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## Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2004

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

## A For the 2004 calendar year, or tax year beginning

, and ending

## B Check if applicable

- ☒ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type See Specific Instructions

## C Name of organization

Catholic Health System - Attn: Finance

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

2605 Harlem Road

City or town

State or country

ZIP + 4

Cheektowaga

NY

14225-4097

## D Employer identification number

22-2565278

## E Telephone number

716-828-3766

F Accounting method: ☐ Cash ☒ Accrual☐ Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations

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

H(b) If "Yes," enter number of affiliates ▶ N/A

H(c) Are all affiliates included? N/A ☐ Yes ☐ No  
(If "No," attach a list. See instructions.)H(d) Is this a separate return filed by an organization covered by a group ruling? ☒ Yes ☐ No

I Group Exemption Number ▶ 0928

M Check ☒ if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

G Website: ▶ www.chsbuffalo.org

J Organization type (check only one) ▶ ☒ 501(c) ( 3 ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527K Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 43,697,274

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions)

FILMED DEC 13 2005  
REVENUE

## 1 Contributions, gifts, grants, and similar amounts received.

a Direct public support

1a

0

b Indirect public support

1b

c Government contributions (grants)

1c

d Total (add lines 1a through 1c) (cash \$ noncash \$ )

1d

0

## 2 Program service revenue including government fees and contracts (from Part VII, line 93)

2

42,193,351

## 3 Membership dues and assessments

3

0

## 4 Interest on savings and temporary cash investments

4

179,183

## 5 Dividends and interest from securities

5

29,218

## 6a Gross rents

6a

b Less: rental expenses

6b

c Net rental income or (loss) (subtract line 6b from line 6a)

6c

0

## 7 Other investment income (describe ▶ )

7

0

## 8a Gross amount from sales of assets other than inventory

(A) Securities

(B) Other

0

8a

0

b Less: cost or other basis and sales expenses

0

8b

0

c Gain or (loss) (attach schedule)

0

8c

0

d Net gain or (loss) (combine line 8c, columns (A) and (B))

8d

0

9 Special events and activities (attach schedule) If any amount is from gaming, check here ☐

Gross revenue (not including \$ 0 of

contributions reported on line 1a)

9a

0

b Less: direct expenses other than fundraising expenses

9b

0

c Net income or (loss) from special events (subtract line 9b from line 9a)

9c

0

## 10a Gross sales of inventory, less returns and allowances

10a

b Less: cost of goods sold

10b

c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)

10c

0

## 11 Other revenue (from Part VII, line 103)

11

1,295,522

## 12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)

12

43,697,274

## 13 Program services (from line 44, column (B))

13

41,594,601

## 14 Management and general (from line 44, column (C))

14

2,102,673

## 15 Fundraising (from line 44, column (D))

15

0

## 16 Payments to affiliates (attach schedule)

16

0

## 17 Total expenses (add lines 16 and 44, column (A))

17

43,697,274

## 18 Excess or (deficit) for the year (subtract line 17 from line 12)

18

0

## 19 Net assets or fund balances at beginning of year (from line 73, column (A))

19

-10,093,549

## 20 Other changes in net assets or fund balances (attach explanation) Statement #1

20

-272,023

## 21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)

21

-10,365,572

22

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ 0 noncash \$ 0)	0	0		
23	Specific assistance to individuals (attach schedule)	0			
24	Benefits paid to or for members (attach schedule)	0			
25	Compensation of officers, directors, etc.	2,360,134	1,677,047	683,087	
26	Other salaries and wages	19,516,534	19,451,131	65,403	
27	Pension plan contributions	1,317,872	1,317,872		
28	Other employee benefits	3,108,655	3,108,655		
29	Payroll taxes	1,276,206	1,276,206		
30	Professional fundraising fees	0	0		
31	Accounting fees	557,946	0	557,946	
32	Legal fees	548,920	361,024	187,896	
33	Supplies	477,551	466,475	11,076	
34	Telephone	334,096	332,619	1,477	
35	Postage and shipping	23,279	22,979	300	
36	Occupancy	523,250	523,250		
37	Equipment rental and maintenance	105,769	105,769		
38	Printing and publications	123,371	123,371		
39	Travel	263,044	263,044		
40	Conferences, conventions, and meetings	146,824	146,824		
41	Interest	765,180	765,180		
42	Depreciation, depletion, etc. (attach schedule) Statement #2	656,285	656,285		
43	Other expenses not covered above (itemize) a Dues	2,509,336	2,509,336		
	b Public Relations	97,021	97,021		
	c Contracted Services	5,456,731	5,456,731		
	d Consulting Fees	1,412,249	1,412,249		
	e Miscellaneous Expenses	2,117,021	1,521,533	595,488	
	f	0			
44	<b>Total functional expenses</b> (add lines 22 through 43). <b>Organizations completing columns (B)-(D), carry these totals to lines 13-15</b>	43,697,274	41,594,601	2,102,673	0

Joint Costs. Check ☐ if you are following SOP 98-2Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ 0, (ii) the amount allocated to Program services \$ ,

(iii) the amount allocated to Management and general \$ , and (iv) the amount allocated to Fundraising \$

**Part III Statement of Program Service Accomplishments** (See page 25 of the instructions)What is the organization's primary exempt purpose? ☒ See Statement #3 Attached

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**

(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)

a	See Statement #3 Attached: Catholic Health System Community Service Report For The Year 2004	
	(Grants and allocations \$ )	41,594,601
b		
	(Grants and allocations \$ )	
c		
	(Grants and allocations \$ )	
d		
	(Grants and allocations \$ )	
e	Other program services (attach schedule)	(Grants and allocations \$ )
f	<b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)	41,594,601

**Part IV Balance Sheets** (See page 25 of the instructions)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		(A) Beginning of year		(B) End of year
<b>Assets</b>	45 Cash—non-interest-bearing	1,312,773	45	6,488,133
	46 Savings and temporary cash investments	1,446,721	46	239,014
	47 a Accounts receivable	47a 0		
	b Less allowance for doubtful accounts	47b 0	0	47c 0
	48 a Pledges receivable	48a 0		
	b Less allowance for doubtful accounts	48b 0	0	48c 0
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		0	50 0
	51 a Other notes and loans receivable (attach schedule)	51a 0		
	b Less allowance for doubtful accounts	51b 0	0	51c 0
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	631,569	53	1,031,240
	54 Investments—securities Statement #4 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	2,346,775	54	2,375,993
	55 a Investments—land, buildings, and equipment basis	55a 0		
	b Less accumulated depreciation (attach schedule)	55b 0	0	55c 0
56 Investments—other (attach schedule)		0	56 0	
57 a Land, buildings, and equipment basis	57a 3,788,276			
b Less accumulated depreciation (attach schedule) Statement #5	57b 1,506,699	2,513,032	57c 2,281,577	
58 Other assets (describe <input checked="" type="checkbox"/> See attached worksheet Statement #6)	13,331,383	58	20,511,352	
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)	21,582,253	59	32,927,309	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	13,398,695	60	29,120,016
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)	0	63	0
	64 a Tax-exempt bond liabilities (attach schedule)	0	64a	0
	b Mortgages and other notes payable (attach schedule) Statement #7	14,639,132	64b	10,108,467
	65 Other liabilities (describe <input checked="" type="checkbox"/> Accrued Pension)	3,637,975	65	4,064,398
66 <b>Total liabilities</b> (add lines 60 through 65)	31,675,802	66	43,292,881	
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	-10,093,549	67	-10,365,572
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19, column (B) must equal line 21)	-10,093,549	73	-10,365,572
74 <b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	21,582,253	74	32,927,309	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See page 27 of the instructions.)**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>	43,697,274
<b>b</b>	Amounts included on line <b>a</b> but not on line 12, Form 990:		
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify) \$		
	----- \$		
	Add amounts on lines (1) through (4)	<b>b</b>	0
<b>c</b>	Line <b>a</b> minus line <b>b</b>	<b>c</b>	43,697,274
<b>d</b>	Amounts included on line 12, Form 990 but not on line <b>a</b> :		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify) \$		
	----- \$		
	Add amounts on lines (1) and (2)	<b>d</b>	0
<b>e</b>	Total revenue per line 12, Form 990 (line <b>c</b> plus line <b>d</b> )	<b>e</b>	43,697,274

<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	43,697,274
<b>b</b>	Amounts included on line <b>a</b> but not on line 17, Form 990:		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify) \$		
	----- \$		
	Add amounts on lines (1) through (4)	<b>b</b>	0
<b>c</b>	Line <b>a</b> minus line <b>b</b>	<b>c</b>	43,697,274
<b>d</b>	Amounts included on line 17, Form 990 but not on line <b>a</b> :		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify) \$		
	----- \$		
	Add amounts on lines (1) and (2)	<b>d</b>	0
<b>e</b>	Total expenses per line 17, Form 990 (line <b>c</b> plus line <b>d</b> )	<b>e</b>	43,697,274

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated; see page 27 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Name See Statement #8 Str Attached City ST ZIP	Title Hr/WK	2,360,134	259,228	0
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
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Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			

**75** Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ☐ Yes ☒ No  
If "Yes," attach schedule—see page 28 of the instructions.

