServiceFor certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

► Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**2013****Open to Public  
Inspection**Name of the organization  
ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM

Employer identification number

47-0484764

**Part I Questions Regarding Compensation****1a** 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

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?**3** 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

- |  |  |
|--|--|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization**a** Receive a severance payment or change-of-control payment?**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.****5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of**a** The organization?**b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of**a** The organization?**b** Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III**8** 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**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		No
<b>4b</b>	Yes	
<b>4c</b>		No
<b>5a</b>		No
<b>5b</b>		No
<b>6a</b>	Yes	
<b>6b</b>	Yes	
<b>7</b>		No
<b>8</b>		No
<b>9</b>		

**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**

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

Return Reference	Explanation
Schedule J, Part I, Line 3, Arrangement used to establish the top management official's compensation	CERTAIN TOP MANAGEMENT OFFICIALS WERE COMPENSATED BY ALEGENT CREIGHTON HEALTH, A RELATED ORGANIZATION ACTING AS PRUDENT STEWARDS OF ITS FINANCIAL RESOURCES, THE ALEGENT CREIGHTON HEALTH BOARD COMPENSATION COMMITTEE RECOMMENDS AND THE BOARD EXECUTIVE COMMITTEE APPROVES THE EXECUTIVE COMPENSATION PHILOSOPHY, POLICY AND GUIDELINES IT DOES SO WITH THE OBJECTIVE OF ATTRACTING AND RETAINING TOP EXECUTIVE TALENT TO ENSURE ALEGENT CREIGHTON HEALTH IS ABLE TO FULFILL ITS FAITH-BASED MISSION THE ALEGENT CREIGHTON HEALTH COMPENSATION COMMITTEE FOLLOWS A THOROUGH AND INTENTIONAL PROCESS THAT INCLUDES CONSULTATION WITH INDEPENDENT, EXPERT COUNSEL AND CAREFULLY COMPARES COMPENSATION LEVELS TO MARKET-BASED COMPENSATION OF SIMILAR SIZED, NON-PROFIT AND FOR-PROFIT HEALTH SYSTEMS AND ALSO UTILIZES A BLEND OF NON-PROFIT AND GENERAL INDUSTRY DATA FOR EXECUTIVE ROLES WHERE THE RECRUITING MARKET IS ARGUABLY BROADER THAN THE NON-PROFIT SECTOR TOTAL COMPENSATION FOR EXECUTIVES PAID BY ALEGENT CREIGHTON HEALTH INCLUDES BASE COMPENSATION, AND ALSO INCLUDES PERFORMANCE-BASED INCENTIVE COMPENSATION FOR ACHIEVING BOARD-SET GOALS FOR CLINICAL QUALITY, PATIENT SAFETY AND SATISFACTION, PHYSICIAN PERCEPTION, STRATEGIC AND FACILITY PLANNING AND FINANCIAL PERFORMANCE IT MAY ALSO INCLUDE OTHER CASH PAYMENTS SUCH AS ONE-TIME RELOCATION COSTS, AND/OR CASH PAYMENTS FOR DEFERRED COMPENSATION THE ESTABLISHMENT OF SOME OF THE REPORTABLE INDIVIDUALS COMPENSATION REMAINED WITH ALEGENT CREIGHTON HEALTH DURING 2013 COMPENSATION FOR CERTAIN EXECUTIVES WAS ESTABLISHED AND PAID BY CHI OR FRANCISCAN HEALTH SYSTEM (FHS), RELATED ORGANIZATIONS CHI AND FHS USED THE FOLLOWING TO ESTABLISH THIS COMPENSATION (1) COMPENSATION COMMITTEE, (2) INDEPENDENT COMPENSATION CONSULTANT, (3) WRITTEN EMPLOYMENT CONTRACTS, (4) COMPENSATION SURVEY OR STUDY, (5) APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE
Schedule J, Part I, Line 4b, Supplemental nonqualified retirement plan	DURING THE 2013 CALENDAR YEAR, CATHOLIC HEALTH INITIATIVES (CHI) AND FRANCISCAN HEALTH SYSTEM (FHS), RELATED ORGANIZATIONS, MAINTAINED SUPPLEMENTAL NON-QUALIFIED DEFERRED COMPENSATION PLANS FOR CEOS AND OTHER CHI EMPLOYEES AT THE LEVEL OF SENIOR VICE PRESIDENT AND ABOVE THE FOLLOWING REPORTABLE INDIVIDUALS WERE ELIGIBLE TO PARTICPATE IN CHI OR FHS'S SUPPLEMENTAL NON-QUALIFIED DEFERRED COMPENSATION PLAN PAUL EDGETT RICHARD HACHTEN II ROBERT LANIK JOAN NEUHAUS CLIFF ROBERTSON RICHARD ROLSTON MICHAEL ROWAN JEANETTE WOJTALEWICZ SCOTT WOOTEN DURING 2013 THE FOLLOWING CONTRIBUTIONS WERE MADE BY CHI OR FHS TO THE DEFERRED COMPENSATION PLANS PAUL EDGETT - \$43,590 CLIFF ROBERTSON - \$49,142 RICHARD ROLSTON - \$45,001 MICHAEL ROWEN - \$214,851 JEANETTE WOJTALEWICZ - \$13,589 DURING 2013 THE FOLLOWING DISTRIBUTIONS WERE MADE BY CHI OR FHS FROM THE DEFERRED COMPENSATION PLANS PAUL EDGETT - \$92,265 ROBERT LANIK - \$28,040 CLIFF ROBERTSON - \$48,435 MICHAEL ROWAN - \$175,028 SCOTT WOOTEN - \$38,073 DUE TO THE "SUPER" VESTING RULES UNDER THE CHI DEFERRED COMPENSATION PLAN, PARTICIPANTS WHO HAVE MET CERTAIN REQUIREMENTS SUCH AS TERMINATION, AGE, OR YEARS OF SERVICE WERE ELIGIBLE TO RECEIVE THEIR 2013 CONTRIBUTIONS IN CASH THESE CASH PAYOUTS ARE INCLUDED IN THE PARTICIPANT'S REPORTABLE COMPENSATION IN COLUMN (III) OTHER REPORTABLE COMPENSATION, ON SCHEDULE J, PART II DURING 2013, THE FOLLOWING CONTRIBUTIONS THAT WOULD HAVE BEEN MADE BY CHI TO THE DEFERRED COMPENSATION PLANS WERE PAID IN CASH RICHARD HACHTEN II - \$133,616 ROBERT LANIK - \$101,293 JOAN NEUHAUS - \$43,127 DURING THE 2013 CALENDAR YEAR, ALEGENT CREIGHTON HEALTH, A RELATED ORGANIZATION, MAINTAINED A SUPPLEMENTAL NON-QUALIFIED DEFERRED COMPENSATION PLAN FOR SENIOR VICE PRESIDENTS AND VICE PRESIDENTS PAID BY ALEGENT CREIGHTON HEALTH DURING 2013 THE FOLLOWING DISTRIBUTIONS WERE MADE BY ALEGENT CREIGHTON HEALTH FROM THE DEFERRED COMPENSATION PLAN THESE SUPPLEMENTAL DISTRIBUTIONS WERE INCLUDED IN THE INDIVIDUAL'S W-2 INCOME AND REPORTABLE AS COMPENSATION ON PART VII AND SCHEDULE J, PART II, COLUMN (B)(III) RICHARD HACHTEN II - \$151,803 SCOTT WOOTEN - \$64,619 RICK MILLER, MD - \$42,174 KENNETH LAWONN - \$107,846 JOAN NEUHAUS - \$63,430 RICHARD ROLSTON, MD - \$67,114 JASON YUNGUM - \$24,139 PATRICIA MASEK - \$26,283 JANE CARMODY - \$23,850 NANCY WALLACE - \$20,943 MARIE KNEDLER - \$58,178 SHREEE KEELEY - \$25,941 ELIZABETH LLEWELLYN - \$31,429 PAUL STRAWECKER - \$15,992
Schedule J, Part I, Line 6a, Compensation contingent on net earnings of the organization	COMPENSATION FOR MEMBERS OF MANAGEMENT OF ALEGENT CREIGHTON HEALTH AND RELATED ENTITIES IS DETERMINED AT A SYSTEM LEVEL MEMBERS OF MANAGEMENT ARE ELIGIBLE FOR AN ANNUAL INCENTIVE BONUS INCENTIVE AWARDS ARE BASED ON FOUR INDIVIDUAL PERFORMANCE MEASURES WHICH ARE LINKED TO FOUR SYSTEM PERFORMANCE GOALS FOR EACH MANAGER, 75% OF THE INCENTIVE AWARD WILL BE DETERMINED BY SYSTEM PERFORMANCE GOALS AND 25% DETERMINED BY INDIVIDUAL PERFORMANCE MEASURES ONE OF THE FOUR SYSTEM PERFORMANCE GOALS IS DEPENDENT UPON THE FINANCIAL RESULTS OF THE ENTIRE ALEGENT CREIGHTON HEALTH SYSTEM FOR THE FISCAL YEAR
Schedule J, Part I, Line 6b, Compensation contingent on net earnings of a related organization	SEE DISCLOSURE FOR SCHEDULE J, PART I, LINE 6A
SCHEDULE J, PART II, POTENTIAL SEVERANCE PAYMENTS	EXECUTIVES PAID BY ALEGENT CREIGHTON HEALTH HAVE A PROVISION IN THEIR COMPENSATION AGREEMENT THAT PROVIDES FOR POTENTIAL SEVERANCE PAYMENTS IN THE EVENT OF TERMINATION WITHOUT CAUSE OR CHANGE OF CONTROL THE AMOUNT OF SEVERANCE AN EXECUTIVE MAY OR MAY NOT RECEIVE IF TERMINATED ACCORDING TO COMPENSATION AGREEMENT IS REPORTED AS DEFERRED COMPENSATION IN COLUMN C

**Additional Data**

**Software ID:** 13000248  
**Software Version:** 2013v3.1  
**EIN:** 47-0484764  
**Name:** ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM

**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				
ANTHONY HATCHER FORMER SECRETARY/TREASURER	(i) 0 (ii) 432,222	0 0	0 11,333	0 17,850	0 16,517	0 477,922	0 0
RICHARD HACHTEN II BOARD MEMBER/ACH PRESIDENT & CEO	(i) 0 (ii) 1,002,940	0 3,138,518	0 174,840	0 53,071	0 14,053	0 4,383,422	0 155,803
CLIFF ROBERTSON BOARD MEMBER/CEO CHI HEALTH	(i) 0 (ii) 575,759	0 114,665	0 71,167	0 77,744	0 22,702	0 862,037	0 48,435
PAUL EDGETT III BOARD MEMBER/CHI SVP	(i) 0 (ii) 496,880	0 515,695	0 114,019	0 72,192	0 22,006	0 1,220,792	0 92,265
ROBERT LANIK BOARD MEMBER/CHI NE PRESIDENT/CEO	(i) 0 (ii) 650,100	0 502,592	0 161,401	0 33,702	0 14,498	0 1,362,293	0 28,040
MARTIN M MANCUSO MD BOARD MEMBER	(i) 0 (ii) 368,040	0 0	0 48,052	0 7,500	0 17,722	0 441,314	0 0
MICHAEL ROWAN FACHE BOARD MEMBER/CHI EVP & COO	(i) 0 (ii) 1,098,277	0 1,471,311	0 200,128	0 238,353	0 19,702	0 3,027,771	0 175,028
KENNETH LAWONN ACH SVP STRATEGY & TECH	(i) 0 (ii) 355,565	0 209,304	0 157,191	0 23,590	0 21,386	0 767,036	0 107,846
RICK MILLER MD ACH SVP/CHIEF QUALITY OFFICER	(i) 0 (ii) 327,056	0 213,951	0 74,410	0 20,952	0 15,371	0 651,740	0 42,174
JOAN NEUHAUS CHI HEALTH SVP COO	(i) 0 (ii) 481,270	0 260,024	0 140,611	0 33,702	0 2,169	0 917,776	0 63,430
RICHARD ROLSTON MD ACC CEO	(i) 0 (ii) 494,820	0 275,304	0 100,575	0 65,953	0 20,173	0 956,825	0 67,114
NANCY WALLACE SVP HR CHI HEALTH	(i) 0 (ii) 270,444	0 120,851	0 50,132	0 31,152	0 6,387	0 478,966	0 20,943
JEANETTE WOJTALEWICZ CFO, CHI HEALTH	(i) 0 (ii) 426,811	0 51,596	0 21,578	0 39,641	0 20,237	0 559,863	0 0
SCOTT WOOTEN ACH SVP/CFO	(i) 0 (ii) 441,373	0 249,118	0 136,313	0 0	0 10,063	0 836,867	0 102,692
LARRY BROWN MD FORMER ACC CEO	(i) 0 (ii) 352,759	0 0	0 29,246	0 18,716	0 28,487	0 429,208	0 0
FRANK EMSICK FORMER FACILITIES OPS EXEC	(i) 0 (ii) 177,442	0 12,163	0 636	0 0	0 20,446	0 210,687	0 0
PAUL STRAWECKER FORMER CHIEF DEVEL OFFICER	(i) 0 (ii) 6,412	0 32,494	0 239,259	0 0	0 0	0 278,165	0 15,992
JANE CARMODY CHIEF NURSING OFFICER	(i) 0 (ii) 299,956	0 130,615	0 52,188	0 23,502	0 6,000	0 512,261	0 23,850
JOSEPH HOAGBIN MD CHIEF MEDICAL OFFICER	(i) 0 (ii) 331,857	0 0	0 55,026	0 22,950	0 10,453	0 420,286	0 0
SHEREE KEELY VP BEHAVIORAL	(i) 0 (ii) 137,267	0 57,462	0 52,884	0 19,676	0 9,401	0 276,690	0 25,941

**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				
MARIE KNEDLER PRESIDENT	(i) 0 (ii) 312,471	0 116,780	0 106,119	0 58,115	0 23,061	0 616,546	0 58,178
ELIZABETH LLEWELLYN VP MISSION INTEGRATION	(i) 0 (ii) 157,918	0 68,720	0 69,164	0 17,921	0 10,233	0 323,956	0 31,429
PATRICIA MASEK VP MEDICAL AFFAIRS	(i) 0 (ii) 119,121	0 58,499	0 79,496	0 37,520	0 17,170	0 311,806	0 26,283
TIM SCHNACK VP OPERATIONAL FINANCE	(i) 0 (ii) 291,367	0 141,395	0 14,556	0 22,950	0 22,707	0 492,975	0 0
JASON YUNG TUM VP/REG GENERAL COUNSEL	(i) 0 (ii) 209,106	0 78,997	0 34,219	0 3,269	0 26,947	0 352,538	0 24,139
STEVE HOUSTON SVP STRATEGY AND TECHNOLOGY	(i) 0 (ii) 116,510	0 24,451	0 14,109	0 277,314	0 20,653	0 453,037	0 0
KEVIN BONNEY VP CHIEF DEVELOPMENT OFFICER	(i) 0 (ii) 155,647	0 30,218	0 26,223	0 262,780	0 15,927	0 490,795	0 12,060
AMY HATCHER VP DIVISIONAL FINANCE	(i) 0 (ii) 194,936	0 141,564	0 25,479	0 15,300	0 14,482	0 391,761	0 0
KEVIN REAGAN MD CHIEF MEDICAL OFFICER	(i) 0 (ii) 227,812	0 0	0 15,063	0 12,446	0 20,914	0 276,235	0 0
NATHANIEL BRACKETT MD PHYSICIAN	(i) 386,245 (ii) 0	51,500 0	32,632 0	0 0	17,425 0	487,802 0	0 0
JAMES KALAR MD PHYSICIAN	(i) 221,430 (ii) 0	0 0	23,224 0	22,361 0	16,956 0	283,971 0	0 0
MARY MCNITT CHIEF NURSING EXECUTIVE	(i) 180,421 (ii) 0	30,503 0	7,396 0	15,752 0	21,278 0	255,350 0	0 0
MATTHEW WALTERS SENIOR MEDICAL PHYSICIST	(i) 183,094 (ii) 0	0 0	21,714 0	0 0	1,415 0	206,223 0	0 0
THOMAS BAKER RN- NURSE PRACTITIONER	(i) 186,030 (ii) 0	0 0	11,390 0	11,059 0	15,136 0	223,615 0	0 0

**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.****► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).****2013****Open to Public  
Inspection**

Name of the organization

ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM

Employer identification number

47-0484764

Return Reference	Explanation
FORM 990, PART V, LINE 1C, PAYMENTS TO VENDORS	PAYMENTS TO VENDORS FOR ENTITIES THAT ARE PART OF THE ALEGENT CREIGHTON HEALTH SYSTEM ARE MADE BY ALEGENT CREIGHTON HEALTH ALEGENT CREIGHTON HEALTH FILES THE FORM 1099S AND COMPLIES WITH THE BACKUP WITHHOLDING RULES FOR REPORTABLE PAYMENTS TO VENDORS AND GAMING Winnings THE 1099S ISSUED BY ALEGENT CREIGHTON HEALTH ON BEHALF THE ENTITIES PART OF THE ALEGENT CREIGHTON HEALTH SYSTEM ARE REPORTED TO THE IRS

Return Reference	Explanation
FORM 990, PART V, LINE 2A, EMPLOYEES OF ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM	THE EMPLOYEES LISTED IN PART I, LINE 5 AND PART V, LINE 2A ARE EMPLOYED BY ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM. HOWEVER, THROUGH A COMMON PAY AGENT AGREEMENT, THE EMPLOYEES ARE PAID BY ALEGENT CREIGHTON HEALTH AND PAYROLL EXPENSES ARE ALLOCATED TO ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM.

Return Reference	Explanation
Form 990, Part VI, Sec A, Line 2, Family/business relationships amongst interested persons	ANTHONY HATCHER AND AMY HATCHER - FAMILY RELATIONSHIP

Return Reference	Explanation
Form 990, Part VI, Sec A, Line 6, Classes of members or stockholders	THE SOLE MEMBER OF ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM IS CATHOLIC HEALTH INITIATIVES CATHOLIC HEALTH INITIATIVES DOES NOT HAVE ANY VOTINGS RIGHTS AS A MEMBER OF ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM INSTEAD CATHOLIC HEALTH INITIATIVES ELECTS 50% OF THE DIRECTORS OF ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM

Return Reference	Explanation
Form 990, Part VI, Sec A, Line 7a, Members or stockholders electing members of governing body	THE BUSINESS AND AFFAIRS OF ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM ARE MANAGED BY OR UNDER THE DIRECTION OF THE ALEGENT CREIGHTON HEALTH BOARD OF DIRECTORS, AND ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM DELEGATES TO THE ALEGENT BOARD OF DIRECTORS, TO THE EXTENT PERMITTED BY LAW, COMPLETE GOVERNANCE AUTHORITY OVER IT, SUBJECT ONLY TO THE APPROVAL POWERS OF THE ALEGENT CORPORATE MEMBERS SET FORTH IN THE ARTICLES OF INCORPORATION AND BYLAWS OF ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM DIRECTORS SHALL BE APPOINTED BY THE ALEGENT BOARD IMMEDIATELY FOLLOWING THE APPOINTMENT AND RATIFICATION BY ALEGENT CORPORATE MEMBERS OF THE ALEGENT DIRECTORS PURSUANT TO THE ARTICLES OF INCORPORATION AND BYLAWS OF ALEGENT THE ALEGENT BOARD SHALL APPOINT DIRECTORS SUCH THAT, AT ALL TIMES , ALL OF THE PERSONS SERVING AS ALEGENT DIRECTORS ALSO SHALL BE SERVING AS DIRECTORS OF ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM

Return Reference	Explanation
Form 990, Part VI, Sec A, Line 7b, Decisions requiring approval by members or stockholders	<p>THE FOLLOWING ACTIONS SHALL BE EFFECTIVE ONLY IF APPROVED BY THE ALEGENT BOARD AND BY BOTH IMMANUEL HEALTH SYSTEMS (IHS) AND CATHOLIC HEALTH INITIATIVES (CHI) IN THEIR CAPACITIES AS ALEGENT CORPORATE MEMBERS A ADOPTION OR AMENDMENT OF THE UNIFIED PHILOSOPHY AND MISSION OF THE CORPORATION, B SALE, LEASE, TRANSFER, ENCUMBRANCE OR DISPOSITION OF THE TANGIBLE PROPERTY OR INVESTMENTS OF THE CORPORATION HAVING A FAIR MARKET VALUE IN ANY INDIVIDUAL TRANSACTION IN EXCESS OF \$3 MILLION OR SUCH GREATER AMOUNT AS MAY BE DETERMINED FROM TIME TO TIME BY CHI AND IHS, PROVIDED THAT TRANSFERS OF INVESTMENTS BETWEEN THE CORPORATION AND ANOTHER PARTICIPANT SHALL NOT REQUIRE THE APPROVAL OF CHI AND IHS, AND PROVIDED FURTHER THAT APPROVAL OF CHI AND IHS SHALL NOT BE REQUIRED FOR ANY TRANSFER OF ASSETS TO CHI BY THE CORPORATION PURSUANT TO THE TERMS OF THE ALEGENT FINANCING AGREEMENT (AFA), C INCURRENCE, ASSUMPTION OR GUARANTY BY THE CORPORATION IN ANY INDIVIDUAL TRANSACTION OF LONG-TERM INDEBTEDNESS, INCLUDING CAPITAL LEASES, OUTSTANDING FOR MORE THAN 365 DAYS, IN EXCESS OF THE GREATER OF \$2 MILLION OR 2% OF THE TOTAL LONG-TERM INDEBTEDNESS OF ALL THE PARTICIPANTS, OR SUCH GREATER AMOUNT AS MAY BE DETERMINED FROM TIME TO TIME BY CHI AND IHS, D MERGER, DISSOLUTION, CONSOLIDATION OR SALE OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF THE CORPORATION EXCEPT FOR A MERGER IN WHICH (I) THE CORPORATION IS THE SURVIVING ENTITY, AND (II) THE TOTAL BOOK VALUE OF THE ASSETS OF THE MERGING ENTITY DOES NOT EXCEED 2% OF THE TOTAL BOOK VALUE OF THE ASSETS OF ALL THE PARTICIPANTS, OR SUCH GREATER VALUE AS MAY BE DETERMINED FROM TIME TO TIME BY CHI AND IHS, AND E NOTWITHSTANDING ANY OTHER PROVISIONS IN THE BYLAWS TO THE CONTRARY THE ACTIONS THAT CAN BE TAKEN WITHOUT THE APPROVAL OF IHS AND CHI INCLUDE, WITHOUT LIMITATION (I) TERMINATION OF THE AFA IN ACCORDANCE WITH ITS TERMS (II) FORMATION OF THE UNIFIED ALEGENT CREIGHTON HEALTH SYSTEM (AS THAT TERM IS DEFINED IN THE AFA) (III) PREPAYMENT BY THE CORPORATION OF THE FULL AMOUNTS OUTSTANDING ON ITS NOTES TO CHI UNDER THE AFA, FOR PURPOSES OF EXERCISING THE RIGHTS OF TERMINATION OF THE AFA, OR FORMATION OF THE UNIFIED ALEGENT CREIGHTON HEALTH SYSTEM CREDIT, AND THE TAKING OF ALL ACTIONS NECESSARY OR APPROPRIATE TO OBTAIN FUNDING OR OTHERWISE MAKE ARRANGEMENTS TO PREPAY SUCH NOTES INCLUDING WITHOUT LIMITATION INCURRENCE OF INDEBTEDNESS NECESSARY OR APPROPRIATE TO PREPAY THE NOTES OUTSTANDING</p>