**Part VI Other Information** (See page 28 of the instructions)

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	X	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	X	
b	If "Yes," enter the name of the organization <u>Buffalo Mercy Hospital, Sisters of Charity Hospital, Kenmore Mercy Hospital, St. Joseph Hospital</u> and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a	Enter direct and indirect political expenditures. See line 81 instructions	81a	None
b	Did the organization file Form 1120-POL for this year?	81b	X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III)	82b	N/A
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible? N/A	84a	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	84b	
85	501(c)(4), (5), or (6) organizations	85a	
a	Were substantially all dues nondeductible by members? N/A	85b	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) orgs. Enter	86a	N/A
a	Initiation fees and capital contributions included on line 12	86b	N/A
b	Gross receipts, included on line 12, for public use of club facilities		
87	501(c)(12) orgs. Enter	87a	N/A
a	Gross income from members or shareholders	87b	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911 <u>None</u> , section 4912 <u>None</u> ; section 4955 <u>None</u>		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>None</u>		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization <u>None</u>		
90 a	List the states with which a copy of this return is filed <u>NY</u>		
b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions)	90b	510
91	The books are in care of <u>Name K. David Crone</u> Telephone no <u>(716) 828-3766</u> Located at <u>515 Abbott Road</u> City <u>Buffalo</u> ST <u>NY</u> ZIP + 4 <u>14220</u>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <u>92</u> N/A		

**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>93</b> Program service revenue					
<b>a</b> Management Fees					42,193,351
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>f</b> Medicare/Medicaid payments					
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments					
<b>95</b> Interest on savings and temporary cash investments			14	179,183	
<b>96</b> Dividends and interest from securities			14	29,218	
<b>97</b> Net rental income or (loss) from real estate					
<b>a</b> debt-financed property					
<b>b</b> not debt-financed property					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events					
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue <b>a</b> Other Revenue					1,295,522
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>104</b> Subtotal (add columns (B), (D), and (E))		0		208,401	43,488,873
<b>105</b> Total (add line 104, columns (B), (D), and (E))					43,697,274

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
<b>93a</b>	Dues and assessments used to provide services to the tax-exempt facilities in a manner consistent with its mission of enhancing the facilities
<b>103 a</b>	Miscellaneous Income and reduction of expenses due to intercompany relationships

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 34 of the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Please Sign Here

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.

Signature of officer: James A. Dunlop Jr. Date: 11/15/05

Type or print name and title: JAMES A. DUNLOP JR. VICE PRESIDENT FINANCE

Paid Preparer's Use Only

Preparer's signature: [Signature] Date:  Check if self-employed: ☐ Preparer's SSN or PTIN (See Gen Inst W):

Firm's name (or yours if self-employed), address, and ZIP + 4: PricewaterhouseCoopers, LLP EIN: 13-4008324

125 High Street, Boston, MA 02110 Phone no: (617)530-5000

**SCHEDULE A**  
**(Form 990 or 990-EZ)****Organization Exempt Under Section 501(c)(3)**(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

**2004**Department of the Treasury  
Internal Revenue Service**Supplementary Information—(See separate instructions.)****▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

Catholic Health System - Attn. Finance

Employer identification number

22-2565278

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name Amiee Brace Str 515 Abbott Road City Buffalo ST NY Zip 14220 Country USA	Title VP Strategic Deve Avg hr/wk 37.5	115,672	30,075	None
Name Constance Bauer Str 515 Abbott Road City Buffalo ST NY Zip 14220 Country USA	Title VP Lab Svcs Avg hr/wk 37.5	105,643	27,467	None
Name Nancy Sheehan Str 515 Abbott Road City Buffalo ST NY Zip 14220 Country USA	Title Sys Dir Risk Mgm Avg hr/wk 37.5	93,119	24,211	None
Name John Kane Str 515 Abbott Road City Buffalo ST NY Zip 14220 Country USA	Title Dir Perf Imp Avg hr/wk 37.5	92,804	24,129	None
Name Honor Martin Str 515 Abbott Road City Buffalo ST NY Zip 14220 Country USA	Title Sys Dir PPC/Emplo Avg hr/wk 37.5	90,189	23,449	None
Total number of other employees paid over \$50,000	58			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Name Siemens Medical Solutions Str 51 Valley Stream Parkway City Malvern ST PA ZIP 19355 Country	Information Systems	3,052,899
Name Pricewaterhouse Coopers, LLP Str City Syracuse ST NY ZIP 13152 Country	Auditing/Consulting Services	798,168
Name Phillips Lytle Hitchcock Str 3400 HSBC Center City Buffalo ST NY ZIP 14203 Country	Legal Services	432,858
Name Maestro Strategies LLC Str City Roswell ST GA ZIP 30076 Country	Consulting Services	324,174
Name Healthcare Association of NYS Str One Empire Drive City Rensselaer ST NY ZIP 12144 Country	Healthcare Education Services	265,163
Total number of others receiving over \$50,000 for professional services	10	

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

Schedule A (Form 990 or 990-EZ) 2004

(HTA)



**Part III Statements About Activities** (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ <u>Statement #9</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities	1 X	
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions) See Statement #10		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? See Part V, Form 990	2d X	
e Transfer of any part of its income or assets?	2e	X
3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)	3a	X
b Do you have a section 403(b) annuity plan for your employees?	3b X	
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	X

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions.)The organization is not a private foundation because it is (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 ☐ A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ► \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Country \_\_\_\_\_
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11 a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11 b ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12 ☒ 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 charitable, etc., 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) (Also complete the **Support Schedule** in Part IV-A)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) **Use cash method of accounting.****Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)					0
<b>16</b> Membership fees received	52,185,899	46,583,864	46,950,134	36,234,353	181,954,250
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					0
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	232,177	249,143	354,443	523,910	1,359,673
<b>19</b> Net income from unrelated business activities not included in line 18					0
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					0
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.	476,816	3,784,117	3,186,780	1,777,247	9,224,960
<b>23</b> Total of lines 15 through 22	52,894,892	50,617,124	50,491,357	38,535,510	192,538,883
<b>24</b> Line 23 minus line 17	52,894,892	50,617,124	50,491,357	38,535,510	192,538,883
<b>25</b> Enter 1% of line 23	528,949	506,171	504,914	385,355	
<b>26</b> Organizations described on lines 10 or 11: <b>a</b> Enter 2% of amount in column (e), line 24					
<b>b</b> Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					
<b>c</b> Total support for section 509(a)(1) test. Enter line 24, column (e)					
<b>d</b> Add: Amounts from column (e) for lines 18 <u>N/A</u> 19 <u>N/A</u> 22 <u>N/A</u> 26b <u>N/A</u>					
<b>e</b> Public support (line 26c minus line 26d total)					
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
<b>27</b> Organizations described on line 12: <b>a</b> For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2003) _____ (2002) _____ (2001) _____ (2000) _____					
<b>b</b> For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2003) _____ (2002) _____ (2001) _____ (2000) _____					
<b>c</b> Add: Amounts from column (e) for lines 15 <u>0</u> 16 <u>181,954,250</u> 17 <u>0</u> 20 <u>0</u> 21 <u>0</u>					
<b>d</b> Add: Line 27a total <u>0</u> and line 27b total <u>0</u>					
<b>e</b> Public support (line 27c total minus line 27d total)					
<b>f</b> Total support for section 509(a)(2) test. Enter amount from line 23, column (e)					
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))					
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					
<b>28</b> Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

**Part V Private School Questionnaire** (See page 7 of the instructions.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

	Yes	No
<b>29</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
<b>30</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
<b>31</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement )		
<b>32</b> Does the organization maintain the following		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?		
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions?		
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )		
<b>33</b> Does the organization discriminate by race in any way with respect to.		
<b>a</b> Students' rights or privileges?		
<b>b</b> Admissions policies?		
<b>c</b> Employment of faculty or administrative staff?		
<b>d</b> Scholarships or other financial assistance?		
<b>e</b> Educational policies?		
<b>f</b> Use of facilities?		
<b>g</b> Athletic programs?		
<b>h</b> Other extracurricular activities?		
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )		
<b>34 a</b> Does the organization receive any financial aid or assistance from a governmental agency?		
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
<b>35</b> Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768) N/ACheck ☐ **a** if the organization belongs to an affiliated group Check ☐ **b** if you checked "a" and "limited control" provisions apply**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred )

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations												
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36													
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37													
38	Total lobbying expenditures (add lines 36 and 37)	38													
39	Other exempt purpose expenditures	39													
40	Total exempt purpose expenditures (add lines 38 and 39)	40													
41	Lobbying nontaxable amount Enter the amount from the following table—														
<table border="0"> <tr> <td><b>If the amount on line 40 is—</b></td> <td><b>The lobbying nontaxable amount is—</b></td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>		<b>If the amount on line 40 is—</b>	<b>The lobbying nontaxable amount is—</b>	Not over \$500,000	20% of the amount on line 40	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>If the amount on line 40 is—</b>	<b>The lobbying nontaxable amount is—</b>														
Not over \$500,000	20% of the amount on line 40														
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														
42	Grassroots nontaxable amount (enter 25% of line 41)	42													
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43													
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44													

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720

**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 45 through 50 on page 11 of the instructions )

Calendar year (or fiscal year beginning in) ►	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots nontaxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	Grassroots lobbying expenditures				

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions )

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h.)