Return Reference	Explanation
Form 990, Part VI, Sec B, Line 11b, Review of form 990 by governing body	<p>FOLLOWING THE PREPARATION OF THE FORM 990 BY TAX ANALYSTS OF CATHOLIC HEALTH INITIATIVES, A RELATED ORGANIZATION, THE RETURN IS REVIEWED BY THE CHI TAX DIRECTOR AND THE LOCAL CHIEF FINANCIAL OFFICER AFTER INCORPORATION OF ANY CHANGES RESULTING FROM THIS REVIEW, THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS AND MEMBERS OF THE FINANCE COMMITTEE OF THE BOARD A WEEK IN ADVANCE OF THE FINANCE COMMITTEE MEETING. THE FORM 990 IS REVIEWED AT THE FINANCE COMMITTEE MEETING AND THE CHIEF FINANCIAL OFFICER AND CHI TAX DIRECTOR ARE PRESENT AT THE MEETING TO ANSWER QUESTIONS. ADDITIONALLY, THE BOARD OF DIRECTORS ARE PROVIDED THE FINAL FORM 990 AND RELATED SCHEDULES TO REVIEW AND ARE ABLE TO ASK THE CHIEF FINANCIAL OFFICER AND TAX DIRECTOR QUESTIONS PRIOR TO FILING WITH THE IRS. UPON CHIEF FINANCIAL OFFICER APPROVAL AND SIGNATURE, THE TAX DIRECTOR FILES THE FINAL FORM 990 AS PRESENTED TO THE BOARD AND FINANCE COMMITTEE, MAKING ANY NON-SUBSTANTIVE CHANGES NECESSARY IN ORDER TO EFFECT E-FILING. ANY SUCH CHANGES ARE NOT RE-SUBMITTED TO THE BOARD.</p>

Return Reference	Explanation
Form 990, Part VI, Sec B, Line 12c, Conflict of interest policy	<p>ALLEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM HAS ADOPTED THE CONFLICT OF INTEREST POLICY AND CONFLICT INVESTIGATION PROCESS OF CATHOLIC HEALTH INITIATIVES, A RELATED ORGANIZATION. ALL OFFICERS, TRUSTEES AND EMPLOYEES ARE COVERED BY A CONFLICT OF INTEREST POLICY. ADDITIONALLY, ALL OFFICERS, TRUSTEES AND EMPLOYEES ARE REQUIRED TO ACT IN ACCORDANCE WITH CHI'S STANDARDS OF CONDUCT, WHICH INCLUDE THE AVOIDANCE OF CONFLICTS OF INTEREST OR THE APPEARANCE OF CONFLICTS. THE CHI CONFLICT OF INTEREST POLICY PROVIDES THAT ALL MEMBERS OF THE BOARD OF DIRECTORS AND OF ANY BOARD COMMITTEE ARE REQUIRED TO PROMPTLY AND FULLY DISCLOSE TO THE ENTITIES BOARD CHAIR SITUATIONS THAT MAY CREATE A CONFLICT OF INTEREST WHEN THEY BECOME AWARE OF THE SITUATION. IN ADDITION, ALL MEMBERS OF THE BOARD ARE REQUIRED TO ANNUALLY DISCLOSE ANY CONFLICTS OF INTEREST VIA COMPLETION OF THE CONFLICT OF INTEREST DISCLOSURE FORM WHICH IS REVIEWED BY THE CORPORATE RESPONSIBILITY TEAM AND GENERAL COUNSEL. ANY IDENTIFIED POTENTIAL CONFLICTS ARE REPORTED TO THE ENTITIES BOARD CHAIR, WHO IS CHARGED WITH FURTHER INVESTIGATION OF THE CONFLICT(S). AS HE OR SHE DEEMS APPROPRIATE, DOCUMENTATION OF CONCLUSIONS WITH RESPECT TO THE EXISTENCE OF A CONFLICT (INCLUDING RELEVANT FACTS AND CIRCUMSTANCES), AND REPORTING TO THE BOARD EXECUTIVE COMMITTEE CONCERNING THE REVIEW, EVALUATION AND CONFLICT DETERMINATION. TO THE EXTENT THAT THE BOARD CHAIR AND ANY OTHER TRUSTEE DISAGREE AS TO WHETHER A CIRCUMSTANCE GIVES RISE TO A CONFLICT, THE BOARD EXECUTIVE COMMITTEE MAKES THE FINAL DETERMINATION AS TO THE EXISTENCE OF A CONFLICT. THE CONFLICTED TRUSTEE IS EXCLUDED FROM VOTING AS TO THE EXISTENCE OF A CONFLICT, AND IS EXCUSED FROM THE ROOM WHILE VOTING CONCERNING THE MATTER. IS CONDUCTED IN ANY CIRCUMSTANCE WHERE A TRUSTEE HAS BEEN IDENTIFIED AS HAVING A CONFLICT OF INTEREST WITH RESPECT TO A PARTICULAR TRANSACTION, THAT TRUSTEE IS ALSO EXCLUDED FROM VOTING WITH RESPECT THAT PARTICULAR TRANSACTION. THE CONFLICT OF INTEREST POLICY WITH RESPECT TO EMPLOYEES REQUIRES THAT ALL EMPLOYEES COMPLETE AND SIGN A CONFLICT OF INTEREST DISCLOSURE FORM AT THE TIME OF HIRING. THEREAFTER, DIRECTOR LEVEL AND ABOVE EMPLOYEES MUST ANNUALLY CERTIFY AS PART OF THE PERFORMANCE EVALUATION PROCESS THAT THEY HAVE NO CONFLICTS OF INTEREST. FURTHER, ALL EMPLOYEES, REGARDLESS OF EMPLOYMENT LEVEL, ARE SUBJECT TO A GENERAL OBLIGATION TO DISCLOSE TO THEIR SUPERVISOR ANY CONFLICTS THAT ARISE DURING THE YEAR. FAILURE TO DISCLOSE ACTUAL OR POTENTIAL CONFLICTS MAY RESULT IN DISCIPLINARY ACTION.</p>

Return Reference	Explanation
Form 990, Part VI, Sec B, Line 15a, Process to establish compensation of top management official	<p>CERTAIN EXECUTIVES AND MEMBERS OF MANAGEMENT WERE PAID BY CHI, A RELATED ORGANIZATION, DURING CALENDAR YEAR 2013 FOR THOSE PAID BY CHI, COMPENSATION WAS DETERMINED UNDER THE COMPENSATION PHILOSOPHY OF CHI UNDER CHI'S PHILOSOPHY, BOTH THE EXECUTIVE AND NON-EXECUTIVE COMPENSATION STRUCTURES AND RANGES ARE REVIEWED ANNUALLY IN COMPARISON TO MARKET DATA. CHI USES THE HAY GROUP AS THE INDEPENDENT THIRD PARTY TO ASSESS EXECUTIVE COMPENSATION PROGRAMS AND TO ENSURE THE REASONABLENESS OF ACTUAL SALARIES AND TOTAL COMPENSATION PACKAGES. COMPENSATION OF THE SENIOR MOST EXECUTIVES IS REVIEWED ANNUALLY. THE HAY GROUP REVIEWS BOTH CASH AND TOTAL COMPENSATION FOR OVERALL REASONABLENESS, FOR ADHERENCE TO CHI'S COMPENSATION PHILOSOPHY, AND FOR COMPARABILITY TO THE NOT-FOR-PROFIT HEALTHCARE MARKET. THIS INDEPENDENT REVIEW IS DELIVERED BY THE HAY GROUP TO THE HR COMMITTEE OF THE CHI BOARD OF STEWARDSHIP TRUSTEES ANNUALLY AT THEIR SEPTEMBER MEETING AND MINUTES ARE SHARED WITH THE FULL BOARD AT THE DECEMBER MEETING. IN ADDITION, THE HAY GROUP COMPLETES A COMPREHENSIVE ANNUAL REVIEW OF ALL CHI POSITIONS AT THE LEVEL OF VICE PRESIDENT AND ABOVE. THESE COMPENSATION LEVELS ARE REVISED ANNUALLY BASED ON MARKET DATA, WHERE APPLICABLE. FOR OTHER MEMBERS OF MANAGEMENT WHO WERE PAID UNDER ALEGENT CREIGHTON HEALTH FOR CALENDAR YEAR 2013, ALEGENT CREIGHTON HEALTH HUMAN RESOURCES COMPLETES A COMPENSATION MARKET STUDY TO DETERMINE SALARY. ADDITIONALLY, CLIFF ROBERTSON'S COMPENSATION IS PAID BY FHS, A RELATED ORGANIZATION. FHS USES AN EXTERNAL COMPENSATION FIRM WHO UTILIZES ACTUAL MARKET DATA COMPENSATION FROM SIMILAR INSTITUTIONS WITH COMPARABLE POSITIONS AND COMPENSATION LEVELS AND CONSIDERING THE ORGANIZATION'S GEOGRAPHIC LOCATION. THE EXECUTIVE COMMITTEE OF THE BOARD ANNUALLY EVALUATES AND APPROVES THE EXECUTIVE COMPENSATION ARRANGEMENT FOR EACH EXECUTIVE FOR FAIR MARKET VALUE ALONG WITH OTHER APPLICABLE FACTORS RELIED ON BY THE BOARD'S DETERMINATION. THE SUPPORTING DOCUMENTATION BECOMES PART OF THE MINUTES OF THE MEETING. THIS PROCESS IS COMPLETED YEARLY.</p>

Return Reference	Explanation
Form 990, Part VI, Sec B, Line 15b, Process to establish compensation of other employees	SEE DISCLOSURE FOR FORM 990, PART VI, SECTION B, LINE 15A

Return Reference	Explanation
FORM 990, PART VI, LINE 16A, WRITTEN POLICY FOR JOINT VENTURE ARRANGEMENTS	ALEGENT HEALTH - BERGAN MERCY HEALTH SYSTEM HAS NOT FORMALY ADOPTED A WRITTEN POLICY OR WRITTEN PROCEDURE REGARDING JOINT VENTURES. HOWEVER, CHI'S SYSTEM WIDE JOINT VENTURE MODEL OPERATING AGREEMENT INCORPORATES CONTROLS OVER THE VENTURE SUFFICIENT TO ENSURE THAT (1) THE EXEMPT ORGANIZATION AT ALL TIMES RETAINS CONTROL OVER THE VENTURE SUFFICIENT TO ENSURE THAT THE PARTNERSHIP FURTHERS THE EXEMPT PURPOSE OF THE ORGANIZATION, (2) IN ANY PARTNERSHIP IN WHICH THE EXEMPT ORGANIZATION IS A PARTNER, ACHIEVEMENT OF EXEMPT PURPOSES IS PRIORITIZED OVER MAXIMIZATION OF PROFITS FOR THE PARTNERS, (3) THE PARTNERSHIP DOES NOT ENGAGE IN ANY ACTIVITIES THAT WOULD JEOPARDIZE THE EXEMPT ORGANIZATION'S EXEMPTION, (4) RETURNS OF CAPITAL, ALLOCATIONS AND DISTRIBUTIONS MUST BE MADE IN PROPORTION TO THE PARTNERS' RESPECTIVE OWNERSHIP INTERESTS, AND (5) ALL CONTRACTS ENTERED INTO BY THE PARTNERSHIP WITH THE EXEMPT ORGANIZATION MUST BE AT ARMS-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.

Return Reference	Explanation
Form 990, Part VI, Sec C, Line 19, Required documents available to the public	THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST FROM THE ADMINISTRATION DEPARTMENT. IN ADDITION, THE ARTICLES OF INCORPORATION ARE AVAILABLE FROM THE NEBRASKA (IOWA) SECRETARY OF STATE WEBSITE <a href="http://WWW.SOS.NE.GOV/BUSINESS">WWW.SOS.NE.GOV/BUSINESS</a> . THE ORGANIZATION'S FINANCIAL STATEMENTS ARE INCLUDED IN CATHOLIC HEALTH INITIATIVES' CONSOLIDATED AUDITED FINANCIAL STATEMENTS THAT ARE AVAILABLE AT <a href="http://WWW.CATHOLICHEALTHINIT.ORG">WWW.CATHOLICHEALTHINIT.ORG</a> OR AT <a href="http://WWW.DACBOND.ORG">WWW.DACBOND.ORG</a>

Return Reference	Explanation
Form 990 , Part XI, Line 9, Other changes in net assets or fund balances	TRANSFER OF GOODWILL TO ALEGENT CREIGHTON HEALTH - - 534994,

Return Reference	Explanation
FORM 990, PART XII, LINE 2C, AUDITED FINANCIAL STATEMENTS	FOR FISCAL YEAR ENDING JUNE 30, 2014, THE FINANCIAL STATEMENTS OF ALEGENT HEALTH-BERGAN MERCY MEDICAL SYSTEM ARE INCLUDED IN THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF CATHOLIC HEALTH INITIATIVES (CHI). THE CHI FINANCE COMMITTEE OVERSEES THE INDEPENDENT AUDIT PROCESS AND SELECT THE INDEPENDENT AUDITOR TO CONDUCT THE CONSOLIDATED FINANCIAL STATEMENT AUDIT

## **SCHEDULE R (Form 990)**

## Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2013

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
  - Attach to Form 990.    ► See separate instructions.
- Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

► **Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)**

► Attach to Form 990. ► See separate instructions

Name of the organization

ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTE

**Employer identification number**

47-048476

**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on 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" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

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

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

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on 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	Yes	
1b	Yes	
1c	Yes	
1d	Yes	
1e		No
1f		No
1g		No
1h		No
1i		No
1j	Yes	
1k	Yes	
1l	Yes	
1m	Yes	
1n	Yes	
1o	Yes	
1p	Yes	
1q	Yes	
1r		No
1s		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) AVANTAS LLC	D	2,534,000	FAIR MARKET VALUE
(2) AVANTAS LLC	A	73,286	FAIR MARKET VALUE
(3) AVANTAS LLC	M	1,014,667	FAIR MARKET VALUE

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

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

**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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Schedule R (Form 990) 2013

**Additional Data**

**Software ID:** 13000248  
**Software Version:** 2013v3.1  
**EIN:** 47-0484764  
**Name:** ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) ALEGENT CREIGHTON CLINIC  12809 W DODGE RD OMAHA, NE 68154 47-0765154	HEALTHCARE	NE	501(C)(3)	3	ACH	Yes	
(1) ALEGENT CREIGHTON HEALTH  12809 W DODGE RD OMAHA, NE 68154 47-0757164	HEALTHCARE	NE	501(C)(3)	3	CHI NEBRASKA	Yes	
(2) ALEGENT CREIGHTON HEALTH FOUNDATION  12809 W DODGE RD OMAHA, NE 68154 47-0648586	FUNDRAISING	NE	501(C)(3)	7	ACH	Yes	
(3) ALEGENT HEALTH - BERGAN MERCY HEALTH SYSTEM  7500 MERCY RD OMAHA, NE 68124 47-0484764	HEALTHCARE	NE	501(C)(3)	3	CHI NEBRASKA	Yes	
(4) ALEGENT HEALTH - COMMUNITY MEMORIAL HOSPITAL OF MISSOURI VALLEY IA  631 N 8TH ST MISSOURI VALLEY, IA 51555 42-0776568	HEALTHCARE	IA	501(C)(3)	3	CHI NEBRASKA	Yes	
(5) ALEGENT HEALTH - IMMANUEL MEDICAL CENTER  6901 N 72ND ST OMAHA, NE 68122 47-0376615	HEALTHCARE	NE	501(C)(3)	3	CHI NEBRASKA	Yes	
(6) ALEGENT HEALTH - MEMORIAL HOSPITAL SCHUYLER  104 W 17TH ST SCHUYLER, NE 68661 47-0399853	HEALTHCARE	NE	501(C)(3)	3	CHI NEBRASKA	Yes	
(7) ALEGENT HEALTH - MERCY HOSPITAL CORNING IOWA  PO BOX 368 CORNING, IA 50841 42-0782518	HEALTHCARE	IA	501(C)(3)	3	CHI NEBRASKA	Yes	
(8) ALVERNA APARTMENTS  300 SE 8TH AVE LITTLE FALLS, MN 56345 41-1351177	LTERM CARE	MN	501(C)(3)	9	CHI	Yes	
(9) APPLETREE COURT  601 OAK ST BRECKENRIDGE, MN 56520 41-1850500	SENIOR LIVING	MN	501(C)(3)	9	SFH	Yes	
(10) BISHOP DRUMM RETIREMENT CENTER  1111 6TH AVE DES MOINES, IA 50314 42-0725196	LTERM CARE	IA	501(C)(3)	9	CHI-IA CORP	Yes	
(11) BORNEMANN HEALTHCARE CORPORATION  2500 BERNVILLE RD PO BOX 316 READING, PA 19603 23-2187242	HEALTHCARE	PA	501(C)(3)	11 - Type I	CHI	Yes	
(12) CARRINGTON HEALTH CENTER  800 N 4TH ST CARRINGTON, ND 58421 45-0227311	HEALTHCARE	ND	501(C)(3)	3	CHI	Yes	
(13) CATHOLIC HEALTH INITIATIVES  198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 47-0617373	HEALTHCARE	CO	501(C)(3)	9	NA	Yes	
(14) CATHOLIC HEALTH INITIATIVES - COLORADO  188 INVERNESS DRIVE WEST STE 500 ENGLEWOOD, CO 80112 84-0405257	HEALTHCARE	CO	501(C)(3)	3	CHI	Yes	
(15) CATHOLIC HEALTH INITIATIVES - IOWA CORP  1111 6TH AVE DES MOINES, IA 50314 42-0680448	HEALTHCARE	IA	501(C)(3)	3	CHI	Yes	
(16) CATHOLIC HEALTH INITIATIVES COLORADO FOUNDATION  6385 CORPORATE DR STE 301 COLORADO SPRINGS, CO 80919 84-0902211	FUNDRAISING	CO	501(C)(3)	7	CHIC	Yes	
(17) CATHOLIC HEALTH INITIATIVES NATIONAL FOUNDATION  6385 CORPORATE DR COLORADO SPRINGS, CO 80919 27-0930004	FUNDRAISING	CO	501(C)(3)	11 - Type I	CHI	Yes	
(18) CATHOLIC HEALTH INITIATIVES VIRTUAL HEALTH SERVICES  198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 46-0992796	HEALTHCARE	CO	501(C)(3)	11 - Type I	CHINS	Yes	
(19) CENTENNIAL MEDICAL GROUP INC  2700 STEWART PKWY ROSEBURG, OR 97471 26-3946191	PHYSICIANS	OR	501(C)(3)	9	MMC	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations						
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?
						Yes      No
(21) CENTRAL KANSAS MEDICAL CENTER  3515 BROADWAY GREAT BEND, KS 67530 48-0543724	SURGERY CENTER	KS	501(C)(3)	3	CHI	Yes
(1) CHI HEALTH CONNECT AT HOME - FARGO  4816 AMBER VALLEY PKWY S FARGO, ND 58104 27-1966847	HEALTHCARE	MN	501(C)(3)	9	CHI	Yes
(2) CHI INSTITUTE FOR RESEARCH AND INNOVATION  198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 27-1050565	HEALTHCARE	CO	501(C)(3)	11 - Type I	CHI	Yes
(3) CHI KENTUCKY INC  3900 OLYMPIC BLVD STE 400 ERLANGER, KY 41018 20-2741651	HEALTHCARE	KY	501(C)(3)	11 - Type I	CHI	Yes
(4) CHI NATIONAL HOME CARE  198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 45-1261716	HEALTHCARE	CO	501(C)(3)	9	CHI NS	Yes
(5) CHI NATIONAL SERVICES  198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 45-2532084	HEALTHCARE	CO	501(C)(3)	11 - Type I	CHI	Yes
(6) CHI NEBRASKA  6940 O ST STE 200 LINCOLN, NE 68510 36-3233121	HEALTHCARE	NE	501(C)(3)	11 - Type III - FI	CHI	Yes
(7) CHI ST LUKE'S HEALTH BAYLOR COLLEGE OF MEDICINE MEDICAL CENTER  6624 FANNIN ST HOUSTON, TX 77030 74-1161938	HEALTHCARE	TX	501(C)(3)	3	SLHS	Yes
(8) CHI ST VINCENT HOSPITAL HOT SPRINGS  300 WERNER ST HOT SPRINGS, AR 71913 71-0236913	HEALTHCARE	AR	501(C)(3)	3	CHISVHS	Yes
(9) CHI ST VINCENT HOT SPRINGS  300 WERNER ST HOT SPRINGS, AR 71913 26-1125064	HOLDING CO	AR	501(C)(3)	11 - Type II	SVIMC	Yes
(10) CHI ST VINCENT MEDICAL GROUP HOT SPRINGS  1 MERCY LANE STE 201 HOT SPRINGS, AR 71913 26-1125131	HEALTHCARE	AR	501(C)(3)	3	CHISVHS	Yes
(11) COMMUNITY LIMITED CARE DIALYSIS CENTER  619 OAK ST ACCOUNTING-3 W CINCINNATI, OH 45206 23-7419853	HOLDING CO	OH	501(C)(2)	N/A	GSH	Yes
(12) COMMUNITY MEMORIAL HOSPITAL MEDICAL SERVICE FOUNDATION  631 N 8TH ST MISSOURI VALLEY, IA 51555 42-1294399	FUNDRAISING	IA	501(C)(3)	11 - Type I	AH-CMHMV	Yes
(13) CONTINUING CARE HOSPITAL  150 NORTH EAGLE CREEK DR LEXINGTON, KY 40509 61-1400619	LT ACH	KY	501(C)(3)	3	SJHS	Yes
(14) COVENANT HOME CARE  198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 23-2028429	HOME HEALTH	PA	501(C)(3)	11 - Type II	CHI NHC	Yes
(15) ENUMCLAW REGIONAL HOSPITAL ASSOCIATION  1450 BATTERSBY AVE ENUMCLAW, WA 98022 91-0715805	HEALTHCARE	WA	501(C)(3)	3	FHS	Yes
(16) FLAGET HEALTHCARE INC  4305 NEW SHEPHERDSVILLE RD BARDSTOWN, KY 40004 61-1345363	HEALTHCARE	KY	501(C)(3)	3	KOH	Yes
(17) FLAGET MEMORIAL HOSPITAL FOUNDATION INC  4305 NEW SHEPHERDSVILLE RD BARDSTOWN, KY 40004 56-2351341	FUNDRAISING	KY	501(C)(3)	11 - Type I	FH	Yes
(18) FRANCISCAN FOUNDATION  1717 SOUTH J ST TACOMA, WA 98405 91-1145592	FUNDRAISING	WA	501(C)(3)	9	FHS	Yes
(19) FRANCISCAN HEALTH SYSTEM  1717 SOUTH J ST TACOMA, WA 98405 91-0564491	HEALTHCARE	WA	501(C)(3)	3	CHI	Yes