Yes	No	Amount
	X	
	X	
	X	None
	X	None
	X	None
	X	None
X		
	X	None

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities



**Line 20 (990) - Other changes in net assets or fund balances**

1	Change in Minimum Pension Liability	1	-390,900
2	Change in Net Unrealized Gains and Losses on Investments	2	118,877
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10	Total	10	-272,023

**Catholic Health System**  
**Form 990**  
**As of December 31, 2004**  
**Depreciation Expense Detail**

22-2565278

<u>EQUIPMENT TYPE</u>	<u>DEPRECIATION EXPENSE</u>
EQUIPMENT - CHS	271,848.45
LAB EQUIPMENT	44,063.16
AUTOMOBILE	58,687.93
CAPITALIZED LEASES	114,339.96
FIXED EQUIPMENT	5,964.10
CTR - TIME & ATTENDANCE	161,381.74
	<u>656,285.34</u>

# Catholic Health System Community Service Report For The Year 2004



## Catholic Health System

*Medical excellence with a tradition of caring.*

515 Abbott Road, Suite 508

Buffalo, New York 14220

PH: (716) 828-2700

FAX: (716) 828-2703





**Catholic Health System**

*Medical excellence with a tradition of caring*

Dear Community Leader,

We are pleased to present to the Western New York community the Catholic Health System Community Service Report for the year 2004.

This report demonstrates the commitment by the Catholic Health System ministry in our community to continue a legacy of providing area residents with access to a wide range of high quality, comprehensive services that make a difference in the lives of Western New Yorkers, each and every day.

In 2004, the Catholic Health System provided \$23.4 million in services to the community for which our facilities receive no payment from insurance companies or individuals, or payments that were insufficient to cover operating costs. These services help to enhance the health status, access to health care and social welfare of our community. This combination of quality care enriched by highly spiritual values and a deep reverence for life is something the public has come to expect from Catholic health providers for nearly 160 years.

For Catholic health providers, delivering uncompensated community services is more than a social obligation. It is an intrinsic part of our mission as a Gospel inspired ministry – to preserve the health of all people, protecting those who are poor and vulnerable, and improving the quality of life in Western New York.

In addition, the Catholic Health System provides non-reimbursed medical education in connection with colleges and universities from across the region, helping to train future health care professionals. CHS also continues to build upon its proud history of seeking innovative ways to improve the delivery of health care through numerous uncompensated health promotion and disease prevention programs that are designed to enhance the well being of the community-at-large. Specific programs and services in this report are in direct response to community needs.

If after reading this plan you have any comments or suggestions on how the Catholic Health System can better meet the needs of the community, please write to us in care of:

Catholic Health System  
Department of Public Relations & Government Affairs  
c/o Sisters of Charity Hospital  
2157 Main Street  
Buffalo, NY 14214

If you would like additional copies of this report, please call (716) 862-1700. The report is also available on the Catholic Health System web site at [www.chsbuffalo.org](http://www.chsbuffalo.org).

Sincerely,

Joseph D. McDonald  
*President & CEO*  
Catholic Health System

# Catholic Health System

## Community Service Report For The Year 2004

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### **Attachments**

Social Accountability Financial Statement for 2004 .....	Attachment A
Governance Structure .....	Attachment B
Healthcare Assistance Policy .....	Attachment C
New York State Department of Health Reporting Guidelines .....	Attachment D

# Catholic Health System Mission, Vision & Values

## OUR MISSION

Committed to a common mission, Western New York's Catholic health providers continue the healing ministry of Jesus. Seeking to improve the health of individuals and communities, we provide high quality service that is holistic, compassionate and respectful of human dignity. Central to this endeavor is the service of those who are poor and disadvantaged.

## OUR VISION

- To be a leading health care system progressively transforming care delivery to enhance the quality of life in Western New York.
- We will do this in partnership with physicians, associates and community providers who share our faith-based values.

## OUR VALUES

### *Reverence for the dignity of each person*

- Respect for the whole person
- Fair and just treatment of individuals
- Non-judgmental behavior

### *Compassion*

- Empathy
- Responsiveness to need
- Sensitivity

### *Justice for all, especially those who are poor and disadvantaged*

- Unconditional acceptance of each person
- Serving as advocates for the most vulnerable
- Collaborating with others to empower individuals

### *Excellence*

- Personal and professional integrity
- Promoting and facilitating quality health care services
- Commitment to embrace new technology

# Performance in Providing Charity Care

## SOCIAL ACCOUNTABILITY NEEDS ASSESSMENT

One of the fundamental reasons for the creation of the Catholic Health System and its member organizations was to ensure the continued viability of health care institutions to meet the varied needs of the communities they serve in keeping with the mission, vision and values of our religious sponsors.

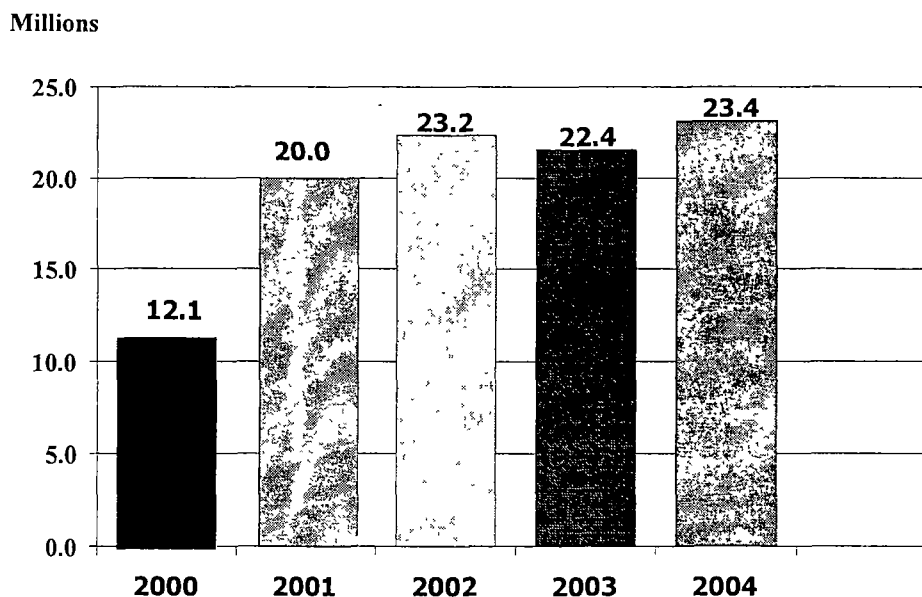
## BENEFITS TO THOSE WHO ARE POOR AND THE BROADER COMMUNITY

Integral in this effort is caring for the needs of those who are poor. The services provided by Catholic Health System organizations are developed and funded in response to identified community needs, and reflect our emphasis on caring for the underserved. The Catholic Health System also strives to collaborate with other organizations to expedite and maximize the provision of services to our neighboring communities.

To effectively present these services in a meaningful fashion, a reporting and accountability process was developed that quantifies the cost of these services. This process also provides a basis of accountability to communities for the way in which resources are used to meet identified needs.

In 2004, the Catholic Health System's hospitals, long term care facilities and home care programs contributed \$23.4 million in community service to Western New York. This substantial financial commitment to the community, as outlined in the Social Accountability Financial Statement attachment, represents more than four percent of the Catholic Health System's total net operating revenues of nearly \$545 million. We provided \$12 million in community service at our acute facilities including \$3.8 million in traditional charity care and care for the poor expenses. In addition, \$8.2 million was provided in benefits to the broader community, which includes non-billed services and provided services where we were paid below our costs. An additional \$10.9 million in charity care and benefits to the community was provided through our long term care facilities and home care programs.

Catholic Health System  
Community Service Contribution History



# Catholic Health System Healthcare Assistance Program

Inspired by our tradition of caring for the poor, and together with the Sisters of Mercy, Regional Community of Buffalo, the Franciscan Sisters of St. Joseph, the Daughters of Charity, and the Diocese of Buffalo, the Catholic Health System will explicitly identify and pursue active services to meet the special needs of those who are poor.

Service to those who are poor is central to our mission. The Catholic Health System (CHS) desires to strengthen its commitment to this principle through well managed, integrated planning and budgeting processes as the framework for this policy. To ensure these objectives are met, the Catholic Health System has established its Healthcare Assistance Program (HAP) and Care of the Poor, Community Benefit, and Advocacy Plan.

In 2004 the Catholic Health System HAP program approved 382 requests for assistance under the program and provided \$2.2 million in discounted health care for the individuals assisted.

Confidentiality of information and individual dignity will be maintained for all those requesting consideration for healthcare assistance. A plain language consumer guide to the Catholic Health System Healthcare Assistance Program is available at all CHS hospital admissions offices and patient service locations or by visiting the CHS website at [www.chsbuffalo.org](http://www.chsbuffalo.org).

*Complete Policy – See Attachment C*

## Catholic Health System Overview

### OUR HISTORY

Formed in 1998 under four religious sponsors, the Catholic Health System provides health care to hundreds of thousands of Western New Yorkers across a network of four acute care hospitals, eleven primary care centers, nine diagnostic and treatment centers, one ambulatory surgery center, eight long term care facilities, two adult homes, three home care agencies, counseling services, social service and behavioral health programs.

One of the largest providers of health care in Western New York, the Catholic Health System's 7,800 associates and 1,200 physicians are part of a healing ministry dating back to 1848 when six Sisters of Charity came to Buffalo to open the city's first hospital. Among others, its facilities are known for excellence in such areas as women's services, cancer services, cardiology, and rehabilitative services and are well known for personal and compassionate care. The Catholic Health System is the largest provider of maternity services, rehab services, and care to the elderly in Erie County.