(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
(41) FRANCISCAN HEALTH VENTURES FKA SJM GROUP  TACOMA FNC CTR BLDG 1145 BROADWAY TACOMA, WA 98402 43-1882377	PHYSICIANS	MO	501(C)(3)	9	CHI	Yes	
(1) FRANCISCAN MEDICAL GROUP  1313 BROADWAY STE 200 TACOMA, WA 98402 91-1939739	HEALTHCARE	WA	501(C)(3)	9	FHS	Yes	
(2) FRANCISCAN VILLA OF SOUTH MILWAUKEE INC  3601 S CHICAGO AVE SOUTH MILWAUKEE, WI 53172 39-1093829	HEALTHCARE	WI	501(C)(3)	9	CHI	Yes	
(3) GLOBAL HEALTH INITIATIVES  198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 20-1536108	MINISTRIES	CO	501(C)(3)	11 - Type I	CHI	Yes	
(4) GOOD SAMARITAN COLLEGE OF NURSING & HEALTH SCIENCE  619 OAK ST ACCOUNTING-3 W CINCINNATI, OH 45206 31-1778403	EDUCATION	OH	501(C)(3)	2	GSH	Yes	
(5) GOOD SAMARITAN FOUNDATION OF CINCINNATI INC  619 OAK ST ACCOUNTING-3 W CINCINNATI, OH 45206 31-1206047	FUNDRAISING	OH	501(C)(3)	11 - Type I	GSH	Yes	
(6) GOOD SAMARITAN HOSPITAL  PO BOX 1990 KEARNEY, NE 68848 47-0379755	HEALTHCARE	NE	501(C)(3)	3	CHI NEBRASKA	Yes	
(7) GOOD SAMARITAN HOSPITAL FOUNDATION  111 W 31ST ST KEARNEY, NE 68847 47-0659443	FUNDRAISING	NE	501(C)(3)	7	GSH	Yes	
(8) GOOD SAMARITAN HOSPITAL FOUNDATION - DAYTON  110 N MAIN ST STE 500 DAYTON, OH 45402 23-7296923	FUNDRAISING	OH	501(C)(3)	7	SHP	Yes	
(9) HARRISON MEDICAL CENTER  2520 CHERRY AVE BREMERTON, WA 98310 91-0565546	HEALTHCARE	WA	501(C)(3)	3	FHS	Yes	
(10) HARRISON MEDICAL CENTER FOUNDATION  2520 CHERRY AVE BREMERTON, WA 98310 91-1197626	FUNDRAISING	WA	501(C)(3)	7	HMC	Yes	
(11) HEALTH SET  2420 W 26TH AVE STE 460D DENVER, CO 80211 84-1102943	LOW INC CARE	CO	501(C)(3)	7	CHIC	Yes	
(12) HEALTHCARE AND WELLNESS FOUNDATION  2400 ST FRANCIS DR BRECKENRIDGE, MN 56520 76-0761782	FUNDRAISING	MN	501(C)(3)	11 - Type I	SFMC	Yes	
(13) HIGHLINE MEDICAL CENTER  16251 SYLVESTER RD SW BURIEN, WA 98166 91-0712166	HEALTHCARE	WA	501(C)(3)	3	FHS	Yes	
(14) HOUSE OF MERCY  1111 6TH AVE DES MOINES, IA 50314 42-1323808	SHELTER	IA	501(C)(3)	7	CHI-IA CORP	Yes	
(15) JEWISH HOSPITAL AND ST MARY'S HEALTHCARE INC  539 S 4TH ST LOUISVILLE, KY 40202 61-1029768	HEALTHCARE	KY	501(C)(3)	3	KOH	Yes	
(16) KENTUCKYONE HEALTH MEDICAL GROUP INC  539 S 4TH ST LOUISVILLE, KY 40202 61-1352729	HEALTHCARE	KY	501(C)(3)	9	JHSMH	Yes	
(17) KENTUCKYONE HEALTH INC  200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 61-1029769	HEALTHCARE	KY	501(C)(3)	9	CHI	Yes	
(18) LAKEWOOD HEALTH CENTER  600 MAIN AVE S BAUDETTE, MN 56623 41-0758434	HEALTHCARE	MN	501(C)(3)	3	CHI	Yes	
(19) LINUS OAKES INC  2700 STEWART PKWY ROSEBURG, OR 97471 93-0821381	SENIOR LIVING	OR	501(C)(3)	9	MMC	Yes	

(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
(61) LISBON AREA HEALTH SERVICES  905 MAIN ST LISBON, ND 58054 82-0558836	HEALTHCARE	ND	501(C)(3)	3	CHI	Yes	
(1) LUFKIN VISION ACQUISITIONS  PO BOX 1447 LUFKIN, TX 75901 82-0563768	PROPERTY MGMT	TX	501(C)(3)	11 - Type III - FI	MHSET	Yes	
(2) MEMORIAL HEALTH CARE SYSTEM FOUNDATION INC  2525 DE SALES AVE CHATTANOOGA, TN 37404 62-1839548	FUNDRAISING	TN	501(C)(3)	7	MHCS	Yes	
(3) MEMORIAL HEALTH CARE SYSTEM INC  2525 DE SALES AVE CHATTANOOGA, TN 37404 62-0532345	HEALTHCARE	TN	501(C)(3)	3	CHI	Yes	
(4) MEMORIAL HEALTH PARTNERS FOUNDATION INC  5600 BRAINERD RD STE 500 CHATTANOOGA, TN 37411 03-0417049	HEALTHCARE	TN	501(C)(3)	9	MHCS	Yes	
(5) MEMORIAL HEALTH SYSTEM OF EAST TEXAS  PO BOX 1447 LUFKIN, TX 75902 75-0755367	HEALTHCARE	TX	501(C)(3)	3	CHI	Yes	
(6) MEMORIAL MEDICAL CENTER - LIVINGSTON  PO BOX 1447 LUFKIN, TX 75902 76-0436439	HEALTHCARE	TX	501(C)(3)	3	MHSET	Yes	
(7) MEMORIAL MEDICAL CENTER - SAN AUGUSTINE  PO BOX 1447 LUFKIN, TX 75902 75-2663904	HEALTHCARE	TX	501(C)(3)	3	MHSET	Yes	
(8) MEMORIAL MULTISPECIALTY ASSOCIATES  1201 FRANK AVE LUFKIN, TX 95904 75-2721155	PHYSICIANS	TX	501(C)(3)	11 - Type III - FI	MHSET	Yes	
(9) MEMORIAL SPECIALTY HOSPITAL  PO BOX 1447 LUFKIN, TX 95902 75-2492741	HEALTHCARE	TX	501(C)(3)	3	MHSET	Yes	
(10) MERCY AUXILIARY OF CENTRAL IOWA  1111 6TH AVE DES MOINES, IA 50314 42-6076069	AUXILIARY	IA	501(C)(3)	11 - Type I	MF-DM IA	Yes	
(11) MERCY CLINICS INC  1111 6TH AVE DES MOINES, IA 50314 42-1193699	PHYSICIANS	IA	501(C)(3)	9	CHI-IA CORP	Yes	
(12) MERCY COLLEGE OF HEALTH SCIENCES  1111 6TH AVE DES MOINES, IA 50314 42-1511682	EDUCATION	IA	501(C)(3)	2	CHI-IA CORP	Yes	
(13) MERCY FOUNDATION OF DES MOINES IA  1111 6TH AVE DES MOINES, IA 50314 23-7358794	FUNDRAISING	IA	501(C)(3)	7	CHI-IA CORP	Yes	
(14) MERCY FOUNDATION INC  2700 STEWART PKWY ROSEBURG, OR 97471 93-6088946	FUNDRAISING	OR	501(C)(3)	7	MMC	Yes	
(15) MERCY HEALTH CARE FOUNDATION  PO BOX 368 CORNING, IA 50841 42-1461064	FUNDRAISING	IA	501(C)(3)	11 - Type I	AHMH-CORNING	Yes	
(16) MERCY HEALTHCARE FOUNDATION  570 CHAUTAUQUA BLVD VALLEY CITY, ND 58072 45-0435338	FUNDRAISING	ND	501(C)(3)	11 - Type III - FI	MHVC	Yes	
(17) MERCY HOSPITAL FOUNDATION COUNCIL BLUFFS  800 MERCY DR COUNCIL BLUFFS, IA 51503 42-1178204	FUNDRAISING	IA	501(C)(3)	11 - Type I	AHBMHS	Yes	
(18) MERCY HOSPITAL OF DEVILS LAKE  1031 7TH ST NE DEVILS LAKE, ND 58301 45-0227012	HEALTHCARE	ND	501(C)(3)	3	CHI	Yes	
(19) MERCY HOSPITAL OF DEVILS LAKE FOUNDATION  1031 7TH ST NE DEVILS LAKE, ND 58301 35-2367360	FUNDRAISING	ND	501(C)(3)	7	MHDL	Yes	

(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
(81) MERCY HOSPITAL OF VALLEY CITY 570 CHAUTAUQUA BLVD VALLEY CITY, ND 58072 45-0226553	HEALTHCARE	ND	501(C)(3)	3	CHI	Yes	
(1) MERCY MEDICAL CENTER 1301 15TH AVE WEST WILLISTON, ND 58801 45-0231183	HEALTHCARE	ND	501(C)(3)	3	CHI	Yes	
(2) MERCY MEDICAL CENTER - CENTERVILLE ONE ST JOSEPHS DRIVE CENTERVILLE, IA 52544 42-0680308	HEALTHCARE	IA	501(C)(3)	3	CHI-IA CORP	Yes	
(3) MERCY MEDICAL CENTER INC 2700 STEWART PKWY ROSEBURG, OR 97471 93-0386868	HEALTHCARE	OR	501(C)(3)	3	CHI	Yes	
(4) MERCY MEDICAL FOUNDATION 1301 15TH AVE WEST WILLISTON, ND 58801 45-0381803	FUNDRAISING	ND	501(C)(3)	11 - Type I	MMC	Yes	
(5) MERCY PROFESSIONAL PRACTICE ASSOCIATES INC 1111 6TH AVE DES MOINES, IA 50314 42-1470935	PHYSICIANS	IA	501(C)(3)	9	CHI-IA CORP	Yes	
(6) NEBRASKA HEART HOSPITAL 7500 S 91ST ST LINCOLN, NE 68526 39-2031968	HEALTHCARE	NE	501(C)(3)	3	CHI NEBRASKA	Yes	
(7) OAKES COMMUNITY HOSPITAL 1200 N 7TH ST OAKES, ND 58474 45-0231675	HEALTHCARE	ND	501(C)(3)	3	CHI	Yes	
(8) OAKES COMMUNITY HOSPITAL FOUNDATION 1200 N 7TH ST OAKES, ND 58474 71-0966606	FUNDRAISING	ND	501(C)(3)	11 - Type I	OCH	Yes	
(9) PINEYWOODS MEDICAL DEVELOPMENT CORP PO BOX 1447 LUFKIN, TX 75902 75-2493116	PROPERTY MGMT	TX	501(C)(3)	11 - Type III - FI	MHSET	Yes	
(10) PUEBLO STEPUP 1925 E ORMAN AVE STE G52 PUEBLO, CO 81004 84-1234295	COMMUNITY	CO	501(C)(3)	7	CHIC	Yes	
(11) REGIONAL HOSPITAL FOR RESPIRATORY AND COMPLEX CARE 12844 MILITARY RD S TUKWILA, WA 98168 91-1170040	HEALTHCARE	WA	501(C)(3)	3	FHS	Yes	
(12) SET OF COLORADO SPRINGS INC 2864 S CIRCLE DR STE 450 COLORADO SPRINGS, CO 80906 84-1183335	LTERM CARE	CO	501(C)(3)	7	CHIC	Yes	
(13) SAINT CLARE'S COMMUNITY CARE INC 25 POCONO RD DENVILLE, NJ 07834 22-2876836	HEALTHCARE	NJ	501(C)(3)	11 - Type II	SCHS	Yes	
(14) SAINT CLARE'S FOUNDATION INC 25 POCONO RD DENVILLE, NJ 07834 22-2502997	FUNDRAISING	NJ	501(C)(3)	7	SCHS	Yes	
(15) SAINT CLARE'S HEALTH SERVICES INC 25 POCONO RD DENVILLE, NJ 07834 22-3639733	MANAGEMENT	NJ	501(C)(3)	11 - Type II	CHI	Yes	
(16) SAINT CLARE'S HOSPITAL INC 25 POCONO RD DENVILLE, NJ 07834 22-3319886	HEALTHCARE	NJ	501(C)(3)	3	SCHS	Yes	
(17) SAINT ELIZABETH FOUNDATION 555 S 70TH ST LINCOLN, NE 68510 47-0625523	FUNDRAISING	NE	501(C)(3)	7	SERMC	Yes	
(18) SAINT ELIZABETH HEALTH SERVICES 555 S 70TH ST LINCOLN, NE 68510 36-3233120	HEALTHCARE	NE	501(C)(3)	3	SERMC	Yes	
(19) SAINT ELIZABETH REGIONAL MEDICAL CENTER 555 S 70TH ST LINCOLN, NE 68510 47-0379836	HEALTHCARE	NE	501(C)(3)	3	CHI NEBRASKA	Yes	

(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
(101) SAINT FRANCIS MEDICAL CENTER  2620 W FAIDLEY GRAND ISLAND, NE 68803 47-0376601	HEALTHCARE	NE	501(C)(3)	3	CHI NEBRASKA	Yes	
(1) SAINT FRANCIS MEDICAL CENTER FOUNDATION  PO BOX 9804 GRAND ISLAND, NE 68802 47-0630267	FUNDRAISING	NE	501(C)(3)	7	SFMC	Yes	
(2) SAINT JOSEPH BERA HOSPITAL FOUNDATION INC  305 ESTILL ST BEREA, KY 40403 26-0152877	FUNDRAISING	KY	501(C)(3)	7	SJHS	Yes	
(3) SAINT JOSEPH HEALTH SYSTEM INC  424 LEWIS HARGETT CIRCLE STE 160 LEXINGTON, KY 40503 61-1334601	HEALTHCARE	KY	501(C)(3)	3	KOH	Yes	
(4) SAINT JOSEPH HOSPITAL FOUNDATION INC  ONE SAINT JOSEPH DRIVE LEXINGTON, KY 40504 61-1159649	FUNDRAISING	KY	501(C)(3)	11 - Type I	SJHS	Yes	
(5) SAINT JOSEPH LONDON FOUNDATION INC  1001 SAINT JOSEPH LANE LONDON, KY 40741 26-0438748	FUNDRAISING	KY	501(C)(3)	7	SJHS	Yes	
(6) SAINT JOSEPH MEDICAL FOUNDATION INC  200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 31-1539059	PHYSICIANS	KY	501(C)(3)	3	SJHS	Yes	
(7) SAINT JOSEPH MOUNT STERLING FOUNDATION INC  225 FALCON DR MOUNT STERLING, KY 40353 27-2884584	FUNDRAISING	KY	501(C)(3)	7	SJHS	Yes	
(8) SAINT JOSEPH'S HOSPITAL FOUNDATION  30 WEST 7TH ST DICKINSON, ND 58601 36-3418207	FUNDRAISING	ND	501(C)(3)	11 - Type I	SJHHC	Yes	
(9) SAMARITAN BEHAVIORAL HEALTH INC  601 S EDWIN C MOSES BLVD DAYTON, OH 45417 02-0633634	HEALTHCARE	OH	501(C)(3)	7	SHP	Yes	
(10) SAMARITAN HEALTH PARTNERS  110 N MAIN ST STE 500 DAYTON, OH 45402 31-1107411	HEALTHCARE	OH	501(C)(3)	11 - Type I	CHI	Yes	
(11) SCHUYLER MEMORIAL HOSPITAL FOUNDATION INC  104 W 17TH ST SCHUYLER, NE 68661 36-3630014	FUNDRAISING	NE	501(C)(3)	11 - Type I	AHMHS	Yes	
(12) SJRMC JOPLIN MISSOURI  198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 44-0545809	HEALTHCARE	MO	501(C)(3)	3	CHI	Yes	
(13) SL AUGUSTA CORP  PO BOX 20269 HOUSTON, TX 77225 76-0226623	TITLE HOLDING	TX	501(C)(2)	N/A	SLPC	Yes	
(14) ST ANTHONY HOSPITAL  1601 SE COURT AVE PENDLETON, OR 97801 93-0391614	HEALTHCARE	OR	501(C)(3)	3	CHI	Yes	
(15) ST ANTHONY HOSPITAL FOUNDATION  1601 SE COURT AVE PENDLETON, OR 97801 93-0992727	FUNDRAISING	OR	501(C)(3)	11 - Type I	SAH	Yes	
(16) ST ANTHONY'S HOSPITAL ASSOCIATION  FOUR HOSPITAL DR MORRILTON, AR 72110 71-0245507	HEALTHCARE	AR	501(C)(3)	3	SVIMC	Yes	
(17) ST CATHERINE HOSPITAL  401 EAST SPRUCE ST GARDEN CITY, KS 67846 48-0543721	HEALTHCARE	KS	501(C)(3)	3	CHI	Yes	
(18) ST CATHERINE HOSPITAL DEVELOPMENT FOUNDATION  401 EAST SPRUCE ST GARDEN CITY, KS 67846 20-0598702	FUNDRAISING	KS	501(C)(3)	11 - Type I	SCH	Yes	
(19) ST DOMINIC OF ONTARIO OREGON  198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 93-0433692	HEALTHCARE	OR	501(C)(4)	N/A	CHI	Yes	

(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
(121) ST FRANCIS HOME  2400 ST FRANCIS DR BRECKENRIDGE, MN 56520 41-0729978	LTERM CARE	MN	501(C)(3)	9	CHI	Yes	
(1) ST FRANCIS LIFE CARE CORPORATION  19 POCONO RD DENVILLE, NJ 07834 22-2536017	ELDERLY CARE	NJ	501(C)(3)	9	SCHS	Yes	
(2) ST FRANCIS MEDICAL CENTER  2400 ST FRANCIS DR BRECKENRIDGE, MN 56520 41-0695598	HEALTHCARE	MN	501(C)(3)	3	CHI	Yes	
(3) ST FRANCIS OF BAKER CITY  198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 93-0412495	HEALTHCARE	OR	501(C)(3)	3	CHI	Yes	
(4) ST JOSEPH COMMUNITY HEALTH  1516 5TH ST NW ALBUQUERQUE, NM 87102 71-0897107	COMMUNITY	NM	501(C)(3)	11 - Type I	CHI	Yes	
(5) ST JOSEPH HEALTH MINISTRIES  1929 LINCOLN HWY E STE 150 LANCASTER, PA 17602 23-2342997	HEALTHCARE	PA	501(C)(3)	11 - Type I	CHI	Yes	
(6) ST JOSEPH MEDICAL CENTER FOUNDATION  2500 BERNVILLE RD PO BOX 316 READING, PA 19603 23-2649362	FUNDRAISING	PA	501(C)(3)	11 - Type I	SJRHN	Yes	
(7) ST JOSEPH MEDICAL CENTER INC  201 INTERNATIONAL CIRCLE STE 212 HUNT VALLEY, MD 21030 52-0591461	HEALTHCARE	MD	501(C)(3)	3	CHI	Yes	
(8) ST JOSEPH MEDICAL GROUP  2500 BERNVILLE RD PO BOX 316 READING, PA 19603 20-8544021	HEALTHCARE	PA	501(C)(3)	9	BHC	Yes	
(9) ST JOSEPH PHYSICIAN ENTERPRISE INC  201 INTERNATIONAL CIRCLE STE 212 HUNT VALLEY, MD 21030 52-1311775	PHYSICIANS	MD	501(C)(3)	11 - Type I	SJMC	Yes	
(10) ST JOSEPH REGIONAL HEALTH NETWORK  2500 BERNVILLE RD PO BOX 316 READING, PA 19603 23-1352211	HEALTHCARE	PA	501(C)(3)	3	CHI	Yes	
(11) ST JOSEPH'S AREA HEALTH SERVICES  600 PLEASANT AVE PARK RAPIDS, MN 56470 41-0695603	HEALTHCARE	MN	501(C)(3)	3	CHI	Yes	
(12) ST JOSEPH'S HOSPITAL AND HEALTH CENTER  30 WEST 7TH ST DICKINSON, ND 58601 45-0226429	HEALTHCARE	ND	501(C)(3)	3	CHI	Yes	
(13) ST LUKE'S COMMUNITY DEVELOPMENT CORPORATION  6624 FANNIN ST STE 2505 HOUSTON, TX 77030 26-0274448	MANAGEMENT	TX	501(C)(3)	11 - Type I	SLHS	Yes	
(14) ST LUKE'S COMMUNITY DEVELOPMENT CORPORATION - PMC  6624 FANNIN ST STE 2505 HOUSTON, TX 77030 27-3733278	HEALTHCARE	TX	501(C)(3)	3	SLCDC	Yes	
(15) ST LUKE'S COMMUNITY DEVELOPMENT CORPORATION - SUGAR LAND  6624 FANNIN ST STE 2505 HOUSTON, TX 77030 26-1947374	HEALTHCARE	TX	501(C)(3)	3	SLHS	Yes	
(16) ST LUKE'S COMMUNITY DEVELOPMENT CORPORATION - THE WOODLANDS  6624 FANNIN ST STE 2505 HOUSTON, TX 77030 26-0335902	HEALTHCARE	TX	501(C)(3)	3	SLCDC	Yes	
(17) ST LUKE'S COMMUNITY HEALTH SERVICES  6624 FANNIN ST STE 1100 HOUSTON, TX 77030 76-0536234	HEALTHCARE	TX	501(C)(3)	3	SLHS	Yes	
(18) ST LUKE'S FOUNDATION  1213 HERMANN DRIVE STE 855 HOUSTON, TX 77004 45-3811485	FUNDRAISING	TX	501(C)(3)	7	SLHS	Yes	
(19) ST LUKE'S HEALTH SYSTEM CORPORATION  6624 FANNIN ST STE 1100 HOUSTON, TX 77030 76-0536232	MANAGEMENT	TX	501(C)(3)	11 - Type I	CHI	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(141) ST LUKE'S HEALTH SYSTEM FOUNDATION  6624 FANNIN ST STE 1100 HOUSTON, TX 77030 76-0127715	INVESTMENT MGMT	TX	501(C)(3)	11 - Type I	SLHS	Yes	
(1) ST LUKE'S HOSPITAL AT THE VINTAGE  6624 FANNIN ST STE 2505 HOUSTON, TX 77030 26-3734606	HEALTHCARE	TX	501(C)(3)	3	SLHS	Yes	
(2) ST LUKE'S MEDICAL GROUP  6624 FANNIN ST HOUSTON, TX 77030 76-0458535	PHYSICIANS	TX	501(C)(3)	3	SLHS	Yes	
(3) ST LUKE'S MEDICAL TOWER CORPORATION  6624 FANNIN ST STE 1100 HOUSTON, TX 77030 76-0531713	PROPERTY MGMT	TX	501(C)(3)	11 - Type I	CHI-SLH	Yes	
(4) ST LUKE'S PROPERTIES CORPORATION  6624 FANNIN ST STE 1100 HOUSTON, TX 77030 76-0531716	PROPERTY MGMT	TX	501(C)(3)	11 - Type I	SLHS	Yes	
(5) ST LUKE'S SUGAR LAND PROPERTIES CORPORATION  6624 FANNIN ST STE 2505 HOUSTON, TX 77030 45-4120549	PROPERTY MGMT	TX	501(C)(3)	11 - Type I	SLCDC-SL	Yes	
(6) ST MARY'S COMMUNITY HOSPITAL  1314 3RD AVE NEBRASKA CITY, NE 68410 47-0443636	HEALTHCARE	NE	501(C)(3)	3	CHI NEBRASKA	Yes	
(7) ST MARY'S HOSPITAL FOUNDATION  1314 3RD AVE NEBRASKA CITY, NE 68410 47-0707604	FUNDRAISING	NE	501(C)(3)	7	SMCH	Yes	
(8) ST VINCENT FOUNDATION  TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 51-0169537	FUNDRAISING	AR	501(C)(3)	11 - Type I	SVIMC	Yes	
(9) ST VINCENT INFIRMARY MEDICAL CENTER  TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 71-0236917	HEALTHCARE	AR	501(C)(3)	3	CHI	Yes	
(10) ST VINCENT MEDICAL GROUP  TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 71-0830696	HEALTHCARE	AR	501(C)(3)	9	SVIMC	Yes	
(11) THE GOOD SAMARITAN HOSPITAL OF CINCINNATI OH  619 OAK ST ACCOUNTING-3 W CINCINNATI, OH 45206 31-0537486	HEALTHCARE	OH	501(C)(3)	3	CHI	Yes	
(12) THE PHYSICIAN NETWORK  2000 Q ST STE 500 LINCOLN, NE 68503 47-0780857	PHYSICIANS	NE	501(C)(3)	11 - Type I	CHI NEBRASKA	Yes	
(13) TOTAL HEALTHCARE  188 INVERNESS DRIVE WEST STE 500 ENGLEWOOD, CO 80112 84-0927232	HEALTHCARE	CO	501(C)(3)	3	CHIC	Yes	
(14) UNITY FAMILY HEALTHCARE  815 SE 2ND ST LITTLE FALLS, MN 56345 41-0721642	HEALTHCARE	MN	501(C)(3)	3	CHI	Yes	
(15) VILLA NAZARETH INC  801 PAGE DR FARGO, ND 58103 45-0226714	LTERM CARE	ND	501(C)(3)	9	CHI	Yes	
(16) VISITING NURSE ASSOCIATION OF ST CLARE'S INC  191 WOODPORT RD SPARTA, NJ 07871 22-1768334	HOME HEALTH	NJ	501(C)(3)	9	SCHS	Yes	
(17) WOODLANDS DOCTOR GROUP  17200 ST LUKES WAY STE 170 THE WOODLANDS, TX 77384 27-4499340	PHYSICIANS	TX	501(C)(3)	9	SLCHS	Yes	