### OUR SPONSORS

Instrumental in our efforts is our emphasis on Catholic sponsorship and guiding principles that emphasize care for the whole person – body, mind and spirit. Steering us along this noble path are our four religious sponsors: the Diocese of Buffalo, the Daughters of Charity of St. Vincent de Paul, the Franciscan Sisters of St. Joseph and the Sisters of Mercy, Regional Community of Buffalo. While focusing on the healing ministry of Jesus, each sponsoring group brings its own individual strengths, ensuring that Catholic values-based health care will grow and prosper in Western New York.

## ***Medical Excellence with a tradition of caring...***

Throughout the country, and especially in New York State, health care continues to undergo tremendous change – not only in the way care is delivered – but also in the way it is financed. The emergence of the Catholic Health System is a living testament to these facts. The Catholic Health System brings together the strengths and talents of 7,800 associates and 1,200 physicians under one health care ministry stretching across Western New York.

The Catholic Health System is a full-service health care delivery system dedicated to providing superior medical care to the community at each stage of life from conception and birth, through childhood, adolescence and adulthood, to the special needs associated with the elderly. The primary service area for the Catholic Health System is Erie County. Kenmore Mercy Hospital, Sisters of Charity Hospital and St. Joseph Hospital provide care for residents in Buffalo and its eastern and northern suburbs while Mercy Hospital continues its historic tradition of caring for patients throughout South Buffalo, Lackawanna and the Southtowns.

## **Catholic Health System Facilities and Services**

Coming together as a unified system presented unique challenges and opportunities for our hospitals, long-term care facilities, diagnostic and treatment sites, primary care centers and home health care agencies. Working together, these entities form a comprehensive network that provides superior care at each stage of life across the continuum.

### **Acute Care/Hospitals**

- Kenmore Mercy Hospital
- St. Joseph Hospital
- Mercy Hospital of Buffalo
- Sisters of Charity Hospital

### **Adult Homes**

- St. Elizabeth's Home of Lancaster
- St. Vincent

### **Diagnostic & Treatment Centers**

- Chestnut Ridge Family Practice
- Mercy Diagnostic & Treatment Center – W. Seneca
- Clarence Diagnostic Center
- Kenmore Mercy Medical Office Building
- OLV-Brierwood Medical Centre
- Sheridan Health Care Center
- Mercy Ambulatory Care Center – Orchard Park
- Mercy Diagnostic Center – East Aurora Home for the Aged

### **Freestanding Surgery**

- Sisters Ambulatory Surgery Center – Williamsville

### **Primary Care Centers**

- Chestnut Ridge Family Practice
- Mercy Pediatric Center
- Clarence Sheridan Medical Center
- OLV Family Care Center
- Ken-Ton FamilyCare
- Riverside/Black Rock FamilyCare
- Sisters Lovejoy-St. Vincent Health Center
- Sisters Family Health Center
- Mercy Adult Medical Center
- Sisters School Health Program
- Mercy Health Center
- Specialty Center for Women
- Mercy OB/GYN Center

**Home Care**

- LifeLine™
- Mercy Home Care of Western New York
- McAuley Seton Home Care
- Sisters Long Term Home Health Care

**Long-Term Care**

- Father Baker Manor \*
- St. Francis of Buffalo
- McAuley Residence \*
- St. Francis Williamsville \*
- Mercy Nursing Facility
- St. Joseph Manor
- St. Catherine Laboure' Health Care Center\*
- Nazareth Home \*
- \*Facility offers subacute service

**Health Education & Referral**

- HealthConnection - Physician and Community Referral Services, Lifestyle, Health and Wellness Programs

**Rehabilitation Service**Partners In Rehab Acute Care

- Kenmore Mercy Hospital
- Mercy Hospital of Buffalo
- St. Joseph Hospital
- Sisters of Charity Hospital

Partners In Rehab - Subacute Care

- St. Catherine Laboure' Health Care Center
- Father Baker Manor
- St. Francis of Buffalo
- St. Francis of Williamsville
- McAuley Residence

Partners In Rehab - Medical Rehabilitation

- Kenmore Mercy Hospital
- Mercy Hospital

**Health Education & Referral**

- HealthConnection
- Physician & Community Referral Services
- Lifestyle, Health & Wellness Programs

**Specialties**

- The Catholic Health System Heart Center
- Senior Services
- Comprehensive Cancer Center
- Women's Services – Expressly For Women Perinatal Testing

**Substance Abuse (Sisters Hospital Programs)**

- Pathways (Methadone Maintenance Program)
- STAR Amherst – Substance, Treatment & Recovery
- STAR Bailey – Substance, Treatment & Recovery

Partners In Rehab – Outpatient Care

- Kenmore Mercy Hospital
- West Seneca – Mercy Hospital
- East Aurora – Mercy Hospital
- Sisters Hospital
- St. Joseph Hospital
- 6199 Transit Road – St. Joseph Hospital

Partners In Rehab - Industrial Rehabilitation

- 6199 Transit Road – St. Joseph Hospital

AthletiCare - Sports Outreach Program

- Kenmore Mercy Hospital
- Orchard Park – Mercy Hospital

## **Catholic Health System Hospitals**

### **KENMORE MERCY HOSPITAL**

**2950 Elmwood Avenue • Kenmore NY 14217**

**(716) 447-6100**

Kenmore Mercy Hospital has served Buffalo's northern suburbs since 1951. In addition to 24-hour Emergency Services, the hospital also offers a number of additional services through the Catholic Health System including: residential health care through the 160-bed McAuley Residence; primary care services at several community locations; rehabilitation and sports medicine through the AthletiCare program. In 2004, the hospital opened its Knee and Hip Center, a center of excellence in orthopedic care.

### **MERCY HOSPITAL OF BUFFALO**

**565 Abbott Road • Buffalo, New York 14220**

**(716) 826-7000**

Established in 1904, Mercy Hospital is now the center of acute care in South Buffalo and its surrounding communities. The hospital provides 24-hour emergency care with more than 30,000 visits annually, the busiest in the region. Comprehensive medical and surgical specialties at Mercy Hospital include cardiology, orthopedics, neurosurgery, gynecology, urology and general surgical services. Mercy is also a medical teaching hospital affiliated with the University of Buffalo School of Medicine – training more than 100 medical students each year. A recently renovated maternity department includes a Level II intensive care nursery. In 2002, Mercy Hospital opened the region's newest advanced cardiac program, offering open-heart surgery and interventional cardiac catheterization. The operating theater was expanded in 2004 and includes the addition of a dedicated endosuite. The addition of state-of-the-art robotic surgery and 64-slice CT technologies in 2005, coupled with plans for a new Emergency Department in 2006, should assure that status for the foreseeable future.

The Mercy Ambulatory Care Center, a freestanding emergency department, includes an array of diagnostic services. The Western New York Medical Park, East Aurora Diagnostic and Treatment center and Brierwood sites, and 6 primary care centers round out the additional outpatient venues throughout Mercy's primary service area.

### **ST. JOSEPH HOSPITAL**

**2605 Harlem Road • Cheektowaga, New York 14225**

**(716) 891-2400**

St. Joseph Hospital has served Buffalo and its eastern suburbs since 1960. The hospital offers a complete range of services including 24-hour emergency care, cardiac care, inpatient and ambulatory surgery, physical therapy, radiology and laboratory services. Specialized services include digestive health, sleep disorders, and primary care services at several community locations. In 2005, St. Joseph Hospital opened a new \$10 million emergency department, providing the community with an ultra modern, technologically advanced, patient centered emergency department experience. This facility will serve as a model for planning emergency care at other CHS facilities in the years ahead.

### **SISTERS OF CHARITY HOSPITAL**

**2157 Main Street • Buffalo, New York 14214**

**(716) 862-1000**

Buffalo's first hospital, established in 1848, Sisters Hospital is a medical teaching hospital offering medical and surgical inpatient care, OB/GYN services including a Level III intensive care nursery and a



labor and delivery unit, ICU/CCU, Specialty Center for Women and Breast Care Center, certified as a community cancer center. Sisters Hospital also offers primary care services at several community locations. The hospital also offers several medical teaching programs including Medical Residencies in Osteopathic Medicine, General Medicine, Podiatry, OB/GYN, Anesthesia, and Physician Assistant Rotation in conjunction with Daemen College.

## Primary Care Services

Catholic Health System (CHS) Primary Care Centers provide critically needed care and services to a diverse Community-based population in Western New York. Last year, the Centers realized over 134,000 at their various locations, the vast majority of which are located in urban, inner city areas. Almost 47% of the total population of patients receiving care, are a part of the New York State Medicaid Program or Medicaid Managed Care and about 4% are uninsured.

As Hospital Extension Clinics, each of the Primary Care Centers receives financial support through its sponsoring Hospital facility. Each of the Centers also assists patients through outreach activities, connecting them to specific programs, agencies and services available under the CHS umbrella or within the Community-at-large. In providing this support, CHS has made a conscious decision to articulate its Mission directly to those in need: the poor and underserved.

**Near East Side Health Care Task Force (NESHCTF)** - The Catholic Health System is a member of the Near East Side Health Care Task Force, sponsored by Buffalo's Black Leadership Forum. NESHCTF is an organization of Buffalo health providers and Buffalo inner city community groups. The NESHCTF mission is to improve the health status of underserved neighborhoods in Buffalo through improved primary care access, better Emergency Department utilization and health education. The task force is currently developing a collaborative action plan to reduce reliance in emergency departments and improved primary care access.

In 2004, CHS was a major participant in Take A Loved One To The Doctor Week in September. This collaborative effort of NESHCTF, Catholic Health System, Kaleida Health, ECMC, other area providers, insurers and community organizations, delivered free physician office visits to more than 400 individuals. The program has gained national recognition as a model for collaborative initiatives to better serve inner city populations.

**The CHAMP Program** - The CHAMP Program ("Choosing Healthy Activities through Mentoring and Play") is a volunteer, collaborative effort which has been initiated amongst the Catholic Health System (Primary Care Division and Community Health Division), the Niagara University Learn and Serve Ministry and Catholic Central School. The program addresses health needs identified in the middle school students who attend Catholic Central. The program elements align with the requirements of the New York State Education Department's Health Curriculum for Middle Schools

**The Parish Initiative** -This program is aimed at informing Pastors in the Catholic Diocese of Buffalo of the options available for their parishioners for health insurance through FidelisCare New York and primary care services through the Catholic Health System. Meetings are scheduled with Pastors with representatives from FidelisCare and CHS Primary Care Centers. Pastors receive information regarding primary care services through Centers proximal to their parishes, contact information to obtain health care and health insurance for their parishioners who may be in need, and a folder filled with information regarding ancillary health care services available through both Fidelis and CHS. They also receive camera-ready art to include in their weekly Church bulletins and Church bulletin boards to inform their parishioners of available services. Six parishes have been visited locally since January with other Parish meetings scheduled in the next month.

**The Uninsured Initiative.** This program is a collaborative effort between Catholic Health System and FidelisCare New York to more aggressively enroll uninsured individuals in order to provide them with health insurance and health care services. When a potential new patient calls one of the CHS Primary Care Centers for an appointment and has no insurance, the appointment is readily scheduled. Upon arrival for the visit, the patient receives a form to complete which inquires whether the patient would like a home visit from FidelisCare to assist them with enrolling in a health insurance option. Once the form is completed, it is faxed by CHS PCC personnel to FidelisCare, where a representative contacts the patient and sets up an appointment for a home visit. Since FidelisCare is a facilitated enroller, Fidelis representatives discuss all local HMO health insurance options, government options such as Family Health Plus and Child Health Plus as well as Medicaid with patients. Subsequently, they assist the patient and the patient's family with enrolling in the plan of their choice all in the convenience of their own homes. Thus far, the effort has resulted in the enrollment of almost 600 individuals in FidelisCare, with a number of enrollments to other local health insurers as well.

## Women and Children's Services

**Breast Screening Services** –As one of the area's leading providers of breast care service, the Breast Center at Sisters Hospital offers comprehensive care to women including easily accessible and state-of-the-art mammography and sonography breast screening services. On-site breast surgical oncologists provide a full-range of surgical options. Education, counseling, breast reconstruction and support groups for breast cancer survivors round out the complement of services. Kenmore Mercy and its physicians offer a free Breast Cancer Detection Program, professional breast exams and instruction in breast self-examination to women without health insurance or financial resources – with the hope that these women will continue to seek preventative health care practices.

**Specialty Center for Women** - Located on the third floor at Sisters Hospital, the Specialty Center for Women provides a variety of specialized health care services to meet the unique needs of women throughout the local community. The Center is staffed with a highly skilled team of physicians who are recognized locally and nationally as leaders in their fields. The center also conducts screening programs for women without insurance.

Along with a team of dedicated, caring nurses and other health professionals, the specialty center provides a unique atmosphere where all women regardless of their economic or social status, are treated with respect and dignity. Accepting referrals from the Sisters Family Health Center and other CHS primary care centers, the Specialty Center provides a continuity of care for women who may not otherwise have access to these needed services.

**Healthy Births** - The Catholic Health System leads the region in births through Sisters of Charity Hospital and Mercy Hospital of Buffalo. CHS offers an extensive array of services and ongoing educational programs aimed at helping mothers and fathers have healthy babies and build strong families. The past year, Sisters Hospital and Mercy Hospital helped more than 800 parents and parents-to-be in Western New York prepare for childbirth, learn prenatal care, breast-feeding, infant care and more. Sisters Hospital and Mercy Hospital staff delivered nearly 6,000 babies in 2004, and the Sisters Hospital Neonatal Intensive Care Unit helped nearly 600 premature or sick babies get the specialized medical attention they needed.

**PCAP** - Sisters Family Health Center sees a high number of OB/GYN patients. Through the Prenatal Care and Assistance Program (PCAP), women who would otherwise go without care receive prenatal care and counseling. The program serves 750 women annually; half of these women do not carry health insurance. Approximately 70% of the women served by this program are African American. Women in the PCAP program also receive free prenatal classes at Sisters Hospital free of charge.

**Natural Family Planning** – Offered at CHS facilities and charging a sliding fee scale based on income.

**Pregnancy Testing and HIV Counseling & Testing** - In addition, the Sisters Family Health Center (SFHC) offers a free pregnancy-testing program through its women's services division to anyone in the community interested in learning their pregnancy status. Services are available regardless of the ability to pay. HIV pretest counseling, HIV testing and post test counseling are available. All services are provided confidentially by registered nurses who have additional training in HIV counseling. Referrals are made, when appropriate, to SFHC or Lovejoy/ St. Vincent Health Center. Clients needing crisis intervention or other services are introduced to appropriate behavioral health personnel, social services, pastoral care, Erie County Health Department or ECMC.

**Project Truth** - Administered through Catholic Charities in conjunction with CHS, Project Truth is a multi-faceted abstinence until marriage education initiative built on a foundation of character education. The program is designed for all adolescents with the goal of reducing the proportion of young people engaging in premarital sex, reducing the rate of teen pregnancies and other behavioral issues including drug, alcohol and tobacco use.

**Safe Passage Program** – A hospital based domestic violence, Safe Passage maintained strong community partnerships with Haven House, Crisis Services, Monsignor Carr Institute and Erie County Coalition Against Family Violence. Services included medical, case management, advocacy and mental health. The Safe Passage House, operated by Sisters of Charity Hospital, is a two family transitional housing program for women and their children who are victims of domestic violence. Due to funding issues this service was discontinued at the end of 2004.

**Ken-Ton Hopegivers Task Force** – With the purpose to address issues of domestic violence, the program works with Catholic Charities and Kenmore and Tonawanda Police Departments.

**Social Services and WIC** - In an arrangement with the Erie County Department of Health, Sisters Hospital provides a community office for WIC free of charge on the hospital campus. This office services Sisters Hospital, the Family Health Center and the surrounding community. In exchange the Erie County Department of Health provides a lactation consultant for new mothers at Sisters of Charity Hospital two-days per week.

**Perinatal Bereavement Program** – Sisters Hospital offers an active Perinatal bereavement program to help couples cope with the loss of a child at any stage of pregnancy. A dedicated perinatal bereavement

nurse meets with couples experiencing such loss and provides emotional and spiritual support, along with community resources and community support.

## Continuing Care Services

**Our Lady of Victory Renaissance Corporation** - Our Lady of Victory Hospital has served Lackawanna, Hamburg, West Seneca and other Western New York communities since 1919. In its role in conjunction with Mercy Hospital, Our Lady of Victory Renaissance Corporation is undergoing a transformation with plans for a new senior living community under development for the hospital's current campus. Future plans for the campus include 74 units of low and moderate-income senior housing, an 84-bed skilled nursing facility, a Program of All-inclusive Care for the Elderly (PACE) and synergistic retail and medical services. Construction on this new senior campus is to begin in 2005. For more information on the future development of this project, please contact Aimee Gomlak Brace at 716-604-1802.

**Laboratory Services** - CHS Laboratory Services take pride in consistently providing accurate and meaningful test data through the use of precision instrumentation, extensive quality assurance procedures and state-of-the-art technology and a highly skilled and experienced staff. Key components of the highly integrated laboratory services network include a centralized laboratory with advanced instrumentation, including unique robotic instrumentation; 24 conveniently located community patient services centers; hospital based laboratory sites for urgent test results; Personalized pick-up and delivery services; and centralized administrative functions.

## Community Health/Outreach and Education Activities

As part of the Catholic Health System mission, its facilities participate and give back to the communities they serve. Some of those initiatives are as follows:

### Screening Programs

The Catholic Health System offers a wide range of screening programs free of charge to the public including:

- Prostate Cancer
- Oral Cancer
- Vascular Disease
- Thyroid Disease
- Diabetes
- Cholesterol
- Glucose Testing
- Blood Pressure

**AthletiCare** – Through its AthletiCare sports outreach program the Catholic Health System provides training programs to 18 area high schools and colleges. The program also provides medical and athletic training coverage for charity events such as the Gus Macker Basketball Tournament, Girls Athletic League and Frontier Falcons Services.

**CHS Website** – In 2001, the Catholic Health System launched a community oriented Internet site, [www.chsbuffalo.org](http://www.chsbuffalo.org). This site offers the community complete information on the services offered across the system. Included in this site is a comprehensive section offering up-to-date resource information on health and wellness issues for the consumer.