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 in Box 20 of K-1 (Form 1065)	(j) General or Managing Partner?	(k) Percentage ownership	
							Yes	No				
ALEGENT HEALTH NORTHWEST IMAGING CENTER LLC  3606 N 156TH ST OMAHA, NE 68116 06-1786985	OP DIAGNOSTICS	NE	ACH	RELATED	116,752	776,649		No	0	Yes	51 %	
AUDUBON LAND COMPANY LLC  5390 N ACADEMY BLVD STE 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 STE 400 OMAHA, NE 68137 39-2045003	STAFFING OF NURSES	NE	AHBMHS	RELATED	-319,683	4,762,246		No	-439,535	No	95 %	
BERGAN MERCY SURGERY CENTER LLC  7710 MERCY RD STE 200 OMAHA, NE 68124 20-8671994	AMBUL SURG CTR	NE	ACH	RELATED	142,085	3,294,472		No	0	No	63 94 %	
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 BRDWAY STE 310 LEXINGTON, KY 40504 61-1386736	DIAGNOSTIC IMAGING	KY	SJHS	RELATED	308,428	3,317,191		No	0	No	65 %	
CATHOLIC HEALTH INITIATIVES PHYSICIAN SERVICES LLC  198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 46-2945938	PRACTICE MGMT SRVC	DE	CHI	RELATED	2,478	4,571,498		No	0	Yes	80 %	
CENTRAL NEBRASKA HOME CARE SERVICES  PO BOX 1146 4502 N SECOND AVE KEARNEY, NE 68848 47-0692112	HEALTHCARE SRVC	NE	NA	RELATED	-195,425	216,945		No	-77,269	Yes	100 %	
CENTRAL NEBRASKA REHAB SERVICE  620 DIERS AVE STE 300 GRAND ISLAND, NE 68803 81-0653461	PHYSICAL THERAPY	NE	SFMC	RELATED	2,132,606	3,494,427		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	92 8 %	
CHICAMSURG SURGERY CENTERS LLC  188 INVERNESS DRIVE WEST 500 ENGLEWOOD, CO 80112 11-1222333	SURGERY CENTER	CO	CHIC	RELATED	0	0		No	0	No	51 %	
HC SL VINTAGE I LLC  18000 W SARAH LANE STE 250 BROOKFIELD, WI 53045 27-0453767	PROPERTY HOLDING	WI	SL CDC-V	RELATED	1,027,057	105,658,490		No	0	No	51 %	
HEALTHCARE SUPPORT SERVICES  PO BOX 9804 GRAND ISLAND, NE 68802 72-1546196	LAUNDRY	NE	NA	RELATED	98,584	3,190,678		No	97,006	No	100 %	
HEARTLAND ONCOLOGY LLC  2337 E CRAWFORD ST SALINA, KS 67401 22-2333444	ONCOLOGY	KS	SCH	RELATED	0	0		No	0	No	51 %	
HIGHLINE IMAGING LLC  275 SW 160TH ST BURIEN, WA 98166 20-0460005	DIAGNOSTIC IMAGING	WA	HMC	RELATED	375,761	1,784,057		No	0	No	80 %	

## 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 in Box 20 of K-1 (Form 1065)	(j) General or Managing Partner?	(k) Percentage ownership
							Yes	No			
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 %
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 %
LINCOLN CK LEASING LLC  6003 OLD CHENEY RD LINCOLN, NE 68516 26-2496856	REAL ESTATE	NE	SERMC	RELATED	574,064	425,034		No	0	No	53 76 %
LOUISVILLE SC LTD  3000 RIVERCHASE GALLERIA STE 500 BIRMINGHAM, AL 35244 06-2119566	SURGERY CENTER	AL	SCOFL	RELATED	417,359	478,373		No	0	Yes	61 1 %
NEBRASKA SPINE HOSPITAL LLC  6901 N 72ND ST OMAHA, NE 68122 27-0263191	SPINE HOSPITAL	NE	ACH	RELATED	10,501,730	17,301,869		No	0	No	51 %
NORTH RIVER SURGERY CENTER LLC  2209 WILDWOOD AVE SHERWOOD, AR 72120 71-0799771	AMBUL SURG CTR	AR	SVIMC	RELATED	81,071	1,077,536		No	0	No	57 45 %
ORTHO COLORADO LLC  11650 WEST 2ND PLACE LAKEWOOD, CO 80255 37-1577105	ORTHO HOSPITAL	CO	THC	RELATED	1,846,183	8,411,844		No	0	No	60 %
PENINSULA RADIATION ONCOLOGY LLC  315 MLK JR WAY STE 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 %
PMC HOSPITAL LLC  4600 E SAM HOUSTON PKWY SOUTH PASADENA, TX 77505 27-3280598	HOSPITAL	TX	SL CDC- PMC	RELATED	1,092,540	20,751,174		No	0	Yes	51 %
PRairie HEALTH VENTURES LLC  421 S 9TH ST STE 102 LINCOLN, NE 68508 20-4962103	TECH SRVC	NE	AH-IMC	RELATED	1,011,804	5,564,586		No	68,565	Yes	65 75 %
PREMIER SURGERY CENTER OF LOUISVILLE LP  3000 RIVERCHASE GALLERIA STE 500 BIRMINGHAM, AL 35244 72-1378216	SURGERY CENTER	AL	SCA	RELATED	88,900	254,399		No	0	Yes	51 %
PUEBLO AMBULATORY SURGERY CENTER LLC  188 INVERNESS DRIVE WEST 500 ENGLEWOOD, CO 80112 62-1488737	SURGERY CENTER	CO	CHIC	RELATED	0	0		No	0	No	51 %
SAINT JOSEPH - PAML LLC  424 LEWIS HARGETT CIRCLE STE 160 LEXINGTON, KY 40503 45-2116736	MGMT SVCS	KY	SJHS	RELATED	-52,573	93,769		No	0	Yes	62 5 %
SAINT JOSEPH - SCA HOLDINGS LLC  1451 HARRODSBURG RD LEXINGTON, KY 40503 45-3801157	OP SURGERY	DE	SJHS	RELATED	0	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 in Box 20 of K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
SAINT JOSEPH-ANC HOME CARE SERVICES 1700 EDISON DR MILFORD, OH 45150 26-3330545	HOME HEALTH	KY	JH	RELATED	88,608	256,606		No	0	No	100 %	
SCA PREMIER SURGERY CENTER OF LOUISVILLE LLC 200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 72-1386840	SURGERY CENTER	KY	JH	RELATED	42,319	631,595		No	0	Yes	51 %	
ST FRANCIS LAND COMPANY 5390 N ACADEMY BLVD STE 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 ST TACOMA, WA 98405 91-1352698	MED OFFICE	WA	FHS	RELATED	238,717	19,017,063		No	0	No	54.21 %	
ST LUKE'S DIAGNOSTIC CATH LAB LLP 6620 MAIN ST STE 1520 HOUSTON, TX 77030 71-0959365	DIAGNOSTICS	TX	SLHS HOLDINGS	RELATED	273,448	868,814		No	0	No	57.3 %	
ST LUKE'S HOSPITAL AT THE VINTAGE LLC 6624 FANNIN STE 2505 HOUSTON, TX 77030 26-3734516	HOSPITAL	TX	SLHS	RELATED	-19,253,743	69,158,748		No	0	Yes	51 %	
ST LUKE'S LAKESIDE HOSPITAL LLC 6624 FANNIN STE 2505 HOUSTON, TX 77030 30-0427437	HOSPITAL	TX	SL CDC-W	RELATED	1,106,628	25,874,619		No	0	Yes	51 %	
ST LUKE'S THE WOODLANDS SLEEP CENTER LLC 6624 FANNIN STE 800 HOUSTON, TX 77030 46-2795726	DIAGNOSTICS	TX	SLHSH	RELATED	0	0		No	0	Yes	50 %	
SUPERIOR MEDICAL IMAGING LLC 5000 NORTH 26TH ST 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 %	

## 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?
ALEGENT HEALTHCREIGHTON ST JOSEPH MANAGED CARE SERVICES INC 12809 WEST DODGE RD OMAHA, NE 68154 47-0802396	MANAGED CARE	NE	CHI NEBRASKA	C CORPORATION	5,312,313	4,520,865	100 %	Yes
ALL SAINTS INSURANCE COMPANY SPC LTD	INSURANCE	CJ	CHI	C CORPORATION	0	43,866,961	100 %	Yes
ALTERNATIVE INSURANCE MANAGEMENT SERVICE 3900 OLYMPIC BLVD STE 400 ERLANGER, KY 41018 84-1112049	MANAGEMENT SERVICES	CO	CHI	C CORPORATION	0	6,272,746	100 %	Yes
AMERICAN NURSING CARE INC 1700 EDISON DR MILFORD, OH 45150 31-1085414	HOME HEALTH	OH	CHS	C CORPORATION	5,118,606	51,920,207	100 %	Yes
AMERIMED INC 1700 EDISON DR 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	JHSMH	C CORPORATION	0	0	100 %	Yes
CADUCEUS MEDICAL ASSOCIATES INC 2525 DE SALES AVE CHATTANOOGA, TN 37404 62-1570736	HEALTHCARE	TN	MHCS	C CORPORATION	0	1,008	100 %	Yes
CAPTIVE MANAGEMENT INITIATIVES LTD PO BOX 10073 APO GEORGETOWN, GRAND CAYMAN KY1-1001 CJ 98-0663022	CAPTIVE MANAGEMENT	CJ	CHI	C CORPORATION	0	0	100 %	Yes
CARMONA-DESOTO BUILDING HORIZONTAL PROPERTY REGIME INC 300 WERNER ST HOT SPRINGS, AR 71913 71-0771076	HEALTHCARE	AR	CHI-SVHS	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	TRUST	-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
CHI ST LUKE'S HEALTH BAYLOR COLLEGE OF MEDICINE MEDICAL CENTER CONDO ASSOC 6624 FANNIN STE 2505 HOUSTON, TX 77030 45-5079545	CONDO ASSOC	TX	CHI-SLHBCM	C CORPORATION	0	0	100 %	Yes
CLEARRIVER HEALTH 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 46-4495960	INSURANCE	TN	PHPSI	C CORPORATION	0	0	100 %	Yes
COMCARE SERVICES INC 5570 DTC PARKWAY ENGLEWOOD, CO 80111 84-0904813	INACTIVE	CO	CHIC	C CORPORATION	0	0	100 %	Yes
CONSOLIDATED HEALTH SERVICES 1700 EDISON DR MILFORD, OH 45150 31-1378212	HOME HEALTH	OH	CHI	C CORPORATION	-879,467	52,379,487	100 %	Yes

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DES MOINES MEDICAL CENTER INC 1111 6TH AVE DES MOINES, IA 50314 42-0837382	REAL ESTATE	IA	CHI-IA CORP	C CORPORATION	67,314	1,064,032	92.98 %	Yes
EAST TEXAS CLINICAL SERVICES INC 2801 VIA FORTUNA 500 AUSTIN, TX 78746 45-4736213	HEALTHCARE	TX	MHSET	C CORPORATION	632,545	16,782	100 %	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	434,854	718,254	100 %	Yes
GOOD SAMARITAN OUTREACH SERVICES PO BOX 1990 KEARNEY, NE 68848 47-0659440	MEDICAL CLINIC	NE	CHI NEBRASKA	C CORPORATION	-7,280	180,468	100 %	Yes
HEALTH SYSTEMS ENTERPRISES INC PO BOX 1990 KEARNEY, NE 68848 47-0664558	MGMT	NE	GSH	C CORPORATION	87,278	1,377,820	100 %	Yes
HEALTHCARE MGMT SERVICES ORGANIZATION INC 1717 SOUTH J ST TACOMA, WA 98405 91-1865474	HEALTH ORG	WA	FHS	C CORPORATION	0	0	100 %	Yes
HEARTLANDPLAINS HEALTH 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 46-4368223	INSURANCE	NE	PHPSI	C CORPORATION	0	0	100 %	Yes
HIGHLINE MEDICAL GROUP 15811 AMBAUM BLVD SW STE 170 BURIEN, WA 98166 91-1586438	MEDICAL SERVICES	WA	HMC	C CORPORATION	-6,049,147	5,689,139	100 %	Yes
MEDQUEST 1602 WEST 11TH ST WILLISTON, ND 58801 45-0392137	SALE OF DME	ND	MMC WILLISTON	C CORPORATION		1,152,715	100 %	Yes
MERCY PARK APARTMENTS LTD 1111 6TH AVE DES MOINES, IA 50314 42-1202422	HOUSING	IA	CHI-IA CORP	C CORPORATION	273,525	1,937,218	100 %	Yes
MERCY SERVICES CORP 2700 STEWART PARKWAY ROSEBURG, OR 97471 93-0824308	RETAIL SALES	OR	MMC	C CORPORATION	0	142,337	100 %	Yes
MHI CLINICAL SERVICES 1201 W FRANK AVE LUFKIN, TX 75904 46-1967952	HEALTHCARE	TX	MHSET	C CORPORATION	0	0	100 %	Yes
MOUNTAIN MANAGEMENT SERVICES INC 6028 SHALLOWFORD RD CHATTANOOGA, TN 37421 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

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PATIENT TRANSPORT SERVICES INC 1700 EDISON DR MILFORD, OH 45150 31-1100798	HOME HEALTH	OH	ANC	C CORPORATION	-164,340	5,488,275	100 %	Yes
PHYSICIANHEALTH SYSTEM NETWORK 1149 MARKET ST TACOMA, WA 98402 91-1746721	HEALTH ORG	WA	FHS	C CORPORATION	0	0	100 %	Yes
PROMINENCE HEALTH PLAN SERVICES INC (FKA COLLABHEALTH PLAN SERVICES INC) 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 46-1224037	ADMIN SERVICES	CO	PHI	C CORPORATION	-5,339,325	38,272,608	100 %	Yes
PROMINENCE HEALTH INC (FKA 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
QCA HEALTH PLAN INC 12615 CHENAL PARKWAY STE 300 LITTLE ROCK, AR 72211 71-0794605	INSURANCE	AR	QCHI	C CORPORATION	0	0	100 %	Yes
QUALCHOICE HOLDINGS INC 12615 CHENAL PARKWAY STE 300 LITTLE ROCK, AR 72211 27-4075520	HOLDING CO	AR	PHPS	C CORPORATION	0	0	100 %	Yes
QUALCHOICE LIFE AND HEALTH INSURANCE COMPANY INC 12615 CHENAL PARKWAY STE 300 LITTLE ROCK, AR 72211 71-0386640	INSURANCE	AR	QCH	C CORPORATION	0	0	100 %	Yes
RIVERLINK HEALTH 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 46-4380824	INSURANCE	OH	PHPS	C CORPORATION	0	0	100 %	Yes
RIVERLINK HEALTH OF KENTUCKY INC 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 46-4828332	INSURANCE	KY	PHPS	C CORPORATION	0	0	100 %	Yes
SAINT CLARE'S PRIMARY CARE INC 66 FORD RD DENVILLE, NJ 07834 22-2441202	BILLING SERVICES	NJ	SCCC	C CORPORATION	-235,604	1,361,242	100 %	Yes
SAMARITAN FAMILY CARE INC 40 W FOURTH ST STE 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 STE 160 LEXINGTON, KY 40503 27-0164198	MGMT	KY	SJHS	C CORPORATION	0	0	100 %	Yes
SLMT PARKING INC 6624 FANNIN STE 800 HOUSTON, TX 77030 76-0637140	PARKING	TX	SLHS	C CORPORATION	1,117,934	13,768,221	100 %	Yes
SOUNDPATH HEALTH INC 32129 WEYERHAEUSER WAY S STE 201 FEDERAL WAY, WA 98001 42-1720801	INSURANCE	WA	PHPS	C CORPORATION	-154,741	10,976,973	62.6 %	Yes

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ST ANTHONY DEVELOPMENT COMPANY 1415 SOUTHGATE PENDLETON, OR 97801 93-1216943	ATHLETIC CLUB	OR	SAH	C CORPORATION	114,663	2,936,102	100 % Yes	Yes
ST JOSEPH DEVELOPMENT COMPANY INC 1717 SOUTH J ST TACOMA, WA 98405 91-1480569	RENTAL	WA	FSI	C CORPORATION	63,164	11,845,439	100 % Yes	
ST JOSEPH OFFICE PARK ASSOCIATION 1401 HARRODSBURG RD BLDG B70 LEXINGTON, KY 40504 61-1079899	MGMT	KY	SJHS	C CORPORATION	0	882,139	85 % Yes	
ST LUKE'S 6620 MAIN CONDOMINIUM ASSOCIATION 6624 FANNIN STE 2505 HOUSTON, TX 77030 30-0355517	CONDO ASSOC	TX	SLPC	C CORPORATION	0	0	100 % Yes	
ST LUKE'S ANESTHESIOLOGY ASSOCIATES 6624 FANNIN STE 1100 HOUSTON, TX 77030 46-1517163	MEDICAL CLINIC	TX	CHI-SLH	C CORPORATION	0	0	100 % Yes	
ST LUKE'S EPISCOPAL HOSPITAL PHYSICIAN HOSPITAL ORGANIZATION INC 6720 BERTNER MC4-262 HOUSTON, TX 77030 76-0377932	PHO	TX	CHI-SLH	C CORPORATION	6	0	60 % Yes	
ST LUKE'S HEALTH SYSTEM HOLDINGS INC (FKA SLEHS HOLDINGS INC) 6624 FANNIN STE 800 HOUSTON, TX 77030 76-0637138	HOLDING CO	TX	SLHS	C CORPORATION	1,425,313	33,114,103	100 % Yes	
ST LUKE'S MEDICAL ARTS CENTER I CONDOMINIUM ASSOCIATION 6624 FANNIN STE 2505 HOUSTON, TX 77030 30-0355518	CONDO ASSOC	TX	SLPC	C CORPORATION	0	0	100 % Yes	
ST LUKE'S MEDICAL TOWER CONDOMINIUM ASSOCIATION 6624 FANNIN STE 2505 HOUSTON, TX 77030 76-0298751	CONDO ASSOC	TX	SLMTC	C CORPORATION	0	0	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	
STABLEVIEW HEALTH INC 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 46-4373713	INSURANCE	KY	PHPS	C CORPORATION	0	0	100 % Yes	
SUGAR LAND DOCTOR GROUP 1317 LAKE POINTE PARKWAY SUGAR LAND, TX 77478 45-4270163	MEDICAL CLINIC	TX	SLCDC-SL	C CORPORATION	0	0	100 % Yes	
THE TEXAS HEART INSTITUTE AT ST LUKE'S EPISCOPAL HOSPITAL DENTON A COOLEY B BUILDING CONDOMINIUM ASSOCIATION 6624 FANNIN STE 2505 HOUSTON, TX 77030 90-0064009	CONDO ASSOC	TX	CHI-SLH	C CORPORATION	0	0	100 % Yes	
TOWSON MANAGEMENT INC 7601 OSLER DR TOWSON, MD 21204 52-1710750	MGMT SERVICES	MD	FSI	C CORPORATION	516,457	197,196	100 % Yes	

CONSOLIDATED FINANCIAL STATEMENTS AND  
REPORTS ON FEDERAL AWARD PROGRAMS

Catholic Health Initiatives  
Year Ended June 30, 2014  
With Reports of Independent Auditors

Exhibit 33



Catholic Health Initiatives  
Consolidated Financial Statements and  
Reports on Federal Award Programs

Year Ended June 30, 2014

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## Report of Independent Auditors

The Board of Stewardship Trustees  
Catholic Health Initiatives

We have audited the accompanying consolidated financial statements of Catholic Health Initiatives, which comprise the consolidated balance sheets as of June 30, 2014 and 2013, 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 conducted our audits 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 audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the 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 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 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, the financial statements referred to above present fairly, in all material respects, the consolidated financial position of Catholic Health Initiatives at June 30, 2014 and 2013, and the consolidated results of its operations and its cash flows for the years then ended, in conformity with U.S. generally accepted accounting principles.

## Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we also have issued our report dated September 17, 2014, 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 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, 2014

Catholic Health Initiatives

Consolidated Balance Sheets  
(*In Thousands*)

	June 30	
	2014	2013
<b>Assets</b>		
Current assets		
Cash and equivalents	\$ 1,042,748	\$ 609,226
Net patient accounts receivable, less allowances for bad debt of \$924,395 and \$858,394 at 2014 and 2013, respectively	1,997,468	1,755,348
Other accounts receivable	286,673	197,917
Current portion of investments and assets limited as to use	24,732	11,697
Inventories	271,664	247,720
Assets held for sale	202,066	215,777
Prepaid and other	197,668	137,776
Total current assets	<u>4,023,019</u>	3,175,461
Investments and assets limited as to use		
Internally designated for capital and other funds	5,310,967	5,452,023
Mission and ministry fund	137,099	121,109
Capital resource pool	515,338	416,938
Held by trustees	53,574	16,726
Held for insurance purposes	828,078	825,885
Restricted by donors	296,472	266,325
Total investments and assets limited as to use	<u>7,141,528</u>	7,099,006
Property and equipment, net	8,942,520	7,786,240
Deferred financing costs	43,074	36,557
Investments in unconsolidated organizations	608,088	416,816
Intangible assets and goodwill, net	553,462	364,751
Notes receivable and other	500,886	430,888
Total assets	<u>\$ 21,812,577</u>	\$ 19,309,719

	June 30	
	2014	2013
<b>Liabilities and net assets</b>		
Current liabilities		
Compensation and benefits	\$ 679,575	\$ 600,837
Third-party liabilities, net	123,804	110,571
Accounts payable and accrued expenses	1,446,233	1,066,930
Liabilities held for sale	104,117	91,412
Variable-rate debt with self liquidity	521,455	321,455
Commercial paper and current portion of debt	711,408	749,617
Total current liabilities	<u>3,586,592</u>	2,940,822
Pension liability	496,358	472,852
Self-insured reserves and claims	634,718	616,652
Other liabilities	831,615	698,283
Long-term debt	7,146,399	6,334,985
Total liabilities	<u>12,695,682</u>	11,063,594
Net assets		
Net assets attributable to CHI	8,289,188	7,769,310
Net assets attributable to noncontrolling interests	469,296	175,663
Unrestricted	8,758,484	7,944,973
Temporarily restricted	265,639	214,524
Permanently restricted	92,772	86,628
Total net assets	<u>9,116,895</u>	8,246,125
Total liabilities and net assets	<u><u>\$ 21,812,577</u></u>	<u><u>\$ 19,309,719</u></u>

*See accompanying notes.*

# Catholic Health Initiatives

## Consolidated Statements of Operations (In Thousands)

	<b>Year Ended June 30</b>	
	<b>2014</b>	<b>2013</b>
<b>Revenues</b>		
Net patient services revenues before provision for doubtful accounts	\$ 13,372,955	\$ 10,714,455
Provision for doubtful accounts	(965,711)	(821,465)
<b>Net patient services revenues</b>	<b>12,407,244</b>	9,892,990
<b>Nonpatient</b>		
Donations	32,366	31,089
Changes in equity of unconsolidated organizations	26,922	19,056
Investment income used for operations	101,874	66,529
Gains on business combinations	421,955	76,425
Hospital nonpatient revenues	294,021	209,413
Insurance premium revenues	171,465	50,503
Other	432,826	362,220
<b>Total nonpatient revenues</b>	<b>1,481,429</b>	815,235
<b>Total operating revenues</b>	<b>13,888,673</b>	10,708,225
<b>Expenses</b>		
Salaries and wages	5,554,984	4,424,404
Employee benefits	1,072,850	970,824
Purchased services, medical professional fees, consulting and legal	1,945,579	1,361,778
Supplies	2,346,879	1,832,984
Utilities	197,479	152,979
Rentals, leases, maintenance and insurance	875,833	616,683
Depreciation and amortization	698,772	555,064
Interest	235,440	164,353
Other	857,334	624,756
<b>Total operating expenses before restructuring, impairment and other losses</b>	<b>13,785,150</b>	10,703,825
Income from operations before restructuring, impairment and other losses	103,523	4,400
Restructuring, impairment, and other losses	117,514	59,343
<b>Loss from operations</b>	<b>(13,991)</b>	(54,943)
<b>Nonoperating gains (losses)</b>		
Investment income, net	748,374	488,824
Loss on defeasance of bonds	(5,625)	(17,998)
Realized and unrealized (losses) gains on interest rate swaps	(39,424)	65,843
Other nonoperating (losses) gains	(55,367)	7,977
<b>Total nonoperating gains</b>	<b>647,958</b>	544,646
Excess of revenues over expenses	633,967	489,703
Deficit of revenues over expenses attributable to noncontrolling interest	5,686	37
Excess of revenues over expenses attributable to CHI	<b>\$ 639,653</b>	\$ 489,740

*See accompanying notes*

# Catholic Health Initiatives

## Consolidated Statements of Changes in Net Assets (In Thousands)

	Unrestricted Net Assets			Temporarily Restricted Net Assets	Permanently Restricted Net Assets	Total Net Assets			
	Attributable to		Total						
	Attributable to CHI	Noncontrolling Interests							
Balances, July 1, 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	<b>7,769,310</b>	<b>175,663</b>	<b>7,944,973</b>	<b>214,524</b>	<b>86,628</b>	<b>8,246,125</b>			
Excess of revenues over expenses	<b>639,653</b>	<b>(5,686)</b>	<b>633,967</b>	—	—	<b>633,967</b>			
Net loss from discontinued operations	<b>(14,768)</b>	—	<b>(14,768)</b>	—	—	<b>(14,768)</b>			
Increase in pension funded status	<b>(47,282)</b>	<b>(809)</b>	<b>(48,091)</b>	—	—	<b>(48,091)</b>			
Temporarily and permanently restricted contributions	—	—	—	<b>50,957</b>	<b>523</b>	<b>51,480</b>			
Net assets released from restriction for capital	<b>20,776</b>	—	<b>20,776</b>	(20,776)	—	—			
Net assets released from restriction for operations	—	—	—	(17,887)	—	(17,887)			
Investment (loss) income	<b>(40)</b>	—	<b>(40)</b>	<b>14,701</b>	<b>2,218</b>	<b>16,879</b>			
Temporarily and permanently restricted assets from acquisitions	—	—	—	<b>24,197</b>	<b>2,003</b>	<b>26,200</b>			
Noncontrolling interest issued	—	<b>286,125</b>	<b>286,125</b>	<b>12,600</b>	—	<b>298,725</b>			
Other changes in net assets	<b>(78,461)</b>	<b>14,003</b>	<b>(64,458)</b>	(12,677)	<b>1,400</b>	<b>(75,735)</b>			
Net increase in net assets	<b>519,878</b>	<b>293,633</b>	<b>813,511</b>	<b>51,115</b>	<b>6,144</b>	<b>870,770</b>			
Balances, June 30, 2014	<b>\$ 8,289,188</b>	<b>\$ 469,296</b>	<b>\$ 8,758,484</b>	<b>\$ 265,639</b>	<b>\$ 92,772</b>	<b>\$ 9,116,895</b>			

See accompanying notes

# Catholic Health Initiatives

## Consolidated Statements of Cash Flows (In Thousands)

	Year Ended June 30	
	2014	2013
<b>Operating activities</b>		
Increase in net assets	\$ 870,770	\$ 937,942
Adjustments to reconcile increase in net assets to net cash provided by operating activities		
Depreciation and amortization	698,772	555,064
Provision for bad debts	965,711	821,465
Changes in equity of unconsolidated organizations	(26,922)	(19,056)
Net gains on business combinations	(421,955)	(76,425)
Net gains on sales of facilities and investments in unconsolidated organizations	(17,116)	(9,544)
Noncash operating expenses related to restructuring, impairment and other losses	85,709	4,872
Loss on defeasance of bonds	5,625	17,998
Increase in fair value of interest rate swaps	(10,200)	(98,799)
Decrease in unfunded pension liability	(1,488)	(484,049)
Net changes in current assets and liabilities		
Net patient and other accounts receivable	(1,147,685)	(1,067,716)
Other current assets	(55,976)	(6,725)
Current liabilities	278,147	89,868
Noncontrolling interest issued	(298,725)	–
Other changes	(604)	193,461
Net cash provided by operating activities, before net change in investments, and assets limited as to use	924,063	858,356
Net decrease in investments and assets limited as to use	239,686	474,258
Net cash provided by operating activities	<u>1,163,749</u>	<u>1,332,614</u>
<b>Investing activities</b>		
Purchases of property, equipment and other capital assets	(1,478,741)	(1,285,330)
Net cash on contributions and acquisitions	70,851	67,696
Purchase of CHI St. Vincent Hot Springs, net of cash acquired	(59,571)	–
Purchase of CHI St. Luke's Health System, net of cash acquired	–	(961,014)
Purchase of Alegent Creighton Health, net of cash acquired	–	(505,542)
Net cash proceeds from asset sales	71,639	218,002
Distributions from investments in unconsolidated organizations	45,991	35,224
Cash from net repayments of notes receivable	12,004	2,843
Other changes	19,715	35,306
Net cash used in investing activities	<u>(1,318,112)</u>	<u>(2,392,815)</u>
<b>Financing activities</b>		
Proceeds from issuance of debt and bank loans	1,899,065	1,591,465
Costs associated with issuance of debt	(11,354)	(12,170)
Repayment of debt	(1,299,826)	(313,840)
Proceeds from bank loans	–	–
Net cash provided by financing activities	<u>587,885</u>	<u>1,265,455</u>
Increase in cash and equivalents	433,522	205,254
Cash and equivalents at beginning of year	609,226	403,972
Cash and equivalents at end of year	<u>\$ 1,042,748</u>	<u>\$ 609,226</u>
<b>Supplemental disclosures of cash flow information</b>		
Cash paid during the year for interest, including amounts capitalized	<u>\$ 272,627</u>	<u>\$ 199,413</u>

*See accompanying notes*

# Catholic Health Initiatives

## Notes to Consolidated Financial Statements

June 30, 2014

### **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 operating in 18 states and includes 92 hospitals, including four academic medical centers, and 24 critical access facilities, community health service organizations, accredited nursing colleges, home health agencies, and other facilities that span the inpatient and outpatient continuum of care. 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, supported by education and research. Fidelity to the Gospel urges CHI to emphasize human dignity and social justice as CHI creates 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, notes receivable and accounts payable. The carrying amounts reported in the consolidated balance sheets for these items approximate fair value.

## Catholic Health Initiatives

### Notes to Consolidated Financial Statements (continued)

#### **1. Summary of Significant Accounting Policies (continued)**

##### **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, 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. The provision for bad debts is presented on the consolidated statements of operations as a deduction from patient services revenues (net of contractual allowances and discounts) since CHI accepts and treats substantially all patients without regard to the ability to pay.

During fiscal year 2014 and 2013, CHI added approximately \$76 million and \$400 million, respectively, in net patient accounts receivable due to the acquisition of various new subsidiaries – see Note 4, *Acquisitions, Affiliations and Divestitures*. Effective on January 1, 2014, the Affordable Care Act came into effect, which in certain states has caused a slight shift in payor mix whereby patients that used to be classified as charity now qualify for Medicaid. CHI has not experienced significant changes in write-off trends and there have been no significant changes to its charity care policy.

## Catholic Health Initiatives

### Notes to Consolidated Financial Statements (continued)

#### **1. Summary of Significant Accounting Policies (continued)**

Details of CHI's allowance activity is as follows (in thousands)

	<b>Reserve for Contractual Allowance</b>	<b>Allowance for Bad Debt</b>	<b>Reserve for Charity</b>	<b>Total Accounts Receivable Allowances</b>
Balance at July 1, 2012	\$ (1,947,750)	\$ (687,631)	\$ (151,348)	\$ (2,786,729)
Additions	(21,690,860)	(886,571)	(1,219,555)	(23,796,986)
Reductions	20,778,640	715,808	803,787	22,298,235
Balance at June 30, 2013	(2,859,970)	(858,394)	(567,116)	(4,285,480)
Additions	(28,747,136)	(1,029,699)	(1,135,618)	(30,912,453)
Reductions	28,079,966	963,698	1,271,588	30,315,252
Balance at June 30, 2014	<b>\$ (3,527,140)</b>	<b>\$ (924,395)</b>	<b>\$ (431,146)</b>	<b>\$ (4,882,681)</b>

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. During fiscal year 2014, CHI conducted a study to reassess the estimated remaining useful lives of its buildings and building improvements. As a result of this study, CHI prospectively adjusted the estimated

## Catholic Health Initiatives

### Notes to Consolidated Financial Statements (continued)

#### **1. Summary of Significant Accounting Policies (continued)**

remaining useful lives of these assets, which resulted in a reduction to depreciation expense of \$23.5 million in 2014. Buildings and improvements are depreciated over estimated useful lives of 5 to 84 years, and equipment and land improvements over 3 to 40 years.

For property and equipment under capital lease, amortization is determined over the shorter period of the lease term or the estimated useful life of the property and equipment. Interest cost incurred during the period of construction of major capital projects is capitalized as a component of the cost of acquiring those assets. Capitalized interest of \$44.7 million and \$30.4 million was recorded in fiscal years 2014 and 2013, 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 income or loss on the equity method investments is recorded in the consolidated statements of operations as changes in equity of unconsolidated organizations.

#### **Intangible Assets and Goodwill**

Intangible assets are comprised primarily of trade names, which are amortized over the estimated useful lives ranging from 10 to 25 years using the straight-line method. Amortization expense of \$7.9 million and \$5.2 million was recorded in 2014 and 2013, respectively. It is estimated that intangible asset amortization expense over the next five years will be \$10.0 million per year.

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 generally estimated 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

Catholic Health Initiatives  
Notes to Consolidated Financial Statements (continued)

**1. Summary of Significant Accounting Policies (continued)**

value as the implied fair value of goodwill. As a result of its impairment testing in fiscal year 2014, CHI determined that the implied fair value of one of its MBO's goodwill was less than the carrying value. A goodwill impairment charge of \$15.0 million is reflected in the consolidated statements of operations for fiscal year 2014.

The changes in the carrying amount of goodwill and intangibles is as follows (in thousands):

	<b>2014</b>	<b>2013</b>
Intangible assets, beginning of year	\$ 97,684	\$ 52,834
Current year acquisitions	<b>130,124</b>	43,600
Purchase price allocation adjustments for prior year's acquisitions and other adjustments	<b>(11,970)</b>	1,250
Intangible assets, end of year	<b>215,838</b>	97,684
Accumulated amortization, beginning of year	(25,467)	(20,297)
Intangible amortization expense	<b>(7,931)</b>	(5,254)
Other adjustments	<b>8,169</b>	84
Accumulated amortization, end of year	<b>(25,229)</b>	(25,467)
Intangible assets, net	<b>190,609</b>	72,217
Goodwill, beginning of year	292,534	130,343
Current year acquisitions	<b>16,725</b>	146,142
Impairments	<b>(15,040)</b>	–
Purchase price allocation adjustments for prior year's acquisitions and other adjustments	<b>68,634</b>	16,049
Goodwill, end of year	<b>362,853</b>	292,534
Total intangible assets and goodwill, net	<b>\$ 553,462</b>	\$ 364,751

Intangible assets and goodwill increased during fiscal year 2014, due to the various acquisitions discussed in Note 4, *Acquisitions, Affiliations and Divestitures*. During fiscal year 2014, certain adjustments to the 2013 purchase price allocations were recorded to intangible and goodwill, including the correction to the values assigned to various CHI St. Luke Medical Center buildings, resulting in a \$78.5 million increase in goodwill.

## Catholic Health Initiatives

### Notes to Consolidated Financial Statements (continued)

#### **1. Summary of Significant Accounting Policies (continued)**

##### **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, 2014 and 2013, include balances from Bethesda Hospital, Inc (Bethesda), the non-CHI joint operating agreement (JOA) partner in the Cincinnati, Ohio JOA.

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

	<b>2014</b>	<b>2013</b>
Total notes receivable from related entities	\$ 175,466	\$ 188,275
Reinsurance recoverable on unpaid losses and loss adjustment expense	29,109	71,801
Deferred compensation assets	51,684	41,014
Other long-term assets	244,627	129,798
<b>Total notes receivable and other</b>	<b>\$ 500,886</b>	<b>\$ 430,888</b>

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, 2014 and 2013.

##### **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.

## Catholic Health Initiatives

### Notes to Consolidated Financial Statements (continued)

#### **1. Summary of Significant Accounting Policies (continued)**

Unconditional promises to receive cash and other assets are reported at fair value at the date the promise is received. Conditional promises and indications of donors' intentions to give are reported at fair value at the date the conditions are met or the gifts are received. All unrestricted contributions are included in the excess of revenue over expenses as donation revenues. Other gifts are reported as either temporarily or permanently restricted if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, 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, gains/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. Any infrequent and nonreciprocal contribution that CHI would make to enter a new market community or to expand upon existing affiliations is also classified as nonoperating.

## Catholic Health Initiatives

### Notes to Consolidated Financial Statements (continued)

#### **1. Summary of Significant Accounting Policies (continued)**

##### **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 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 \$255.2 million and \$320.7 million in 2014 and 2013, respectively, for continuing operations, and \$1.9 million and \$2.0 million in 2014 and 2013, respectively, for discontinued operations. The decline in charity care provided was due primarily to changes in payor mix as a result of the Affordable Care Act.

##### **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, electronic health records incentive 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, premium revenues, and revenues from other miscellaneous sources.

##### **Derivative and Hedging Instruments**

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

## Catholic Health Initiatives

### Notes to Consolidated Financial Statements (continued)

#### **1. Summary of Significant Accounting Policies (continued)**

##### **Functional Expenses**

CHI provides health care services, including 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 6.2% and 4.5% in 2014 and 2013, respectively.

##### **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 goodwill impairments in 2014, and certain property and equipment impairments in both 2014 and 2013, to the extent that the fair values (estimated based upon discounted cash flows – Level 3 inputs) of those assets were less than the underlying carrying values.

During the years ended June 30, 2014 and 2013, CHI recorded total charges of \$117.5 million and \$155.3 million, respectively, relating to asset and goodwill impairments, and changes in business operations, including reorganization and severance costs. Of this amount, \$117.5 million and \$59.3 million were from continuing operations and reported in the consolidated statements of operations for 2014 and 2013, respectively, and \$96.0 million was reported as discontinued operations in the consolidated statements of changes in net assets for 2013. No restructuring or impairment was recorded in 2014, for the discontinued operations.

##### **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.

## Catholic Health Initiatives

### Notes to Consolidated Financial Statements (continued)

#### **1. Summary of Significant Accounting Policies (continued)**

##### **Use of Estimates**

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

##### **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 \$39.1 million and \$32.5 million of Medicare meaningful use revenues and \$18.0 million and \$8.2 million of Medicaid meaningful use revenues in its consolidated statements of operations for fiscal year 2014 and 2013, respectively.

#### **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

## Catholic Health Initiatives

### Notes to Consolidated Financial Statements (continued)

#### **2. Community Benefit (Unaudited) (continued)**

beneficiaries of Medicaid and other indigent public programs, services such as free clinics and meal programs for which a patient is not billed or for which a nominal fee has been assessed, and cash and in-kind donations of equipment, supplies or staff time volunteered on behalf of the community

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

	<b>2014</b>	<b>2013</b>
Cost of community benefit		
Cost of charity care provided	\$ 255,157	\$ 320,666
Unpaid cost of public programs, Medicaid, and other indigent care programs	453,386	289,436
Non-billed services	28,242	36,237
Cash and in-kind donations	4,084	3,904
Education research	102,081	48,186
Other benefit	62,263	55,427
Total cost of community benefit from continuing operations	<b>905,213</b>	753,856
Total cost of community benefit from discontinued operations	4,664	8,095
Total cost of community benefit	<b>909,877</b>	761,951
Unpaid cost of Medicare from continuing operations	776,417	392,485
Unpaid cost of Medicare from discontinued operations	16,445	27,055
Total unpaid cost of Medicare	<b>792,862</b>	419,540
Total cost of community benefit and the unpaid cost of Medicare	<b>\$ 1,702,739</b>	\$ 1,181,491

## 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 2014 and 2013, CHI received \$40 million and \$283 million, respectively, in funds used to subsidize charity care provided.

The total cost of community benefit from continuing and discontinued operations was 6.4% and 6.8% of total expenses before operating expenses related to restructuring, impairment and other losses in 2014 and 2013, respectively. The total cost of community benefit and the unpaid cost of Medicare from continuing and discontinued operations was 12.1% and 10.5% of total expenses before operating expenses related to restructuring, impairment and other losses in 2014 and 2013, 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, 2014 and 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. CHI's interests in the JOCs are included in investments in unconsolidated organizations and totaled \$199.4 million and \$103.2 million at June 30, 2014 and 2013, respectively. CHI recognizes its investment in all JOCs under the equity method of accounting. The JOCs provide varying levels of services to the related JOA sponsors, and operating expenses of the JOCs are allocated to each sponsoring organization. The JOCs had total assets of \$607.7 million and \$483.9 million at June 30, 2014 and 2013, respectively, and net assets of \$347.2 million and \$160.9 million, respectively.

## Catholic Health Initiatives

### Notes to Consolidated Financial Statements (continued)

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

#### **Investments in Unconsolidated Organizations**

**Conifer Health Solutions (Conifer)** – As of June 30, 2014 and 2013, CHI holds a \$19.3 million cost method investment in Conifer, acquired as part of an 11-year agreement with Conifer where Conifer provides revenue cycle services for CHI acute care operations. The agreement allows CHI to earn shares in Conifer as transition and other activities are completed, and such shares will be issued at specified future dates. As of June 30, 2014 and 2013, CHI has met certain transition milestones and has earned the right to additional future shares valued at \$64.5 million and \$19.1 million, respectively, which are reflected in notes receivable and other in the accompanying consolidated balance sheets. This earned value will be amortized as an offset to revenue cycle service fees paid to Conifer over the life of the agreement.

**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 \$60.5 million and \$56.0 million at June 30, 2014 and 2013, respectively. PPIC had net assets of \$224.8 million and \$208.0 million at December 31, 2013 and 2012, respectively.

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

	2014								
	Outpatient			Hospital					
	Medical Office Buildings	and Diagnostic Services	Ambulatory Surgery Centers	Physician Practices	Based Services	ACO/CCO /CIN	Other Investees	Total	
Total assets	\$ 17,593	\$ 270,241	\$ 71,266	\$ 31,985	\$ 119,181	\$ 96,337	\$ 147,363	\$ 753,966	
Total debt	14,906	11,707	11,117	13,552	24,605	30,554	22,970	129,411	
Net assets	2,560	204,956	49,572	14,839	87,064	65,784	90,145	514,920	
Net patient services revenues	–	254,294	151,907	41,686	100,253	–	127,268	675,408	
Total revenues, net	2,674	349,029	152,301	44,498	83,719	149,695	188,845	970,761	
(Deficit) excess of revenues over expenses	(54)	26,614	39,951	4,031	22,993	10,262	14,251	118,048	

## Catholic Health Initiatives

### Notes to Consolidated Financial Statements (continued)

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

	2013							
	Medical Office Buildings	Outpatient and Diagnostic Services	Ambulatory Surgery Centers	Physician Practices	Hospital Based Services	ACO/CFO /CIN	Other Investees	Total
Total assets	\$ 34,746	\$ 265,568	\$ 65,084	\$ 28,697	\$ 115,036	\$ 50,623	\$ 110,002	\$ 669,756
Total debt	33,106	24,408	11,998	12,535	27,605	14,534	18,335	142,521
Net assets	1,414	195,874	44,996	8,758	71,752	36,090	64,958	423,842
Net patient services revenues	—	260,204	138,577	34,197	95,749	—	72,165	600,892
Total revenues, net	6,309	353,484	142,775	37,065	95,161	51,767	163,511	850,072
Excess of revenues over expenses	872	34,633	44,385	4,241	18,296	3,314	7,806	113,547

### **4. Acquisitions, Affiliations and Divestitures**

The following table is a summary of the business combinations that occurred in fiscal year 2014 (in thousands)

Fiscal year 2014	CHI St. Harrison					Hot Springs		Memorial		Other		Total	
	Harrison	Luke's/Baylor	Hot Springs	Memorial	Other	Total							
Purchase consideration													
Cash	\$ —	\$ —	\$ 59,650	\$ —	\$ 3,759	\$ 63,409							
Equity interest in acquisition	—	—	—	—	—	—							
Gain on business combinations	289,030	—	61,839	53,245	17,841	421,955							
Noncontrolling interest	—	298,725	—	—	—	298,725							
	<b>\$ 289,030</b>	<b>\$ 298,725</b>	<b>\$ 121,489</b>	<b>\$ 53,245</b>	<b>\$ 25,071</b>	<b>\$ 787,560</b>							

Fiscal year 2014	CHI St. Harrison					Hot Springs		Memorial		Other		Total	
	Harrison	Luke's/Baylor	Hot Springs	Memorial	Other	Total							
Purchase price allocation													
Cash and investments	\$ 217,515	\$ —	\$ 79	\$ 78,798	\$ 37,333	\$ 333,725							
Patient and other accounts receivable	50,556	—	—	21,254	4,638	76,448							
Other current assets	11,780	63,200	6,010	7,231	3,269	91,490							
Property and equipment	199,127	215,800	126,225	125,863	5,309	672,324							
Intangible assets	21,028	79,000	—	2,000	6,096	108,124							
Goodwill	—	16,725	—	—	—	16,725							
Other assets	8,883	—	133	1,338	3,143	13,497							
Current liabilities	(65,858)	—	(4,019)	(21,734)	(10,481)	(102,092)							
Pension liability	(19,349)	—	—	—	—	(19,349)							
Other liabilities	(9,178)	(76,000)	—	(22,391)	(23,214)	(130,783)							
Debt	(120,122)	—	(6,939)	(118,266)	(1,022)	(246,349)							
Restricted net assets	(5,352)	—	—	(20,848)	—	(26,200)							
	<b>\$ 289,030</b>	<b>\$ 298,725</b>	<b>\$ 121,489</b>	<b>\$ 53,245</b>	<b>\$ 25,071</b>	<b>\$ 787,560</b>							

## Catholic Health Initiatives

### Notes to Consolidated Financial Statements (continued)

#### **4. Acquisitions, Affiliations and Divestitures (continued)**

**Harrison Medical Center** – Effective August 1, 2013, Harrison Medical Center (Harrison) was acquired by CHI for no consideration, resulting in the recognition of a \$289 0 million gain calculated as the fair value of assets acquired and liabilities assumed determined based upon Level 3 inputs including estimated future cash flows and probability-weighted performance assumptions 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 Excluding the contribution gain, Harrison reported \$369 8 million in operating revenues and \$33 9 million of excess of revenues over expenses in the CHI consolidated results of operations for the period August 1, 2013 through June 30, 2014