**Diabetes Education and Management** – Diabetes is a primary health concern in all Americans, but incidence is even higher in African-American Hispanic and Native Americans. In June 2003 the

Catholic Health System was awarded the American Diabetes Association National Recognition for its Diabetes Self-Management Education Classes. The Catholic Health System is a member of the WNY Coalition for Diabetes Prevention whose goal is to promote diabetes awareness and provide outreach materials to local communities, especially minority or under-served populations. Sisters Hospital, along with the other sites, is actively involved in this provision of services and supplies. Approximately 50% of all clients serviced by the Diabetes Education Service at Sisters Hospital are African-Americans.

**HealthConnection** - Through the Catholic Health System's Community Education Department, the system reached out to more than 4,900 people in the community with health education, screening and prevention programs.

#### **Mission on the Move Mobile Health Van**

Mission on the Move is a mobile health program operated jointly by CHS and FidelisCare New York. This program is dedicated to improving the health of the Western New York community by providing health education programs and screening services where people live, work and worship. In 2004, the van visited 151 sites and provided health screenings and education to more than 4,000 people. In an effort to bring services to neighborhoods in need, Mission on the Move collaborated with Target the Heart's Faith & Neighborhood Action Group, local YMCAs, Eckerd Drugs, Tops Markets, American Lung Association, American Heart Association and area Chambers of Commerce.

**Project S.O.A.R** - **Project S.O.A.R** (Success, Opportunity, Action, Retraining) is a unique, highly-successful community/work experience program to assist people who have had to utilize public assistance or who have become dislocated workers. Begun in 1991, this collaborative effort includes Kenmore Mercy Hospital, Kenmore -Tonawanda School District and the Erie County Department of Social Services, along with funding is from the US Department of Labor. Basic literacy skills, high school equivalency exams, case management, on-the-job training, childcare, transportation assistance, and career counseling are key elements of the program. Almost 500 students have enrolled in **Project S.O.A.R** in two areas: Patient Care Attendant, and Medical/Clerical Office Procedures. Of these students, almost 80% completed the program, and approximately 85% have gained employment. Kenmore Mercy Hospital, including our clinics and other off-sites locations, provides all on-the-job training and remains the largest employer of **Project S.O.A.R** graduates.

**Rehabilitation Education & Prevention** – Through its Rehabilitation Services division, the Catholic Health System provides presentations to community groups on specific health care topics that enhance awareness, prevention and promote early assessment.

## **Employee Outreach**

**HeartWalk 2004** – Supporting the American Heart Association, the Catholic Health System was an active participant in the 2004 American Heart Association's HeartWalk. CHS employees pledged more than \$58,000 for the event. CHS was also a major sponsor of the AHA HeartBall.

**United Way Day of Caring** – The Catholic Health System annually supports the United Way Day of Caring. A volunteer work force spends a day working to clean up and fix up businesses and homes in the City of Buffalo.

**Christmas Family Giving Program** – Associates across the Catholic Health System participate annually in holiday giving programs for the needy. Food, clothing and gifts are given to dozens of families across the community.

**Clothing Drive** - St. Joseph Hospital associates conduct an annual clothing drive to support the St. Vincent De Paul Society.

**Good Neighbor Fund** – The employees of St. Joseph Hospital contribute to community charities and outreach programs through the hospitals Good Neighbor Fund.

**“Project Mustard Seed”** – Based at Sisters Hospital, this program provides assistance for prescription costs, transportation and food to patients of the Sisters Family Health Center and perinatal care continuum.

**Helping Hand Program** – Many Mercy/OLV Associates have made payroll deductions to be put into the Helping Hand fund, which assists other employees/families in time of need. Additional opportunities are provided throughout the year for associates to extend their generosity and contribute to this fund. Needs of associates are many and varied, including the option of taking a loan and paying back via payroll deduction.

**The Giving Place** - A Sisters Hospital nurse volunteers to provide warm clothing to pregnant patients and their children. Sisters Hospital employees and physicians donate new and gently used clothing and furniture.

## Spiritual Care

**Clinical Pastoral Outreach** – Catholic Health System has been accepting interns from around the world since 1996 who are interested in becoming chaplains or adding a pastoral component to their service as doctors, teachers, and psychologists. As part of the Clinical Pastoral Education Program, there has been an expansion of placements for interns functioning as chaplains into the community. Initially, interns spend clinical time in CHS hospitals, nursing homes, primary care centers, and homes for the aged as well as the homes of persons served by the CHS Home Care Division. Under the accreditation of the Catholic Health System, Clinical Pastoral Education Program and in collaboration with the Franciscan Friary, students now work in locales such as the St. Patrick’s Friary, the Perry Street Projects, the Warde Center, the Seneca-Babcock area, St. Vincent’s Dining Room, Benedict House and the prisons in Gowanda and Attica. This is a focused effort to educate chaplains for ministry in non-traditional settings while at the same time making a difference in the lives of people who are the fringe members of our society and the poor to whom the Catholic Health System has a special call to serve.

**Quarterly Ecumenical Memorial Prayer Service** – To provide further healing for the loss family members have experienced. Additional prayer services are held in response to patient and staff needs. Funerals, wakes and other bereavement services are an important part of the services provided by the Spiritual Care staff.

**Spiritual Care Staff** - Provide spiritual counseling and other support services for inpatients, outpatients, and nursing home residents of all faiths in addition to our staff and their families. The Spiritual Care Staff in the acute care facilities provide a variety of services ranging from sacramental care to providing community education. Chaplains counsel patients, families, and staff and provide additional services as needed. Chaplains participate in interdenominational associations in their respective areas. Chaplains are

certified professional trained in spiritual direction, pastoral counseling and medical ethics, committed to enhancing the holistic care patients and residents receive throughout the Catholic Health System.

## Community Feedback

The Catholic Health System remains in constant touch with the communities it serves through formal and informal information gathering to help measure performance, community need and opportunities for improvement.

**Health Care Needs Assessment Survey** – Through CHS primary care centers, hospital admission departments and outpatient ancillary sites, a survey was distributed to individuals to gain an understanding about their health care needs and how well their needs were being met. Questions were asked regarding their needs in primary care, hospital services, home care, long term care, and community education. Over 340 surveys were completed providing feedback about services they had used and whether they felt their needs were met.

**Home Care Satisfaction Survey Process** – Just as our hospitals and nursing homes conduct satisfaction surveys of their population, on a quarterly basis, our home care agency surveys its home care clients using the NRC product. This process allows us to continually modify the service we provide to our home care clients.

**Inpatient Satisfaction Survey Process** – Through a cooperative effort with the Buffalo Niagara Health Quality Coalition, Catholic Health System hospitals continue to participate in a regional patient satisfaction survey. Participation in this program is voluntary and paid for by the hospitals. Surveying takes place twice a year. It holds up hospital performance in patient experiences to national benchmarks. The program opens up the patient experience to public viewing through extensive publication of results in local media and offers opportunities for the hospitals to further improve performance. In the latest survey of 14 Western New York hospitals, three earned 3-star ratings from surgical patients. Two of those hospitals, Sisters of Charity and Kenmore Mercy hospitals, are from the Catholic Health System.

### NRC/Picker Patient Satisfaction Survey Results: Perceptions of Care Cycle 9 Discharges (Aug-Oct 2004)

#### General Medical Patients

##### Indicators of Medical Care

	All Indicators Combined	Respect for Patient Preferences	Coordination of Care	Information and Education	Physical Comfort	Emotional Support	Involvement of Family and Friends	Continuity and Transition
St Joseph	★★	★★	☆☆	☆☆	★★	★★	★	★
Kenmore Mercy	★★	☆☆☆	☆☆	★★	★★	★★	☆☆	★★
Sisters	★★	★★	☆☆	★★	★★	★★	☆☆	★★
Mercy	☆☆	★★	★	★	☆☆	☆☆	☆☆	☆☆

#### Surgical Patients

##### Indicators of Surgical Care

	All Indicators Combined	Respect for Patient Preferences	Coordination of Care	Information and Education	Physical Comfort	Emotional Support	Involvement of Family and Friends	Continuity and Transition
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St. Joseph	★★	★★	★★	☺☺☺	★★	☺☺☺	★★	★★
Kenmore Mercy	★★★	★★★	★★★	★★★	★★★	★★★	★★	☺☺☺
Sisters	★★★	★★★	★★★	★★★	★★	★★★	★★	★★
Mercy	★★	★★	★★	★★	☺☺	★★	★★	★★

### Childbirth Patients

#### Indicators of Childbirth Care

	All Indicators Combined	Respect for Patient Preferences	Coordination of Care	Information and Education	Physical Comfort	Emotional Support	Involvement of Family and Friends	Continuity and Transition
Sisters	★★	☆☆	★★	★★	★★	☆☆	☺☺☺	★★★
Mercy	★★	★★	☆☆	★★	★★	★★	★★	★★

☺ Improved from Prior Cycle

☆ Worse than Prior Cycle

Star ratings are based on comparisons to national scores

Patients in hospitals with one star (★) had experiences that were statistically significantly worse than national averages

Patients in hospitals with two stars (★★) had experiences that were not statistically significantly different than national averages

Patients in hospitals with three stars (★★★) had experiences that were statistically significantly better than national averages

**Nursing Home Family/Resident Satisfaction Survey Process** – Just as our hospitals conduct satisfaction surveys of their patient population, Catholic Health System nursing homes also conduct satisfaction surveys of their population on a semi-annual basis. Survey responses are compared to other nursing homes within Catholic Health East for eastern state benchmarks.