**Mercy Hot Springs** – Effective April 1, 2014, Mercy Health based in St Louis, Missouri, transferred ownership of its Hot Springs, Arkansas facility, including its hospital and physician clinic (Mercy Hot Springs), to CHI for net proceeds of \$59 7 million A \$61 8 million gain was recognized, calculated as the fair value of assets acquired and liabilities assumed, determined based upon Level 3 inputs including estimated future cash flows and probability-weighted performance assumptions, less consideration paid Mercy Hot Springs is a 282-bed acute care hospital, providing an emergency department with a Level 2 Trauma Center designation, a 90-physician clinic organization and a comprehensive range of medical services Excluding the contribution gain, Mercy Hot Springs reported \$63 7 million in operating revenues and \$2 2 million of deficit of revenues over expenses in the CHI consolidated results of operations for the period April 1, 2014 through June 30, 2014

**Memorial Health System of East Texas** – Effective June 1, 2014, Memorial Health System of East Texas (Memorial) was acquired by CHI for no consideration, resulting in the recognition of a \$53 2 million gain calculated as the fair value of assets acquired and liabilities assumed determined based upon Level 3 inputs including estimated future cash flows and probability-weighted performance assumptions Memorial is a private, nonprofit hospital system with hospitals in Lufkin, Livingston and San Augustine, Texas Excluding the contribution gain, Memorial reported \$16 2 million in operating revenues and \$0 8 million of deficiency of revenues over expenses in the CHI consolidated results of operations for the period June 1, 2014 through June 30, 2014

**CHI St. Luke's/Baylor College of Medicine** – Effective on January 1, 2014, CHI St Luke's Medical Center (CHI St Luke's) acquired certain assets of Baylor College of Medicine (Baylor) in exchange for a 35% noncontrolling interest in the combined operations of certain of the operations of CHI St Luke's The parties have agreed to build and operate a new, acute care,

## Catholic Health Initiatives

### Notes to Consolidated Financial Statements (continued)

#### **4. Acquisitions, Affiliations and Divestitures (continued)**

open-staff hospital on Baylor's McNair Campus and to share in the operations 65% by CHI St Luke's and 35% by Baylor CHI St Luke's and Baylor also entered into an academic affiliation agreement whereby Baylor will provide certain clinical programs and services to certain of the CHI St Luke's hospital facilities

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

	<b>St. Luke's</b>	<b>Highline</b>	<b>UMC</b>	<b>Alegent</b>	<b>Total</b>
<b>Fiscal year 2013</b>					
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 combinations	–	55,436	–	20,989	76,425
	<b>\$ 1,260,000</b>	<b>\$ 55,436</b>	<b>\$ 217,709</b>	<b>\$ 608,623</b>	<b>\$ 2,141,768</b>

	<b>St. Luke's</b>	<b>Highline</b>	<b>UMC</b>	<b>Alegent</b>	<b>Total</b>
<b>Fiscal year 2013</b>					
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)
	<b>\$ 1,260,000</b>	<b>\$ 55,436</b>	<b>\$ 217,709</b>	<b>\$ 608,623</b>	<b>\$ 2,141,768</b>

## Catholic Health Initiatives

### Notes to Consolidated Financial Statements (continued)

#### **4. Acquisitions, Affiliations and Divestitures (continued)**

**CHI 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 CHI 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 Level 3 inputs including estimated future cash flows and probability-weighted performance assumptions. Highline is a 154-bed acute care hospital based in Burien, Washington. Excluding the contribution gain, Highline reported \$48.3 million in operating revenues and \$2.6 million in deficiency 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 (a CHI MBO), 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. The fair value of the contingent consideration is adjusted annually by management and is based on Level 3 inputs including estimated future cash flows and probability-weighted performance assumptions, all discounted to net present value. Changes in any of the unobservable inputs alone or together would result in a lower (higher) fair value measurement. The fair value of the commitment based on significant unobservable inputs (Level 3) was \$203.2 million at June 30, 2014, compared to an acquisition date value of \$217.7 million. 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.

## Catholic Health Initiatives

### Notes to Consolidated Financial Statements (continued)

#### **4. Acquisitions, Affiliations and Divestitures (continued)**

**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. Upon CHI becoming the sole sponsor of Alegent in November 2012, CHI also recognized a \$21.0 million gain in fiscal year 2013, due to the remeasurement of CHI's interest in the Alegent JOC. Such gain is reflected in other nonpatient revenues in the consolidated statements of operations.

On an unaudited pro forma basis, had CHI owned or been party to agreements with Harrison, Hot Springs and Memorial at the beginning of fiscal year 2014, these entities would have contributed \$1.2 billion in operating revenues and \$415.9 million of excess of revenues over expenses. Had CHI owned or been party to agreements with Harrison, Hot Springs, Memorial, St. Luke's, Highline, University Medical Center and Alegent at the beginning of fiscal year 2013, these entities would have contributed \$3.6 billion in operating revenues and \$190.6 million in excess of revenues over expenses. 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.

#### **Texas Heart Institute Affiliation**

Effective on January 1, 2014, CHI and Texas Heart Institute (THI) entered into a ten-year affiliation agreement to further develop research, education and patient care opportunities to reduce the toll of cardiovascular disease. Over the term of the agreement, CHI has committed to fund various programs sponsored by THI. The present value of these commitments was \$96.1 million as of the affiliation agreement date, of which \$74.1 million was recorded in fiscal year 2014, as other nonoperating (losses) gains in the consolidated statements of operations. As part of the valuation, CHI recorded \$22 million in trade name intangibles, which will be amortized over the life of the agreement.

## Catholic Health Initiatives

### Notes to Consolidated Financial Statements (continued)

#### **4. Acquisitions, Affiliations and Divestitures (continued)**

##### **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 in fiscal year 2015. 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 Healthcare Services for \$100.0 million. The transaction is subject to governmental and Church approvals and is expected to close in fiscal year 2015. 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 \$14.8 million and \$108.6 million for the years ended June 30, 2014 and 2013, 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 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).

	<b>2014</b>	<b>2013</b>
Total operating revenues	\$ 296,267	\$ 464,809
Total operating expenses	(314,035)	(485,949)
Restructuring and other losses	—	(95,924)
Nonoperating gains	3,000	8,470
Deficiency of revenues over expenses	<b><u>\$ (14,768)</u></b>	<b><u>\$ (108,594)</u></b>

## Catholic Health Initiatives

### Notes to Consolidated Financial Statements (continued)

#### **4. Acquisitions, Affiliations and Divestitures (continued)**

The consolidated statements of cash flows include the use of \$18.5 million and \$24.9 million of operating, investing and financing activities related to discontinued operations for the years ended June 30, 2014 and 2013, 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 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.

## Catholic Health Initiatives

### Notes to Consolidated Financial Statements (continued)

#### 5. Net Patient Services Revenues (continued)

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

	<b>2014</b>	<b>2013</b>
Medicare	<b>32%</b>	32%
Medicaid	<b>8</b>	8
Managed care	<b>41</b>	40
Self-pay	<b>8</b>	8
Commercial and other	<b>11</b>	12
	<b>100%</b>	100%

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 \$117.4 million and \$103.0 million at June 30, 2014 and 2013, respectively, are included in third-party liabilities. Net patient services revenues from continuing operations increased by \$63.2 million in 2014 and \$38.3 million in 2013 due to favorable changes in estimates related to prior-year settlements.

#### 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)

	<b>2014</b>	<b>2013</b>
Cash and equivalents	\$ 433,606	\$ 244,077
CHI Investment Program	5,814,893	4,911,135
Marketable equity securities	390,751	858,537
Marketable fixed-income securities	463,036	773,069
Hedge funds and other investments	63,974	323,885
	<b>7,166,260</b>	7,110,703
Less current portion	(24,732)	(11,697)
	<b>\$ 7,141,528</b>	\$ 7,099,006

## Catholic Health Initiatives

### Notes to Consolidated Financial Statements (continued)

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

Net unrealized gains in investments and assets limited to use at June 30, 2014 and 2013, were \$668.6 million and \$297.3 million, respectively

CHI attempts to reduce its market risk by diversifying its investment portfolio using cash equivalents, fixed-income securities, marketable equity securities and alternative investments. Most of the U.S. Treasury, 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 and funds of funds), 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.

The majority of 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% of total Program assets at June 30, 2014 and 2013.

## 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

	<b>2014</b>	<b>2013</b>
Marketable equity securities	<b>44%</b>	43%
Marketable fixed-income securities	<b>31</b>	32
Alternative investments	<b>23</b>	24
Cash and equivalents	<b>2</b>	1
	<b>100%</b>	100%

The CHI Finance Committee (the Committee) of the Board of Stewardship Trustees is responsible for determining asset allocations among fixed-income, equity, and alternative investments. At least annually, the 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)

	<b>2014</b>	<b>2013</b>
Dividend and interest income	\$ 139,612	\$ 142,054
Net realized gains	<b>345,944</b>	262,067
Net unrealized gains	<b>364,692</b>	151,232
Total investment income from continuing operations	<b>\$ 850,248</b>	\$ 555,353
Included in nonpatient revenue	\$ 101,874	\$ 66,529
Included in nonoperating gains	<b>748,374</b>	488,824
Total investment income from continuing operations	<b>\$ 850,248</b>	555,353
Total investment income from discontinued operations	<b>3,000</b>	8,470
Total investment income	<b>\$ 853,248</b>	\$ 563,823

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 inputs) and the lowest priority to unobservable inputs (Level 3 inputs).

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 CHI Investment Program 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)

<b>2014</b>						
	<b>Fair Value Measurements at Reporting Date Using</b>					
	<b>(Level 1)</b>	<b>(Level 2)</b>	<b>(Level 3)</b>	<b>Quoted</b>	<b>Other</b>	<b>Observable</b>
	<b>Fair Value</b>	<b>as of</b>	<b>June 30</b>	<b>Prices in</b>	<b>Active</b>	<b>Unobservable</b>
				<b>Markets</b>	<b>Markets</b>	<b>Inputs</b>
<b>Assets</b>						
Assets limited as to use						
Cash and short-term investments	\$ 433,606	\$ 353,077	\$ 80,529	\$	–	
Marketable equity securities	390,751	390,751		–	–	
Marketable fixed-income securities	463,036	97,433	365,603		–	
Other investments	2,518	–	–		2,518	
Deferred compensation assets						
Cash and short-term investments	13,911	13,911		–	–	
	<u>\$ 1,303,822</u>	<u>\$ 855,172</u>	<u>\$ 446,132</u>	<u>\$</u>	<u>2,518</u>	
<b>Liabilities</b>						
Interest rate swaps	\$ 256,750	\$ –	\$ 256,750	\$	–	
Contingent consideration	203,236	–	–	–	203,236	
Deferred compensation liability	13,911	13,911		–	–	
	<u>\$ 473,897</u>	<u>\$ 13,911</u>	<u>\$ 256,750</u>	<u>\$</u>	<u>203,236</u>	

## Catholic Health Initiatives

### Notes to Consolidated Financial Statements (continued)

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

2013						
Fair Value Measurements at Reporting Date Using						
		(Level 1)	(Level 2)	(Level 3)		
Fair Value	as of	Quoted Prices in Active Markets	Other Observable Inputs	Unobservable Inputs		
	June 30					
<b>Assets</b>						
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>		
<b>Liabilities</b>						
Interest rate swaps	\$ 271,634	\$ —	\$ 271,634	\$ —		
Contingent consideration	205,169	—	—	205,169		
Deferred compensation liability	12,035	12,035	—	—		
	<u>\$ 488,838</u>	<u>\$ 12,035</u>	<u>\$ 271,634</u>	<u>\$ 205,169</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

## Catholic Health Initiatives

### Notes to Consolidated Financial Statements (continued)

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

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 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. The fair value of the contingent liabilities was determined based on estimated future cash flows and probability-weighted performance assumptions, discounted to net present value.

#### **8. Property and Equipment**

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

	<b>2014</b>	<b>2013</b>
Land and improvements	\$ 672,103	\$ 596,548
Buildings and improvements	6,880,281	6,399,345
Equipment	<u>5,193,465</u>	4,612,302
	12,745,849	11,608,195
Less accumulated depreciation	<u>(5,494,054)</u>	(5,009,102)
	7,251,795	6,599,093
Construction in progress	<u>1,690,725</u>	1,187,147
	\$ 8,942,520	\$ 7,786,240

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 2014 and 2013, to the extent that the undiscounted cash flows estimated to be generated by certain assets were less than the underlying carrying value. CHI recorded \$59.6 million and \$4.9 million in impairment losses in continuing operations for 2014 and 2013, 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,		
	2014	2014	2013
<b>CHI debt issued under the COD</b>			
Variable-rate Bonds			
Series 1997B, maturing through 2022	0.12%	\$ 7,700	\$ 9,200
Series 2000B, maturing 2027	0.10	22,700	24,000
Series 2002B, maturing 2032	0.10	94,700	97,800
Series 2004B, maturing through 2044	0.05–0.11	180,700	180,700
Series 2004C, maturing through 2044	0.04–0.07	163,300	163,300
Series 2008A, maturing 2036	0.11	120,225	120,260
Series 2008C, maturing 2041	0.1	50,000	50,000
Series 2011B, maturing 2046	0.06	158,155	158,155
Series 2011C, maturing 2046	0.1	121,000	123,000
Series 2013B, maturing 2035	0.06	200,000	–
Series 2013C, maturing 2023	0.11	100,000	–
Series 2013E Taxable, maturing 2045	0.15	125,000	–
Series 2013F Taxable, maturing 2045	0.15	75,000	–
Fixed-rate Bonds			
Series 2002A, maturing 2017	5.5	2,615	3,400
Series 2004A, maturing through 2034	4.75–5.0	146,605	146,605
Series 2006A, maturing 2041	4.0–5.0	270,635	270,635
Series 2006C, maturing through 2041	3.85–5.1	250,000	250,000
Series 2008C, maturing through 2041	4.0–4.1	105,000	105,000
Series 2008D, maturing through 2038	5.0–6.38	471,450	471,450
Series 2009A, maturing 2039	3.75–5.25	724,140	748,760
Series 2009B, maturing through 2039	4.0–5.25	217,720	252,360
Series 2011A, maturing 2041	3.25–5.25	486,090	506,090
Series 2012A, maturing 2035	4.0–5.0	268,980	271,260
Series 2012 Taxable, maturing 2042	1.6–4.35	1,500,000	1,500,000
Series 2013A, maturing 2045	5.0–5.75	600,600	–
Series 2013D Taxable, maturing 2023	2.6–4.2	540,000	–
Commercial Paper		482,362	442,475
Unamortized debt premium		55,660	59,538
Unamortized debt discount		(24,839)	(11,192)
<b>Total CHI debt issued under the COD</b>		<b>7,515,498</b>	<b>5,942,796</b>

## Catholic Health Initiatives

### Notes to Consolidated Financial Statements (continued)

#### **9. Debt Obligations (continued)**

	<b>Interest Rates at June 30, 2014</b>		<b>2014</b>	<b>2013</b>
	2014	2013		
<b>St. Luke's debt issued under Master Trust Indenture</b>				
Variable-rate Bonds				
Series 2005	—	132.600		
Series 2008	—	100.000		
Series 2012	—	150.220		
Fixed-rate Bonds Series 2009	—	150.798		
Unsecured Bank Notes	—	99.798		
Total St. Luke's debt issued under Master Trust Indenture	<hr/> —	<hr/> 633.416		
Note payable issued to Episcopal Health Foundation	230,225	260.000		
Capital leases	204,291	106.899		
Other debt	<b>429,248</b>	<b>462.946</b>		
	<hr/> <b>8,379,262</b>	<hr/> 7,406.057		
Less Amounts classified as current				
Variable-rate debt with self-liquidity	(521,455)	(321.455)		
Commercial paper and current portion of debt	<b>(711,408)</b>	<b>(749.617)</b>		
Long-term debt	<hr/> <b>\$ 7,146,399</b>	<hr/> \$ 6,334.985		

The fair value of debt obligations was approximately \$8.6 billion at June 30, 2014. Management has determined the carrying values of the variable-rate bonds are representative of fair values as of June 30, 2014, 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, 2014, 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 (Level 2 inputs).

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

Year ending June 30	<b>Amounts Due</b>
2015	\$ 711,408
2016	248,420
2017	123,497
2018	404,908
2019	410,543

Catholic Health Initiatives  
Notes to Consolidated Financial Statements (continued)

## **9. Debt Obligations (continued)**

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.

During the second quarter of fiscal year 2014, CHI issued \$900.6 million of par value tax exempt bonds and \$740.0 million of par value taxable bonds. Of the total proceeds, \$881.8 million was used to redeem various St. Luke's bonds and bank notes, Harrison bonds, and Highline bonds, resulting in a total loss on defeasance of \$10.0 million.

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.

As a result of redeeming the various St. Luke's obligations, the St. Luke's Health System Obligated Group and Master Trust Indenture were dissolved. Prior to December 31, 2013, St. Luke's had been a member of the St. Luke's Health System Obligated Group, and together with various of its consolidated subsidiaries, were the obligors under each of the St. Luke's bond issues. Obligated Group members were jointly and severally obligated to pay the notes issued under the Master Trust Indenture. Notes issued under the Master Trust Indenture were equally and ratably secured by a pledge of the accounts receivable of St. Luke's Medical Center and St. Luke's Woodlands Hospital.

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.

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 \$897.0 million and \$605.0 million at June 30, 2014 and 2013, respectively, of which \$8.2 million and \$7.9 million, respectively, are classified as current debt. The remaining

## Catholic Health Initiatives

### Notes to Consolidated Financial Statements (continued)

#### **9. Debt Obligations (continued)**

\$888 8 million and \$597 1 million at June 30, 2014 and 2013, 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

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 \$420 0 million and \$390 0 million at June 30, 2014 and 2013, respectively. At June 30, 2014 and 2013, respectively, \$482 4 million and \$442 5 million of commercial paper were classified as current due to maturities of less than one year, and \$521 5 million and \$321 5 million, respectively, of VRDBs and Windows variable-rate bonds (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, 2014, CHI had a \$55 0 million credit facility with Bank of New York Mellon Letters of credit totaling \$47 6 million have been issued for the benefit of third parties, principally in support of the self-insurance programs administered by FII. At June 30, 2014 and 2013, no amounts were outstanding under this credit facility

CHI was a party to 13 floating-to-fixed interest rate swap agreements with notional amounts totaling \$1 4 billion and \$1 6 billion at June 30, 2014 and 2013, 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 CHI'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 2025 to 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, 2014 and 2013, the fair value was \$256 7 million and \$271 6 million, respectively.

During fiscal year 2014, a change in CHI's debt ratings resulted in an increase to its cash collateral postings. Cash collateral balances of \$130 5 million and \$107 5 million at June 30, 2014 and 2013, 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 \$10 2 million and \$98 9 million in 2014 and 2013, respectively.

## Catholic Health Initiatives

### Notes to Consolidated Financial Statements (continued)

#### **10. Retirement Plans**

The non-contributory, defined benefit retirement plans (Retirement Plans) sponsored by CHI and its direct affiliates were frozen as of December 31, 2013. Benefits earned by employees through December 31, 2013, will remain in the Retirement Plans, and employees will continue to receive interest credits and, if applicable, vesting credits. Beginning January 1, 2014, CHI introduced a new 401(k) Retirement Savings Plan – see *CHI 401(k) Retirement Savings Plan* below for additional information.

Benefits in the Retirement Plans are based on compensation, retirement age and years of service. Vesting occurs over a five-year period. Substantially all of the Plans are qualified as church plans and are exempt from certain provisions of both the Employee Retirement Income Security Act and Pension Benefit Guaranty Corporation premiums and coverage. Funding requirements are determined through consultation with independent actuaries.

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

During fiscal year 2014 and 2013, CHI acquired the pension plan assets and liabilities of Harrison and Memorial, and Alegent and CHI St. Luke's (the Acquired plans), respectively, which are included below.

## 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)

	<b>2014</b>	<b>2013</b>
Change in benefit obligation		
Benefit obligation, beginning of year	\$ 3,877,485	\$ 3,601,231
Service cost	106,484	205,037
Interest cost	177,859	151,763
Actuarial loss (gain)	412,995	(170,282)
Acquired plans	165,506	387,189
Transfers	(3,728)	–
Curtailments	(267)	(134,233)
Settlements	(30,821)	(17,931)
Benefits paid	(230,258)	(144,838)
Expenses paid	(1,626)	(451)
Benefit obligation, end of year	<u>4,473,629</u>	<u>3,877,485</u>
Change in the Plans' assets		
Fair value of the Plans' assets, beginning of year	3,404,633	2,708,411
Actual return on the Plans' assets, net of expenses	575,358	309,522
Employer contributions	123,763	203,564
Acquired plans	139,480	346,273
Transfers	(3,528)	–
Settlements	(30,551)	(17,848)
Benefits paid	(230,258)	(144,838)
Expenses paid	(1,626)	(451)
Fair value of the Plans' assets, end of year	<u>3,977,271</u>	<u>3,404,633</u>
Funded status of the Plans	<u><u>\$ (496,358)</u></u>	<u><u>\$ (472,852)</u></u>
End-of-year values		
Projected benefit obligation	\$ 4,473,629	\$ 3,877,485
Accumulated benefit obligation	4,467,063	3,844,708

## Catholic Health Initiatives

### Notes to Consolidated Financial Statements (continued)

#### **10. Retirement Plans (continued)**

During fiscal year 2014 and 2013, the Plans experienced two curtailment events. Plan design changes for certain Plans resulted in future service reductions in fiscal year 2014, and employee transitions in fiscal year 2013 resulted in an adjustment to the benefit obligation as of June 30, 2013.

Included in net assets at June 30, 2014, are unrecognized actuarial losses of \$772.7 million that have not yet been recognized in net periodic pension cost. The actuarial losses included in net assets and expected to be recognized in net periodic pension cost during the fiscal year ending June 30, 2015, is \$42.0 million.

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

	<b>2014</b>	<b>2013</b>
Components of net periodic pension expense		
Service cost	\$ 106,484	\$ 205,037
Interest cost	177,859	151,763
Expected return on the Plans' assets	(247,121)	(220,236)
Actuarial losses	32,733	91,606
Amortization of prior service benefit	78	174
Curtailments	296	367
Settlements	301	45
	<hr/> <b>\$ 70,630</b>	<hr/> <b>\$ 228,756</b>
Weighted-average assumptions		
Discount rate, beginning of year	4.58%	4.06%
Discount rate, end of year	4.15	4.58
Expected return on Plans' assets	7.60	7.75
Rate of compensation increase	n/a	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 7.60% in 2014 and 7.75% in 2013. The decrease in the discount rate to 4.15% at June 30, 2014, increased the pension benefit obligation by approximately \$283.3 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

	2014	2013	Target	Range
Fixed-income securities	<b>33.5%</b>	25.6%	27.5%	17.5–37.5%
Equity securities	<b>47.0</b>	55.1	50.0	40.0–60.0
Alternative investments	<b>19.5</b>	19.3	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. Alternative investments of \$234 million are illiquid and not available for redemption at the Plans' request.