**Partners In Rehab & AthletiCare Patient Satisfaction** – As part of the rehabilitation division's mission of providing quality and evidence-based practices, we recognize that only through surveying our patient population are we able to identify those areas that we could improve our service. All of the discharged patients in our two Medical Rehabilitation Units (MRU), five subacute facilities and nine outpatient facilities are surveyed monthly. Our guiding questions are (1) *Overall Satisfaction* where the response of *excellent* and *very good* are only used in the tally and (2) *Would you definitely recommend our service?*

**Physician Satisfaction Survey Process** – CHS began a process of surveying its medical staff on a regular, frequent basis in 2002. A web-enabled survey product was purchased which allows for the timely development of survey tools to allow physicians easy access to voice their opinion. CHS physicians were surveyed in regards to their information technology capabilities and needs. Their input is being utilized to plan the work that is necessary to ensure the System and its physicians have ready access to patient information electronically so better health care decisions can be made on a timely basis.

**Focus Groups** – The Catholic Health System conducts focus groups as needed when developing and evaluating new and existing programs and services. For instance, focus groups were conducted with women in the community to gain their input in the development of specialty services for women at one of our primary care centers. Their input was invaluable in directing us to offer the right kind of services to meet their unique needs.



## **Strategic Planning for the Catholic Health System**

The Catholic Health System views the strategic planning process as a journey without a finish and that plans and strategies to provide services to the community first and foremost must continually adapt to the fluidity of the current and challenging health care environment.

In the planning of health care services under a seriously strained environment, the Catholic Health System undertook three significant steps in long range planning for CHS and its facilities and services in 2004. First, a detailed medical staff development plan was created looking at our hospital's medical staff needs over the next five years to ensure we have the medical professionals necessary to continue to provide high quality care to the communities we serve. Our planning process included one-on-one physician interviews with key medical staff throughout our System, statistical physician use rate analysis to understand the needs of the region from a modeling perspective, as well as a needs assessment analysis of daily physician needs within our hospital walls.

Second, five-year strategic plans were created for CHS as well as the acute care facilities, home care division, long-term care division and our rehabilitation, laboratory and cardiovascular service lines. These five-year plans involved extensive information gathering and involvement of hundreds of stakeholders, including meetings and retreats with Board members, physicians, senior administration and management. This planning process included extensive market analysis, examination of community needs, the ability of CHS to match its resources with those needs, reaffirmation of the system's mission and vision and identification of how to reach that vision through strategic initiatives that were consistent with the needs of our customers. From an approval process, the five year plans as well as annual plans were approved by the Catholic Health System Board of Directors as well as the entity Boards (Acute, Home Care, and Long Term Care) in December of 2004.

Finally but not the least important, CHS entered into a strategic alliance with Siemens Medical Solutions in 2004. This alliance will allow the Catholic Health System and its entities to shape healthcare in the Buffalo region and help improve the quality and efficiency of patient care. The first steps involve bringing our acute care facilities onto a common, integrated clinical and financial information systems platform. With one common information system, patient information will be available to our medical professionals from any workstation within the Catholic Health System, the home or office computer.

# Community Health Indicators

## Demographics

### Erie County

Erie County Population by Age Cohorts						
	<18 yrs	18-44 yrs	45-64 yrs	65+ yrs	Total Pop	Females 18-44
2004	218,676	340,044	231,824	150,581	941,125	170,968
2009	209,186	324,088	240,644	153,149	927,067	161,806
% Change	-4.3%	-4.7%	3.8%	1.7%	-1.5%	-5.4%
Difference	(9,490)	(15,956)	8,820	2,568	(14,058)	(9,162)
Erie County 65+ Population						
	65+	65-74 yrs	75-84 yrs	85+ yrs		
2004	150,581	72,047	57,093	21,441		
2009	153,149	73,033	56,446	23,670		
% Change	1.7%	1.4%	-1.1%	10.4%		
Difference	2,568	986	(647)	2,229		
Source: Claritas Demographics based on 2000 Census						

- Although the total Erie County population is projected to decrease by 1.5% (14,058) from 2004 to 2009, rates of decline and growth vary among age cohorts.
- The decrease in population of children under 18 continues to accelerate. The projections show a decrease of 4.3% (-9,490).
- The age cohort 18-44 projects the largest decrease of 4.7% (-15,956).
- In Erie County, the population age cohort 45-64 continues to show projected growth of 3.8% (8,820).
- Although the charts above show a projected increase in the 65+ population of 1.7% (2,568), there is a 1.1% (-647) projected decrease in the 75-84 age cohort.
- It is also important to note that the female population of childbearing age (18-44 years) continues to decline by 5.4% (-9,162) in Erie County. This continues to feed the population decline in the younger population.

## Demographics

### Western New York

WNY Population by Age Cohorts						
	<18 yrs	18-44 yrs	45-64 yrs	65+ yrs	Total Pop	Females 18-44
2004	366,891	570,390	388,325	244,739	1,570,345	285,043
2009	350,725	543,142	402,431	248,533	1,544,831	269,504
% Change	-4.4%	-4.7%	3.6%	1.6%	-1.6%	(-5.5%)
Difference	(16,166)	(27,248)	14,106	3,794	(25,514)	(15,539)
WNY 65+ Population						
	65+	65-74 yrs	75-84 yrs	85+ yrs		
2004	244,739	118,282	91,632	34,825		
2009	248,533	119,780	90,405	38,348		
% Change	1.6%	1.3%	-1.3%	10.1%		
Difference	3,794	1,498	(1,227)	3,523		
Source: Claritas Demographics based on 2000 Census						

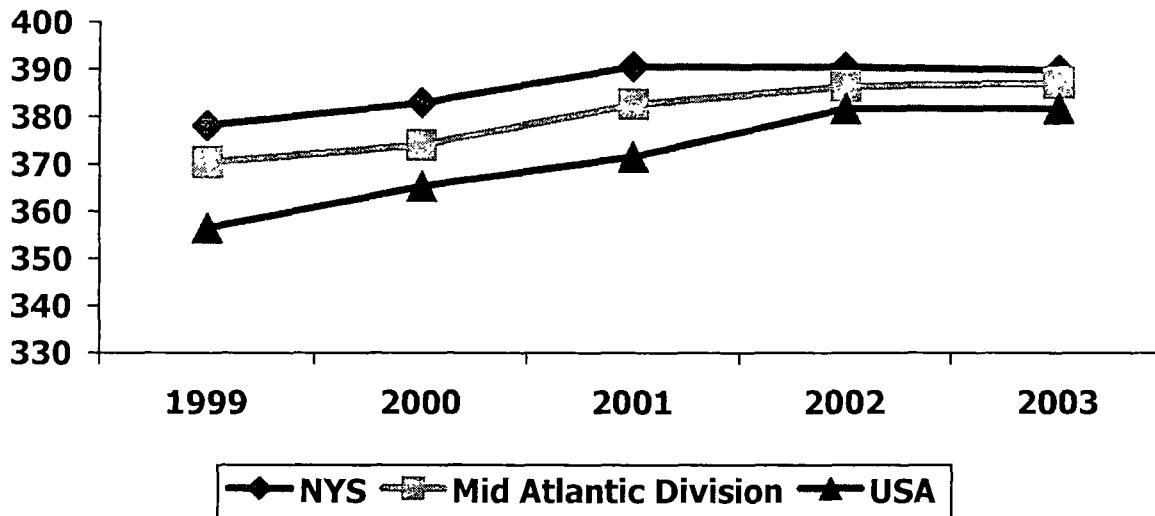
- While the total Western New York (WNY) population is projected to decline by 1.6% (-25,514) from 2004 to 2009, rates of decline and growth vary among age cohorts
- The above charts continue to show a decline in the child population <18 yrs by 4.4% (-16,166) and the younger working individuals 18-44 years by 4.7% (-27,248).
- The age cohort 45 to 64 shows a projected growth of 3.6% (14,106)
- The age cohort 65 and older shows a projected increase of 1.6% (3,794). Likewise, the 65-74 age cohort shows a projected increase of 1.3%, and the 85+ age cohort a projected increase of 10.1% (3,523).
- The age cohort 75-84 shows a projected decline of 1.3% (-1,227)
- Like Erie County, Western New York shows a decline in women of childbearing age (18-44 years) of 5.5% (-15,539).
- The population growth trends both in Erie County and in Western New York support the statement that the WNY region continues to age

## Inpatient Services

Western New York Inpatient Discharge Statistics							
	1999	2000	2001	2002	2003	1999-2003 % Change	2002-2003 % Change
Hospital Inpatients	164,944	162,818	162,571	161,773	162,399	-1.5%	+0.4%
ALOS	6.3	6.3	5.9	5.8	5.8	-0.5 days	0 days