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

	2014			
	Fair Value Measurements at Reporting Date Using			
	Fair Value as of June 30	(Level 1) Quoted Prices in Active Markets	(Level 2) Other Observable Inputs	(Level 3) Unobservable Inputs
Cash and short-term investments	\$ 223,904	\$ 201,206	\$ 22,698	\$ –
Marketable equity securities	1,634,181	1,630,703	3,478	–
Marketable fixed-income securities	1,371,165	324,247	943,170	103,748
Alternative investments	748,021	–	–	748,021
	<b>\$ 3,977,271</b>	<b>\$ 2,156,156</b>	<b>\$ 969,346</b>	<b>\$ 851,769</b>

## Catholic Health Initiatives

### Notes to Consolidated Financial Statements (continued)

#### **10. Retirement Plans (continued)**

	2013			
	Fair Value Measurements at Reporting Date Using			
	Fair Value as of June 30	(Level 1) Quoted Prices in Active Markets	(Level 2) Other Observable Inputs	(Level 3) Unobservable 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
	<u>\$ 3,404,633</u>	<u>\$ 2,038,280</u>	<u>\$ 709,159</u>	<u>\$ 657,194</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)

	2014	2013
Beginning investments at fair value	\$ 657,194	\$ 505,720
Purchases of investments	189,680	91,868
Proceeds from sale of investments	(70,488)	(47,376)
Net change in unrealized appreciation on investments and effect of foreign currency translation	50,834	12,778
Net realized gains on investments	25,531	25,424
Acquired plan investments	—	53,540
Net transfers (out of) into Level 3	(982)	15,240
Ending investments at fair value	<u>\$ 851,769</u>	<u>\$ 657,194</u>

## Catholic Health Initiatives

### Notes to Consolidated Financial Statements (continued)

#### **10. Retirement Plans (continued)**

CHI expects to contribute \$15.0 million to the Plans in fiscal year 2015. 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>
2015	\$ 235,323
2016	220,122
2017	236,598
2018	245,390
2019	256,854
2020–2024	1,443,265

#### **CHI 401(k) Retirement Savings Plan**

Effective on January 1, 2014, CHI introduced the CHI 401(k) Retirement Savings Plan (401(k) Savings Plan), which replaced the frozen Retirement Plan as an employee retirement benefit. Years of service under the Retirement Plan will automatically transfer to the 401(k) Savings Plan. An employee is fully vested in the plan for employer contributions after three years of service.

As part of the 401(k) Savings Plan, CHI will match 100.0% of the first 1.0% of eligible pay an employee contributes to the plan, and 50.0% of the next 5.0% of eligible pay contributed to the plan, for a maximum employer matching rate of 3.5% of eligible pay. On an annual basis and regardless of whether or not an employee participates in the 401(k) Savings Plan, CHI will also contribute 2.5% of eligible pay to an employee's 401(k) Savings Plan account. This contribution is made if an employee reaches 1,000 hours in the first year of employment or every calendar year thereafter, and is employed on the last day of the calendar year. For the period from January 1 through June 30, 2014, CHI recorded \$80.4 million of expense related to the 401(k) Savings Plan.

Catholic Health Initiatives  
Notes to Consolidated Financial Statements (continued)

## **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 net patient accounts receivable at June 30 approximated the following:

	<b>2014</b>	<b>2013</b>
Medicare	<b>27%</b>	28%
Medicaid	<b>12</b>	10
Managed care	<b>31</b>	31
Self-pay	<b>7</b>	7
Commercial and other	<b>23</b>	24
	<b><u>100%</u></b>	100%

CHI maintains long-term investments with various financial institutions and investment management firms through its investment program, and its policy is designed to limit exposure to any one institution or investment. Management does not believe there are significant concentrations of credit risk at June 30, 2014 and 2013.

## **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

## Catholic Health Initiatives

### Notes to Consolidated Financial Statements (continued)

#### **12. Commitments and Contingencies (continued)**

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.

#### **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 non-cancelable lease terms in excess of one year at June 30, 2014, are as follows (in thousands):

Year ending June 30	<u>Amounts Due</u>
2015	\$ 203,656
2016	136,211
2017	119,885
2018	101,828
2019	79,734
Thereafter	151,073
	<hr/>
	\$ 792,387

Lease expense under operating leases for continuing operations for the years ended June 30, 2014 and 2013, totaled approximately \$285.9 million and \$222.6 million, respectively.

#### **13. Insurance Programs**

FIL, 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

## Catholic Health Initiatives

### Notes to Consolidated Financial Statements (continued)

#### **13. Insurance Programs (continued)**

written provide coverage with primary limits in the amount of \$10 0 million for each and every claim in fiscal years 2014 and 2013, respectively For the policy year July 1, 2013 to July 1, 2014, 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, 2014 and 2013, investments and assets limited as to use held for insurance purposes included \$58 0 million and \$55 0 million, respectively, held as collateral for the reinsurance fronting arrangement with PPIC

FIIL provides workers' compensation coverage, either on a directly written basis or through reinsurance fronting relationships with commercial insurance carriers Coverage of \$350,000 in excess of \$650,000 per claim for the policy year July 1, 2013 to July 1, 2014, and \$500,000 in excess of \$500,000 per claim for the policy year July 1, 2012 to July 1, 2013, is reinsured with an unrelated commercial carrier

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 \$21 3 million and \$48 5 million in 2014 and 2013, 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, 2014 and 2013, to a present value of \$159 1 million and \$151 2 million at June 30, 2014 and 2013, respectively, and represented a discount of \$52 3 million and \$51 3 million in 2014 and 2013, respectively Reserves related to professional liability, employment practices and general liability are not discounted

## Catholic Health Initiatives

### Notes to Consolidated Financial Statements (continued)

#### **13. Insurance Programs (continued)**

FIIL holds \$734.4 million and \$751.9 million of investments held for insurance purposes as of June 30, 2014 and 2013, 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 \$69.7 million and \$51.0 million for unpaid claims and claims adjustment expenses for CHI's self-insured medical plan at June 30, 2014 and 2013, respectively. Those estimates are subject to the effects of trends in loss severity and frequency. Although considerable variability is inherent in such estimates, management believes that the reserves for unpaid losses and loss adjustment expenses are adequate. The estimates are reviewed periodically and, as adjustments to the liability become necessary, such adjustments are reflected in current operations. CHI has stop-loss insurance to cover unusually high costs of care beyond a predetermined annual amount per enrolled participant.

#### **14. Subsequent Events**

CHI's management has evaluated events subsequent to June 30, 2014 through September 17, 2014, 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 2014, CHI entered into a definitive agreement with St. Alexius Medical Center to form a regional, coordinated health system in central and western North Dakota. The affiliation is subject to approvals by state regulatory agencies and is anticipated to close by the end of the calendar year.

Effective in September 2014, CHI entered into a definitive agreement to become the sole sponsor of Sylvania Franciscan Health (SFH), which operates various health ministries in Ohio and Texas. The SFH sponsorship transfer is expected to be complete by the end of the calendar year, subject to board approval, and approval from various federal, state and Church authorities.

# Reports on Federal Award Programs

## 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 and Chief Executive Officer  
Dean Swindle, President Enterprise Business Lines 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, 2014, 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 consolidated financial statements, and have issued our report thereon dated September 17, 2014

### **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.

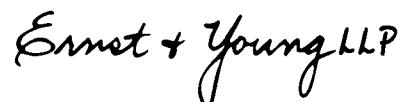
Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not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



September 17, 2014

## 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 and Chief Executive Officer  
Dean Swindle, President Enterprise Business Lines 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, 2014. 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 received \$855,504 in federal awards which is not included in the schedule of expenditures of federal awards during the year ended June 30, 2014. 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, appropriate audit evidence supporting the compliance of Catholic Health Initiatives with CFDA 10 557 Special Supplemental Nutrition Programs for Women, Infants, and Children as described in Finding 2014-001 – Eligibility, consequently we were unable to determine whether Catholic Health Initiatives complied with those requirements applicable to that program.

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

<b>Finding No.</b>	<b>CFDA No.</b>	<b>Program (or Cluster) Name</b>	<b>Compliance Requirement</b>
2014-002	93 889	National Bioterrorism Hospital Preparedness Program	Equipment and Real Property Management

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 Opinions on Major Federal Programs 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, 2014.

***Qualified Opinion on National Bioterrorism Hospital Preparedness Program***

In our opinion, except for the noncompliance described in the Basis for Qualified Opinions on Major Federal Programs 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 the National Bioterrorism Hospital Preparedness Program for the year ended June 30, 2014

***Unmodified Opinion on Each of the Other Major Federal 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 auditor's results section of the accompanying schedule of findings and questioned costs for the year ended June 30, 2014

***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

<b>Finding No.</b>	<b>CFDA No.</b>	<b>Program (or Cluster) Name</b>	<b>Compliance Requirement</b>
2014-003	Various	Research and Development	Allowable Costs/Cost Principles
2014-004	Various	Research and Development	Cash Management
2014-005	93 224	Consolidated Health Centers (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Public Housing Primary Care)	Special Tests and Provisions

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.

<b>Finding No.</b>	<b>CFDA No.</b>	<b>Program (or Cluster) Name</b>	<b>Compliance Requirement</b>
2014-002	93 889	National Bioterrorism Hospital Preparedness Program	Equipment and Real Property Management

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.

<b>Finding No.</b>	<b>CFDA No.</b>	<b>Program (or Cluster) Name</b>	<b>Compliance Requirement</b>
2014-003	Various	Research and Development	Allowable Costs/Cost Principles
2014-005	93 224	Consolidated Health Centers (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Public Housing Primary Care)	Special Tests and Provisions

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, 2014, and have issued our report thereon dated September 17, 2014, 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. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in 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 consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States. In our opinion, the schedule of expenditures of federal awards is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

*Ernst & Young LLP*

March 18, 2015

# Catholic Health Initiatives

## Schedule of Expenditures of Federal Awards

Year Ended June 30, 2014

Federal Grantor/Pass-Through Grantor/Program Title	Federal CFDA Number	Pass-Through Entity Identifying Number	Research & Development Cluster	Other Federal Expenditures	Total Federal Expenditures
<b>U.S. Department of Agriculture</b>					
Pass-Through From					
North Country Community Health Board					
Special Supplemental Nutrition Program for Women Infants and Children	10 557	HE-01661-03	\$	–	\$ 123 296
Washington State Department of Health					
Special Supplemental Nutrition Program for Women Infants and Children	10 557	N1987300	–	68 773	68 773
Seattle – King County Department of Public Health					
Special Supplemental Nutrition Program for Women Infants and Children	10 557	CHS3221	–	228 713	228 713
Washington State Department of Health					
Special Supplemental Nutrition Program for Women Infants and Children	10 557	N20126	–	1 479 884	1 479 884
Total CFD4 10 557			–	1 900 666	1 900 666
Iowa Department of Education					
Child and Adult Care Food Program	10 558	778084	–	35 748	35 748
Pennsylvania Department of Education					
Child and Adult Care Food Program	10 558	300-06-000-1 300-06-556-0	–	41 350	41 350
Total CFD4 10 558			–	77 098	77 098
Washington State Department of Health					
WIC Farmers' Market Nutrition Program (FMNP)	10 572	N20126	–	780	780
<b>Total U.S. Department of Agriculture</b>			–	1 978 544	1 978 544
<b>U.S. Department of Defense</b>					
Department of Defense					
Direct Award					
Military Medical Research and Development	12 420		437 960	–	437 960
Pass-Through From					
American Burn Association					
Military Medical Research and Development	12 420	W81XWH-08-1-0683	7 420	–	7 420
Duke Forest University					
Military Medical Research and Development	12 420	WFUHS 441039 CTA-09	67 177	–	67 177
Total CFD4 12 420			512 557	–	512 557
<b>Total U.S. Department of Defense</b>			512 557	–	512 557
<b>U.S. Department of Housing and Urban Development</b>					
Pass-Through From					
Lancaster County Redevelopment Authority					
Community Development Block Grants Entitlement Grants	14 218		–	14 876	14 876
City of Des Moines					
Supportive Housing Program	14 235	IA0037L7D021205	–	503 483	503 483
Total U.S. Department of Housing and Urban Development		IA0038L7D021205	–	518 359	518 359
<b>U.S. Department of Justice</b>					
Pass-Through From					
Colorado Department of Public Safety					
Division of Criminal Justice					
Violence Against Women Formula Grants	ARRA-16 588	12-VW-5-14 12-VW-17-32 13-VW-5-13 11-VW-17-39	–	93 941	93 941
<b>Total U.S. Department of Justice</b>			–	93 941	93 941

## 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
<b>U.S. Department of Transportation</b>					
Pass-Through From					
Highway Safety Cluster					
<i>Minnesota Department of Public Safety</i>					
State and Community Highway Safety	20 600	3-13785	\$	-	\$ 776
<i>Nebraska Office of Highway Safety</i>					
State and Community Highway Safety	20 600	47-0379755	-	3 680	3 680
<i>Minnesota Department of Public Safety</i>					
Occupant Protection Incentive Grants	20 602	SAFE13-2013-ST10EHEALTH-000038	-	3 063	3 063
<i>Nebraska Office of Highway Safety</i>					
Occupant Protection Incentive Grants	20 602	405-14-12-06 405-14-12-02	-	9 956	9 956
<i>Total Highway Safety Cluster</i>			-	17 475	17 475
<b>Total U.S. Department of Transportation</b>				-	17 475
<b>Environmental Protection Agency</b>					
Direct Award					
Surveys, Studies, Research, Investigations					
Demonstrations and Special Purpose Activities					
Relating to the Clean Air Act	66 034	97738001	-	17 983	17 983
<b>Total Environmental Protection Agency</b>				-	17 983
<b>U.S. Department of Education</b>					
Direct Awards					
Student Financial Assistance Cluster					
Federal Supplemental Education Opportunity Grants	84 007		-	46 586	46 586
Federal Work-Study Program	ARR A-84 033		-	10 000	10 000
Federal Pell Grant	ARR A-84 063		-	1 905 918	1 905 918
Federal Direct Student Loans	84 268		-	8 512 928	8 512 928
<i>Total Student Financial Assistance Cluster (direct)</i>			-	10 475 432	10 475 432
Pass-Through From					
<i>Des Moines Public Schools</i>					
Title I Grants to Local Educational Agencies	84 010		-	7 224	7 224
<i>Nebraska Department of Education</i>					
Rehabilitation Services Vocational Rehabilitation					
Grants to States	84 126		-	40 000	40 000
<i>New Jersey Department of Human Services</i>					
Rehabilitation Services Vocational Rehabilitation					
Grants to States	84 126	70013	-	73 500	73 500
<i>Total CFDA 84 126</i>			-	113 500	113 500
<i>The University of Louisville Research Foundation, Inc.</i>					
National Institute on Disability and Rehabilitation Research	84 133	IOIC12-0162Z01	35 145	-	35 145
<i>University of Nebraska Medical Center</i>					
Special Education – Grants for Infants and Families	84 181	94-2810-248-1C4-12 94-2810-248-1C5-13 36-5507-1021-015		11 800	11 800
<b>Total U.S. Department of Education</b>			35 145	10 607 956	10 643 101

## 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
<b>U.S. Department of Health and Human Services</b>					
Direct Awards					
Telehealth Programs	93 211		\$	-	\$ 32 140
Consolidated Health Centers (Community Health Centers					
Migrant Health Centers Health Care for the Homeless					
and Public Housing Primary Care)	93 224			-	1 252 032
Rural Access to Emergency Devices Grant and					
Public Access to Defibrillation Demonstration Grant	93 259			-	133 102
Affordable Care Act (ACA) Nursing Assistant and					
Home Health Aide Program	93 503			-	192 606
Affordable Care Act Initiative to Reduce Avoidable					
Hospitalizations Among Nursing Facility Residents	93 621			-	971 655
Pass-Through From					
Area Agency on Aging of West Central Arkansas					
Special Programs for the Aging Title III Part D Disease					
Prevention and Health Promotion Services	93 043			-	528
Aging Cluster					
Area Agency on Aging of West Central Arkansas					
Special Programs for the Aging Title III Part B Grants					
for Supportive Services and Senior Centers	93 044			-	5 144
Denver Regional Council of Governments					
Special Programs for the Aging Title III Part B Grants					
for Supportive Services and Senior Centers	93 044	EX13031		-	107 815
Total CFD4 93 044				-	112 959
Area Agency on Aging of West Central Arkansas					
Special Programs for the Aging Title III Part C Nutrition Services	93 045			-	33 462
Area Agency on Aging of West Central Arkansas					
Nutrition Services Incentive Program	93 053			-	11 945
Total Aging Cluster (pass-through)				-	158 366
Colorado Division of Insurance					
Special Programs for the Aging Title IV and Title II					
Discretionary Projects	ARRA-93 048	OE SFA 13SM000002		-	6 749
North Country Community Health Board					
Public Health Emergency Preparedness	93 069	47765 65492		-	26 832
Appanoose County Board of Health					
Hospital Preparedness Program (HPP) and Public Health					
Emergency Preparedness (PHEP) Aligned Cooperative Agreements	93 074	5884BT03		-	13 291
Iowa Department of Public Health					
Hospital Preparedness Program (HPP) and Public Health					
Emergency Preparedness (PHEP) Aligned Cooperative Agreements	93 074	5884BT65 5884BT64		-	27 077
Kansas Department of Health and Environment					
Hospital Preparedness Program (HPP) and Public Health					
Emergency Preparedness (PHEP) Aligned Cooperative Agreements	93 074			-	127 000
Loess Hills Healthcare Coalition					
Hospital Preparedness Program (HPP) and Public Health					
Emergency Preparedness (PHEP) Aligned Cooperative Agreements	93 074	5884BT37		-	1 669
Pennsylvania Department of Health					
Hospital Preparedness Program (HPP) and Public Health					
Emergency Preparedness (PHEP) Aligned Cooperative Agreements	93 074	4100062712		-	35 301
Polk County Auditor's Office					
Hospital Preparedness Program (HPP) and Public Health					
Emergency Preparedness (PHEP) Aligned Cooperative Agreements	93 074			-	57 703
Total CFD4 93 074				-	262 041
					262 041

## Catholic Health Initiatives

### Schedule of Expenditures of Federal Awards (continued)

<b>Federal Grantor/Pass-Through Grantor/Program Title</b>	<b>Federal CFDA Number</b>	<b>Pass-Through Entity Identifying Number</b>	<b>Research &amp; Development Cluster</b>	<b>Other Federal Expenditures</b>	<b>Total Federal Expenditures</b>
<b>U.S. Department of Health and Human Services (continued)</b>					
<i>Goodwill Easter Seals</i>					
Healthy Marriage Promotion and Responsible Fatherhood Grants	93 086	00-825-230-535 00-824-230-536	\$	-	\$ 78 125
<i>Health Resources and Services</i>					
Maternal and Child Health Federal Consolidated Programs	93 110	5 H17MC25740-02-00 1 H17MC25740-01-00	-	30 773	30 773
<i>Cincinnati Children's Hospital Medical Center</i>					
Research Related to Deafness and Communication Disorders	93 173	5R01DC010202-02	46 116	-	46 116
<i>The University of North Carolina</i>					
Disease Prevention	93 184	5-42318	6 952	-	6 952
<i>Nebraska Department of Health and Human Services</i>					
Affordable Care Act (ACA) Abstinence Education Program	93 235	10395-Y3	-	52 990	52 990
<i>C4Hlink</i>					
State Rural Hospital Flexibility Program	93 241		-	48 855	48 855
<i>Nebraska Department of Health and Human Services</i>					
State Rural Hospital Flexibility Program	93 241	20288-Y3	-	18 000	18 000
<i>Nebraska Office of Rural Health</i>					
State Rural Hospital Flexibility Program	93 241	20287-Y3 11460-Y3	-	66 000	66 000
<i>University of North Dakota</i>					
State Rural Hospital Flexibility Program	93 241	UND10098 UND10216	-	9 064	9 064
<i>Total CFD4 93 241</i>			-	141 919	141 919
<i>Iowa Department of Public Health</i>					
Substance Abuse and Mental Health Services – Projects of Regional and National Significance	93 243		-	76 346	76 346
<i>North Country Community Health Board</i>					
Universal Newborn Hearing Screening	93 251	3000001369	-	375	375
<i>University of Texas Health Science Center</i>					
Occupational Safety and Health Program	93 262	R01 OH009697-01A1	11 159	-	11 159
<i>Nebraska Department of Health and Human Services</i>					
Immunization Cooperative Agreements	93 268	5H23IP722562-09 5H23IP0001756-02	-	6 982	6 982
<i>North Country Community Health Board</i>					
Immunization Cooperative Agreements	93 268		-	300	300
<i>Total CFD4 93 268</i>			-	7 282	7 282
<i>American Psychological Association</i>					
Centers for Disease Control and Prevention – Investigations and Technical Assistance	93 283		-	8 000	8 000
<i>Iowa Department of Public Health</i>					
Centers for Disease Control and Prevention – Investigations and Technical Assistance	93 283	5884NB01	-	14 972	14 972
<i>Kentucky and Regional Planning</i>					
Centers for Disease Control and Prevention – Investigations and Technical Assistance	93 283		-	412	412
<i>North Country Community Health Board</i>					
Centers for Disease Control and Prevention – Investigations and Technical Assistance	93 283		-	3 400	3 400
<i>North Dakota Department of Health</i>					
Centers for Disease Control and Prevention – Investigations and Technical Assistance	93 283	4521HLH3214003	-	5 000	5 000
<i>Total CFD4 93 283</i>			-	31 784	31 784

## 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
<b>U.S. Department of Health and Human Services (continued)</b>					
<i>C4Hlink</i>					
Small Rural Hospital Improvement Grant Program	93 301		\$	-	\$ 69 037
<i>Iowa Department of Public Health</i>					
Small Rural Hospital Improvement Grant Program	93 301	5884SH01 5883SH72 5884SH69		-	22 248
<i>Minnesota Department of Health</i>					
Small Rural Hospital Improvement Grant Program	93 301	3000009908		-	27 441
<i>Nebraska Office of Rural Health</i>					
Small Rural Hospital Improvement Grant Program	93 301			-	9 563
<i>University of North Dakota</i>					
Small Rural Hospital Improvement Grant Program	93 301	UND10073 UND10195 UND10178 UND10189 UND10191 UND10071 UND10085		-	43 170
<i>Washington Department of Health</i>					
Small Rural Hospital Improvement Grant Program	93 301	N19856		-	9 000
<i>Total CFDA 93 301</i>				-	180 459
<i>Oregon Health &amp; Science University</i>					
Cancer Treatment Research	93 395	27469-76	9 175	-	9 175
<i>The University of Louisville Research Foundation</i>					
Cancer Research Manpower	93 398			11 603	11 603
<i>State of Colorado Department of Human Services</i>					
Affordable Care Act (ACA) Maternal Infant and Early Childhood Home Visiting Program	93 505	14 IHA 61336		-	381 921
<i>State of 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		-	138 171
<i>North Country Community Health Board</i>					
Affordable Care Act (ACA) Maternal Infant and Early Childhood Home Visiting Program	93 505	56659		-	210 287
<i>Total CFDA 93 505</i>				-	730 379
<i>Kitsap Public Health District</i>					
State Planning and Establishment Grants for the Affordable Care Act (ACA) Exchange	93 525	1168		-	8 484
<i>North Country Community Health Board</i>					
PPHF Community Transformation Grants and National Dissemination and Support for Community Transformation Grants – financed solely by Prevention and Public Health Funds	93 531	3000006587		-	22 453
<i>North Country Community Health Board Services</i>					
Temporary Assistance for Needy Families	93 558			-	45 627
<i>Nebraska Department of Health and Human Services</i>					
Refugee and Entrant Assistance – State Administered Programs	93 566			-	633 646
<i>Iowa Department of Human Services</i>					
Child Care and Development Block Grant	93 575	ACFS 12-029		-	367 136
<i>University of Alabama at Birmingham</i>					
Health Care Innovations Awards (HCIA)	93 610	000432302-002	281 496	-	281 496
<i>Area Agency on Aging of West Central Arkansas</i>					
Social Services Block Grant	93 667			-	8 787
					8 787

## Catholic Health Initiatives

### Schedule of Expenditures of Federal Awards (continued)

<b>Federal Grantor/Pass-Through Grantor/Program Title</b>	<b>Federal CFDA Number</b>	<b>Pass-Through Entity Identifying Number</b>	<b>Research &amp; Development Cluster</b>	<b>Other Federal Expenditures</b>	<b>Total Federal Expenditures</b>
<b>U.S. Department of Health and Human Services (continued)</b>					
<i>North Country Community Health Board Services</i>					
Medical Assistance Program	93 778	GRK 36406	\$	-	\$ 65 423
<i>Colorado Division of Insurance</i>					
Centers for Medicare and Medicaid Services (CMS)					
Research Demonstrations and Evaluations	93 779	OE SFA 14SHIP00003 OE SFA 15SHIP00003		-	46 786
<i>Washington University</i>					
Blood Diseases and Resources Research	93 839	5U01HL088476	22 000	-	22 000
<i>Drexel University</i>					
Arthritis, Musculoskeletal and Skin Diseases Research	93 846	232486	5 615	-	5 615
<i>University of Medicine and Dentistry of New Jersey</i>					
Extramural Research Programs in the Neurosciences and Neurological Disorders	93 853	88285	850	-	850
<i>University of North Dakota</i>					
Child Health and Human Development					
Extramural Research	93 865			-	15 091
<i>Iowa Department of Public Health</i>					
National Bioterrorism Hospital Preparedness Program	93 889	5883BHP62 5883BHP61 5883BHP63 5883BHP88 5883BHP14 5883BHP15		-	32 893
<i>Oregon Health Authority</i>					
National Bioterrorism Hospital Preparedness Program	93 889	139896 143824		-	1 983
<i>Sanford Bemidji Medical Center</i>					
National Bioterrorism Hospital Preparedness Program	93 889			-	10 408
<i>Tennessee Department of Health</i>					
National Bioterrorism Hospital Preparedness Program	93 889	GE1439973 GE1439968		-	51 000
<i>West Central Minnesota Healthcare System</i>					
National Bioterrorism Hospital Preparedness Program	93 889			-	3 910
<i>Washington State Department of Health Washington State Hospital Association</i>					
National Bioterrorism Hospital Preparedness Program	93 889	U3REP090228-02-00		-	22 252
Total CFD 4 93 889				-	122 446
<i>Madison County Memorial Hospital</i>					
Rural Health Care Services Outreach Rural Health Network Development and Small Health Care					
Provider Quality Improvement Program	93 912			-	72 438
<i>University of Louisville Research Foundation</i>					
Grants to Provide Outpatient Early Intervention Services with Respect to HIV Disease	93 918	ULRF 14-0728	13 750	-	13 750
<i>Iowa Department of Health and Human Services</i>					
Block Grants for Community Mental Health Services	93 958	MDHA11-053 MDHS11-054		-	49 405
<i>New Jersey Department of Human Services</i>					
Block Grants for Community Mental Health Services	93 958	30305		-	315 957
Total CFD 4 93 958				-	365 362
<i>Minnesota Department of Human Services</i>					
Block Grants for Prevention and Treatment of Substance Abuse	93 959	29214		-	205 947

## Catholic Health Initiatives

### Schedule of Expenditures of Federal Awards (continued)

<b>Federal Grantor/Pass-Through Grantor/Program Title</b>	<b>Federal CFDA Number</b>	<b>Pass-Through Entity Identifying Number</b>	<b>Research &amp; Development Cluster</b>	<b>Other Federal Expenditures</b>	<b>Total Federal Expenditures</b>
<b>U.S. Department of Health and Human Services (continued)</b>					
Nebraska Department of Health and Human Services					
Preventive Health and Health Services Block Grant	93 991	2B01 DP009036-13	\$	-	\$ 4 020
Washington State Department of Commerce – Community Services and Housing Division					
Preventive Health and Health Services Block Grant	93 991	#13-31110-1678 #14-31110-168		12 011	12 011
Total CFD 4 93 991				16 031	16 031
North Country Community Health Board Services					
Maternal and Child Health Services Block Grant to the States	93 994			32 670	32 670
<b>Total U.S. Department of Health and Human Services</b>				<b>408 716</b>	<b>6 394 810</b>
					<b>6 803 526</b>
<b>Corporation for National and Community Service</b>					
Pass-Through From					
Foundation for a Healthy Kentucky					
Social Innovation Fund	94 019	2012KHF013		106 112	106 112
<b>Total Corporation for National and Community Service</b>				<b>106 112</b>	<b>106 112</b>
<b>U.S. Department of Homeland Security</b>					
Pass-Through From					
Commonwealth of Kentucky Department of Military Affairs					
Division of Emergency Management					
Hazard Mitigation Grant	97 039	HMGP DR-1855-0018-R		88 503	88 503
<b>Total U.S. Department of Homeland Security</b>				<b>88 503</b>	<b>88 503</b>
<b>Total Expenditures of Federal Awards</b>				<b>\$ 956,418</b>	<b>\$ 19,823,683</b>
					<b>\$ 20,780,101</b>

*See accompanying notes to schedule of expenditures of federal awards*

# Catholic Health Initiatives

## Notes to Schedule of Expenditures of Federal Awards

June 30, 2014

### **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, 2014, for Catholic Health Initiatives (CHI), with one exception. Federal expenditures in the amount of \$855,504 for CFDA 14 157 – Supportive Housing for the Elderly are not presented in the SEFA as a separate audit 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 nonfederal 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 the SEFA is presented in accordance with the requirements of OMB Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*.

### **3. Federal Student Loans**

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, 2014, totaled \$8,512,928. 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, 2014, relating to this program are represented as current year federal expenditures, whereas the outstanding loan balances are not.

### **4. Subrecipients**

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

<b><u>CFDA – Program Title</u></b>	<b><u>Amount</u></b>
12 420 – Military Medical Research and Development	\$ 441,223

# Catholic Health Initiatives

## Schedule of Findings and Questioned Costs

Year Ended June 30, 2014

### **Part I – Summary of Auditor’s Results**

#### **Financial statements section**

Type of auditor’s report issued (unmodified, qualified, adverse, or disclaimer)	<u>Unmodified</u>		
Internal control over financial reporting			
Material weakness(es) identified?	<u>Yes</u>	<u>X</u>	<u>No</u>
Significant deficiency(ies) identified?	<u>Yes</u>	<u>X</u>	<u>None reported</u>
Noncompliance material to financial statements noted?	<u>Yes</u>	<u>X</u>	<u>No</u>

#### **Federal awards section**

Internal control over major programs			
Material weakness(es) identified?	<u>X</u>	<u>Yes</u>	<u>      </u>
Significant deficiency(ies) identified?	<u>X</u>	<u>Yes</u>	<u>      </u>
			<u>No</u>
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, 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

<b>CFDA Number(s)</b>	<b>Name of Federal Program or Cluster</b>
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
93 224	Consolidated Health Centers (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Public Housing Primary Care)
93 505	Affordable Care Act (ACA) Maternal, Infant, and Early Childhood Home Visiting Program
93 566	Refugee and Entrant Assistance – State Administered Programs
93 575	Child Care and Development Block Grant
93 621	Affordable Care Act Initiative to Reduce Avoidable Hospitalizations Among Nursing Facility Residents
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	\$ 309,140
Auditee qualified as low-risk auditee?	<u>Yes</u> <u>X</u> <u>No</u>

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 consolidated 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 2014-001 – 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 – St Clare Hospital (N20126)  
Passed through Department of Public Health, Seattle and King County – Highline Medical Center (CHS3221)  
Passed through North Country Community Health Board – St Joseph's Area Health Services and Lakewood Health Center

##### 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 St Clare Hospital in Tacoma, Washington, supporting eligibility determinations made for WIC program participants due to the use of a paperless software system required 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, St Clare Hospital reviews the support for income, residency, etc., and documents the applicant's eligibility in a software program required 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, St Clare Hospital is not required to and does not retain evidence of what was documented in the software program.

Catholic Health Initiatives  
Schedule of Findings and Questioned Costs (continued)

<u>Effect</u>	We are not able to test eligibility compliance or controls over compliance for the WIC program at St Clare Hospital resulting in a scope limitation. Due to the scope limitation at St Clare Hospital, which accounted for 78% of the WIC expenditures, the scope limitation is reported for the WIC program overall
<u>Cause</u>	The paperless software system used for the WIC program at St Clare Hospital 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>	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 St Clare Hospital regarding eligibility for participants. St Clare Hospital 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 St Clare Hospital at the time the initial eligibility determination of a WIC participant is made. However, due to the paperless system, these records are not retained. The grantor, State of Washington, has been informed of this finding in prior years and has stated that they do not sustain this finding and that no corrective action is required. As a result, no further corrective action will be taken. CHI notes that this issue is isolated to St Clare Hospital and does not apply to the other CHI locations that receive funding from the WIC program.

## Catholic Health Initiatives

### Schedule of Findings and Questioned Costs (continued)

#### **Finding 2014-002 – Material Weakness – Equipment and Real Property Management**

<u>Federal program information</u>	U S Department of Health and Human Services (HHS) CFDA 93 889 – National Bioterrorism Hospital Preparedness Program (HPP)
<u>Criteria or specific requirement (including statutory, regulatory or other citation)</u>	In accordance with 2 CFR Section 215 34(f), codified by HHS at 45 CFR Section 74 34(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 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
<u>Condition</u>	CHI's property management records for equipment acquired with federal HPP funds do not include equipment from grant inception to date and also do not include all of the required information  Physical inventories were not performed or documented adequately for the HPP within the last two years
<u>Questioned costs</u>	\$0

Catholic Health Initiatives

Schedule of Findings and Questioned Costs (continued)

<u>Context</u>	<p>CHI did not provide equipment listings, to include equipment purchases for previous years, for the HPP</p> <p>For HPP – Memorial Health Care System, a list of current year equipment additions was provided and the list included all of the required information for those equipment items, however, no prior year equipment purchases were included on the list</p> <p>CHI did not provide evidence of a physical inventory of HPP equipment being performed in the last two years</p>
<u>Effect</u>	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
<u>Cause</u>	Proper controls were not fully 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
<u>Recommendation</u>	All equipment purchased with federal funds should be appropriately tagged, and a detailed listing should be maintained with all of the required elements. This listing should include equipment acquired with federal funds from grant inception. A physical inventory observation of federally funded equipment should be performed and documented every two years. The physical inventory could be useful to compile lists of equipment acquired in previous years that were not originally included in equipment listings when purchased.
<u>Views of responsible officials and planned corrective actions</u>	During FY2015, CHI will compile a listing of HPP equipment purchased with federal funds since program inception that will include all required attributes. CHI will also perform an inventory in FY2015 of this equipment.

## Catholic Health Initiatives

### Schedule of Findings and Questioned Costs (continued)

#### **Finding 2014-003 – Significant Deficiency – Allowable Costs/Cost Principles**

<u>Federal program information</u>	<p>U S Department of Health and Human Services U S Department of Education Research and Development Cluster</p> <p>Jewish Hospital and St Mary's Health Care, Inc (Jewish) – CFDA 84 133 passed through the University of Louisville Research Foundation, Inc , and CFDA 93 846 passed through Drexel University (11012367)</p> <p>CHI Institute for Research and Innovation – CFDA 93 610 passed through the University of Alabama at Birmingham</p>
<u>Criteria or specific requirement (including statutory, regulatory or other citation)</u>	<p>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</p>
<u>Condition</u>	<p>For award 93 846, each month, the Data Coordinator would invoice Drexel University for the budgeted monthly amount of \$1,500 instead of the actual hours spent on the grant. The actual costs incurred working on the grant were lower than the reimbursement requested by \$7,885</p> <p>Additionally, for two selections, time records for December 2013 and January 2014 pay, totaling \$241, were not completed with employee and supervisor approval until June 2014</p> <p>For one selection, the time record for pay, totaling \$69, approval was completed in August 2014, reflecting three hours were worked on the grant, although four hours were</p>

Catholic Health Initiatives

Schedule of Findings and Questioned Costs (continued)

charged to the grant for the pay period, resulting in an excess request of \$17

For award 84 133, for two selections, time records for April and May 2014 pay, totaling \$3,224, were not completed until July/August 2014

For award 93 610, for one employee selection, \$2,855 in salary expenses was requested for reimbursement from grantor in excess of actual expenses

Questioned costs

93 846 \$8,143  
84 133 \$3,224  
93 610 \$2,855

Context

For awards 84 133 and 93 846, for five of the time records that were selected for testing, only one of the time records was approved timely in accordance with the regulations. Total salary expenditures for CFDA 93 846 and 84 133 totaled \$3,758 and \$35,145, respectively.

For award 93 610, for one of five employee selections, \$2,855 in salary expenses was requested for reimbursement from grantor in excess of actual expenditures. Total salary expenditures for CFDA 93 610 totaled \$249,965.

Effect

Actual expenditures were not charged to the grant. Additionally, payroll expenditures were not properly supported at the time the expenditures were charged to the federal program.

Cause

Proper controls were not implemented to appropriately track and bill time and expenditures in accordance with the grant requirements.

Catholic Health Initiatives  
Schedule of Findings and Questioned Costs (continued)

Recommendation

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. Amounts billed to the awarding agency should be for actual time incurred and not based upon budget and should not exceed actual expenditures

Views of responsible officials  
and planned corrective  
actions

CHI will implement a time and effort reporting policy during FY2015 that incorporates all of the federal requirements

## Catholic Health Initiatives

### Schedule of Findings and Questioned Costs (continued)

#### **Finding 2014-004 – Cash Management**

##### Federal program information

U S Department of Defense  
U S Army Medical Command  
Research and Development Cluster  
  
Jewish Hospital and St Mary's Health Care, Inc (Jewish) –  
CFDA 12 420 – Military Medical Research and Development  
passed through Wake Forest University (WFUHS 441039  
CTA-09)

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

OMB Circular A-110, *Uniform Administrative Requirements  
for Grants and Agreements With Institutions of Higher  
Education, Hospitals, and Other Non-Profit Organizations*  
requires (a) Payment methods shall minimize the time  
elapsing between the transfer of funds from the United States  
Treasury and the issuance or redemption of checks, warrants,  
or payment by other means by the recipients (b) Recipients  
are to be paid in advance, provided they maintain or  
demonstrate the willingness to maintain (1) written  
procedures that minimize the time elapsing between the  
transfer of funds and disbursement by the recipient, and  
(2) financial management systems that meet the standards for  
fund control and accountability as established in Section  
21 Cash advances to a recipient organization shall be  
limited to the minimum amounts needed and be timed to be in  
accordance with the actual, immediate cash requirements of  
the recipient organization in carrying out the purpose of the  
approved program or project The timing and amount of cash  
advances shall be as close as is administratively feasible to  
the actual disbursements by the recipient organization for  
direct program or project costs and the proportionate share of  
any allowable indirect costs (g) To the extent available,  
recipients shall disburse funds available from repayments to  
and interest earned on a revolving fund, program income,  
rebates, refunds, contract settlements, audit recoveries, and  
interest earned on such funds before requesting additional  
cash payments

Catholic Health Initiatives

Schedule of Findings and Questioned Costs (continued)

<u>Condition</u>	For CFDA 12 420 – Military Medical Research and Development, WFUHS 441039 CTA-09, the grant terms are on a reimbursement basis. The reimbursement requests were submitted to and received from the pass-through agency prior to paying the subrecipient. Additionally, one of the checks received through the bank lock box by Jewish for \$7,421 was made payable to Jewish's subrecipient by Wake Forest University, however, Jewish cashed the check rather than returning the check to Wake Forest University
<u>Questioned costs</u>	\$7,421
<u>Context</u>	<p>CFDA 12 420 WFUHS 441039 CTA-09 represents \$67,177 or 7% of total R&amp;D Cluster expenditures, of this amount \$57,730 was passed through to subrecipients by Jewish representing 6% of total R&amp;D Cluster expenditures</p> <p>The payment to the subrecipients occurred as follows Reimbursement #1 \$59,755 requested funds June 11, 2014, received funds June 19, 2014, paid funds to the subrecipient Sepetember 18, 2014 and September 9, 2014, respectively</p> <p>Reimbursement #2 \$7,421 requested funds July 9, 2014, received funds July 17, 2014, paid funds to the subrecipient October 23, 2014. Additionally, the check received on July 17, 2014, was made payable to the subrecipient directly by Wake Forest University but was cashed via a lock box deposit by Jewish and then Jewish paid the subrecipient</p>
<u>Effect</u>	Program funds were requested before program costs were incurred by Jewish, so the grant was not in accordance with the terms of the grant agreement. Federal funds received that were not made payable to Jewish were not returned to the pass-through entity
<u>Cause</u>	The delay in payment to the subrecipient was due to the transition period of the Grant Manager position. The check that was cashed by Jewish was processed through the lock box

Catholic Health Initiatives  
Schedule of Findings and Questioned Costs (continued)

Recommendation

For grants on a reimbursement basis, program costs should be paid for by CHI funds before reimbursement is requested from the pass-through entity. Checks should be returned to the pass-through entity if they are not made payable to Jewish

Views of responsible officials  
and planned corrective  
actions

CHI implemented a Cash Management policy during FY2013 that incorporates all of the federal requirements. Personnel at Jewish have been informed of the policy and will comply with requirements in the future

## Catholic Health Initiatives

### Schedule of Findings and Questioned Costs (continued)

#### **Finding 2014-005 – Significant Deficiency – Special Tests and Provisions**

##### Federal program information

U S Department of Health and Human Services (HHS)

CFDA 93 224 – Consolidated Health Centers (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Public Housing Primary Care) – Good Samaritan Hospital, Dayton, Ohio

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

##### Financial Management and Control Policies

Health center maintains accounting and internal control systems appropriate to the size and complexity of the organization reflecting Generally Accepted Accounting Principles (GAAP) and separates functions appropriate to organizational size to safeguard assets and maintain financial stability. Health center assures an annual independent financial audit is performed in accordance with Federal audit requirements, including submission of a corrective action plan addressing all findings, questioned costs, reportable conditions, and material weaknesses cited in the Audit Report (Section 330(k)(3)(D) and (q) of the PHS Act and 45 CFR Parts 74 14, 74 21, and 74 26)

##### Board Authority

Health center governing board maintains appropriate authority to oversee the operations of the center (Section 330(k)(3)(H) of the PHS Act and 42 CFR Part 51c 304). Unless a requirement for a governing board is waived by Health Resources Services Administration (HRSA) or the center is operated by an Indian tribe or tribal or Indian organization under the Indian Self-Determination Act or an urban Indian organization under the Indian Health Care Improvement Act, the health center must have a governing board that (1) is composed of individuals, a majority of whom are being served by the center and who, as a group, represent the individuals being served by the center, (2) meets at least once a month, (3) selects the services to be provided by the center, (4) schedules the hours during which services will be provided by the center, (5) approves the center's annual budget, (6) approves the selection of a director for the center,

## Catholic Health Initiatives

### Schedule of Findings and Questioned Costs (continued)

and (7) except in the case of a public center, establishes general policies for the center (42 USC 254b(k)(3)(H))

#### Condition

#### Financial Management and Control Policies

Samaritan Homeless Clinic, a department of Good Samaritan Hospital, developed its budget in a manner that shows anticipated federal and nonfederal resources needed to carry out the project, as required by HRSA, but it does not track the actual expenditure of federal and nonfederal funds at the transaction level. The chart of accounts provides sufficient code structure to properly assign income and expenses to all departments at a high level of detail, but it had no provision that allows Samaritan Homeless Clinic to distinguish between federal and nonfederal transactions, as required by Policy Information Notice (PIN) 2013-01.

#### Board Authority

Samaritan Homeless Clinic received a waiver in 2005 that negated the HRSA requirement of monthly board meetings. That waiver was deemed ineffective by HRSA as of January 1, 2014, by PIN 2014-01 that was sent electronically to Samaritan Homeless Clinic by its HRSA Program Officer in January 2014. Samaritan Homeless Clinic was operating under its own advisory committee, which had no authority, however, in accordance with program requirements, Samaritan Homeless Clinic must be operating under the grantee's (Good Samaritan Hospital) board. Samaritan Homeless Clinic is considered a department of Good Samaritan Hospital and, as such, may not operate under its own board. As a result, Good Samaritan Hospital was not maintaining appropriate board authority to oversee operations of Samaritan Homeless Clinic, and the board was not meeting monthly in accordance with the requirements.

#### Questioned costs

\$0

Catholic Health Initiatives  
Schedule of Findings and Questioned Costs (continued)

<u>Context</u>	<p>We noted and tested controls and compliance for nine requirements under special tests and provisions for the Consolidated Health Centers program in relation to Samaritan Homeless Clinic. For two of nine requirements, we noted noncompliance as discussed above related to financial management and control policies and board authority.</p>
<u>Effect</u>	<p>Good Samaritan Hospital is noncompliant with special tests and provisions related to the federal program. Due to the board authority finding, Good Samaritan Hospital sent notice to HRSA in November 2014 of its intent to relinquish the grant and request transfer to another entity for the remainder of the project period, from June 1, 2015 through October 31, 2015.</p>
<u>Cause</u>	<p>Samaritan Homeless Clinic was not aware that a separate chart of accounts was needed for federal versus nonfederal transactions. The waiver received by Samaritan Homeless Clinic in 2005 that negated the HRSA requirement of monthly board meetings was deemed ineffective by HRSA as of January 1, 2014, by PIN 2014-01.</p>
<u>Recommendation</u>	<p><b>Financial and Management Controls</b> Good Samaritan Hospital should develop additional account code structure in its chart of accounts to permit it to account for and monitor the actual use of federal and nonfederal resources in a manner consistent with its approved budget.</p> <p><b>Board Authority</b> Good Samaritan Hospital's board should maintain appropriate authority to oversee the operations of the health center and become compliant with all of aspects related to the federal program requirements over board authority or discuss other alternatives with the funding agency.</p>

Catholic Health Initiatives  
Schedule of Findings and Questioned Costs (continued)

Views of responsible officials  
and planned corrective  
actions

Good Samaritan Hospital submitted its intent to relinquish this grant as of June 1, 2015, due to its inability to meet the Board Authority requirement As of November 1, 2014, the start of the new grant budget period, new accounts were implemented to allow for the separate tracking of expenditures paid for with federal funds This separate tracking will be maintained until transfer of the grant is complete

# Catholic Health Initiatives

## Summary Schedule of Prior Audit Findings

Year Ended June 30, 2014

### **Finding 2013-001 – SEFA Preparation – Reporting**

*Current Status* This finding has been corrected During FY2014, CHI centralized the grant accounting function and has implemented the grant module within its accounting system The implementation of this module has given CHI a tool to effectively accumulate and report federal expenditures Within this module, cluster information is stored which ensures the correct classification of research and development grants

### **Finding 2013-002 – Eligibility – CFDA 10.557**

*Current Status* This finding has been repeated as finding 2014-001 Franciscan Medical Group's St Clare Hospital 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 St Clare Hospital 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 St Clare Hospital follows the paperless system as required by the grantor, no further corrective action will be taken

### **Finding 2013-003 – Procurement – CFDA 10.855, 93.887, 93.889, 93.958, and 93.621**

*Current Status* This finding has been corrected During FY2014, CHI implemented a national procurement policy for federal grant funded purchases

### **Finding 2013-004 – Equipment and Real Property Management – CFDA 10.855, 93.887, and 93.889**

*Current Status* This finding has been repeated as finding 2014-002 During FY2014, CHI implemented attributes in its fixed asset accounting module to store the required attributes for assets purchased with federal grant funds in FY2014 and forward Physical inventories of equipment purchased with federal grant funds are planned for FY2015

### **Finding 2013-005 – Allowable Costs/Cost Principles – CFDA 93.889 and 93.958 and R&D Cluster**

*Current Status* This finding has been repeated as finding 2014-003 CHI began to enforce time and effort reporting requirements in FY2014 In FY2015, a time and effort reporting policy will be implemented and enforced

Catholic Health Initiatives  
Summary Schedule of Prior Audit Findings (continued)

**Finding 2013-006 – Procurement and Suspension and Debarment – CFDA 10.855**

*Current Status* This finding has been corrected. During FY2014, CHI implemented a national procurement policy for federal grant funded purchases.

**Finding 2013-007 – Cash Management – CFDA 93.621**

*Current Status* CHI resolved this finding with the grantor agency prior to the issuance of the FY2013 audit report. This finding resulted from a misunderstanding of whether the grant operated on a reimbursement versus cash advance basis.

**Finding 2013-008 – Reporting – CFDA 10.855**

*Current Status* CHI resolved this finding by filing the 2013 report as required and included activity that took place over the term of the grant.

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