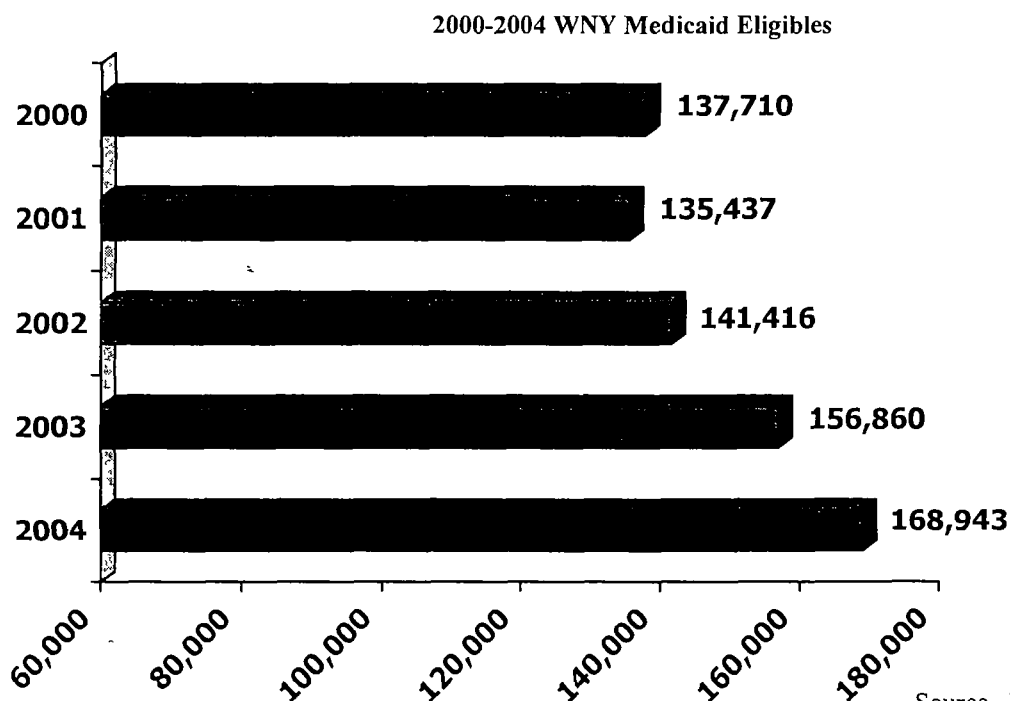
Source: Medstat Market Expert. Figures exclude normal newborns

## Emergency Department Visits



- ♦ Inpatient discharges were dropping from 1999-2002 and began to rise again in the WNY area as noted by the 0.4% increase in inpatient discharges from 2002-2003
- ♦ A decrease in average length of stay of 0.5 days occurred between 1999-2003, however it has remained stable at 5.8 days with no change from 2002-2003.
- ♦ ED utilization rates per 100,000 population is also seeing an increase across the nation, mid-Atlantic region and in NYS

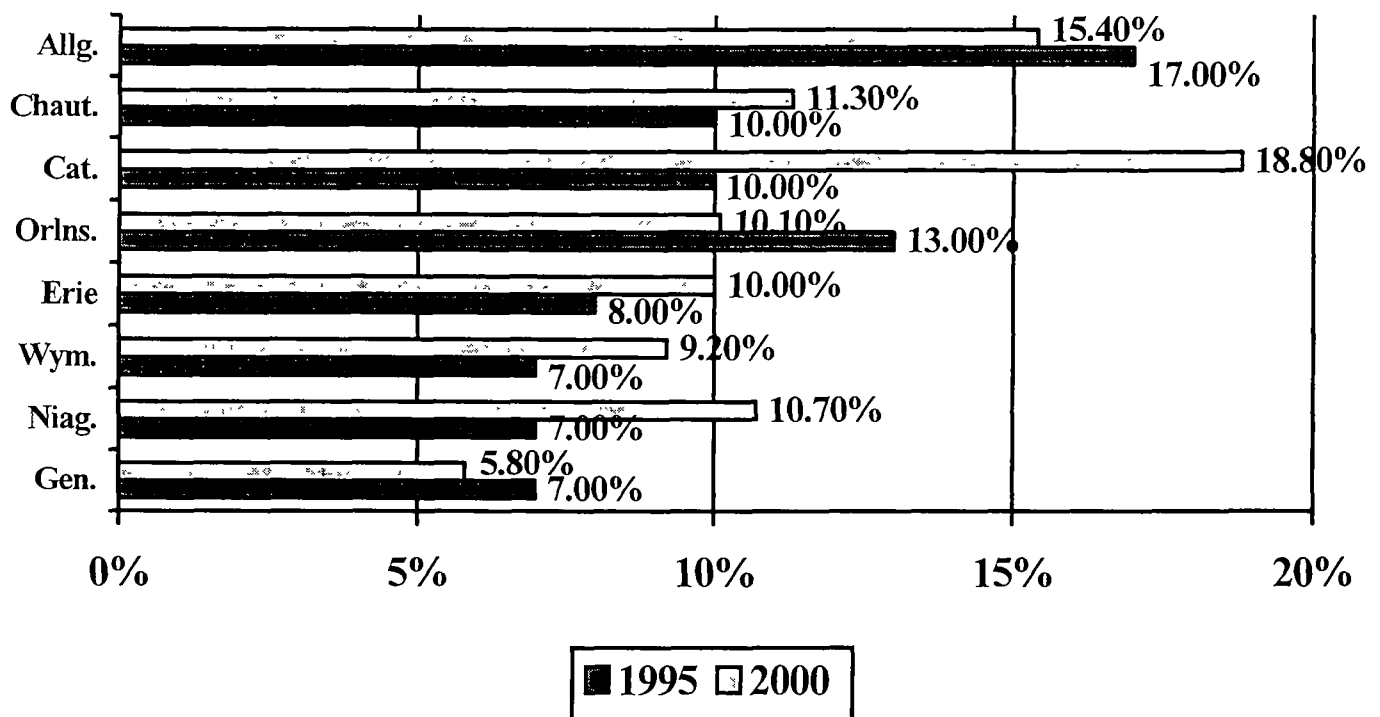
## Medicaid / Uninsured Statistics



Source: NYSID; NYSDOH

- ♦ The number of individuals eligible for Medicaid increased by 22.6% (31,233) from 2000-2004

# WNY Percentage Uninsured by County



Source: HANYS' & WNY Risk Assessment

- In 2000, it was estimated that there were approximately 200,000 uninsured people in Western New York; Approximately, 96,000 (10%) of Erie County's population were also uninsured
- From 1995-2000, the number of uninsured increased in Niagara County (3.7%); Wyoming County (2.2%); Erie County (2.0%); Cattaraugus County (8.8%), and Chautauqua County (1.3%). The number of uninsured decreased in Genesee County (2.8%); Orleans County (3.0%); and Allegheny County (1.6%).
- In 2000, the percent of uninsured in Erie County ranked higher than Genesee, Niagara, and Wyoming Counties but lower than the Southern Tier region of Allegheny, Cattaraugus and Chautauqua Counties.
- The trend in New York State is that the number of uninsured individuals is rising. 17.6% of the population (16.7 million) lacked health insurance in 2003, an increase from 15.2 million in 2000.
- The trend in the United States is that the number of uninsured individuals is rising. Nearly 45 million Americans under the age of 65 lacked health insurance coverage in 2003, an increase of more than one million people in a single year and over five million people since 2000. Medicare covers virtually all those 65 and older, while Medicaid and the State Children's Health Insurance Program help provide coverage for low-income people. However, there remains a gap in coverage; 18% of the population under age 65 lacks health insurance. Employer-sponsored health insurance has decreased from covering 66% of the nonelderly in 2000 to 62% in 2003 (Source: The Kaiser Commission on Medicaid and the Uninsured, Key Facts about Americans Without Health Insurance, November 2004)

## Mortality Statistics

Indicator	US 1999	US 2000	US 2001	NYS 1999	NYS 2000	NYS 2001	Diff 1999 - 2001	Erie Cty. 1999	Erie Cty. 2000	Erie Cty. 2001	Diff 1999 - 2001	Healthy People 2010
Diseases of the Heart*	259.9	252.6	245.8	315.6	291.6	295.3	-20.3	343.5	342.6	345.5	+2.0	166.0
Malignant Neoplasms*	197.0	196.5	194.4	195.9	190.2	n/a	n/a	202.3	207.0	n/a	n/a	159.9
Cerebrovascular Disease*	60.0	59.6	57.4	40.8	39.8	38.4	-2.4	71.6	80.9	71.9	+0.3	48.0
CLRD*	44.5	43.4	43.2	36.6	34.7	34.8	-1.8	38.5	40.8	n/a	n/a	60.0
Pneumonia*	22.8	23.2	21.8	26.6	25.7	n/a	n/a	21.4	19.2	n/a	n/a	n/a
Infant Mortality **	7.1	6.9	6.8	6.3	6.3	6.0	-0.3	7.7	7.5	8.5	+0.8	4.5
Low Birth Weight (<2500 grams)	7.6%	7.6%	7.7%	7.8%	n/a	7.8%	0	8.6%	8.2	7.8	-0.8	5.0%
Prenatal Care (1 <sup>st</sup> Trimester)	83.0%	83.0%	83.4%	71.7%	n/a	73.3%	+1.6%	74.7%	74.5	74.2	-0.5	83.0%

*Mortality Rates are per 100,000 population \*\* Infant mortality rates are per 1,000 live births*  
*Source NYS Department of Health County Health Indicator Profiles, Healthy People 2010, and CDC's National Vital Statistics Report*

The WNY region continues to work with the Department of Health and other organizations to improve the overall health of the region's communities. Hospitals as part of those communities continue to concentrate on improving quality and pathways in treating patient disease through clinical treatment and research. In addition, much effort has been put into maternal and child health. There are many initiatives throughout the state to increase education for mothers, and provide increased and better prenatal care to help assure the healthy birth of babies.

- Diseases of the Heart remains at the top of the list as the leading cause of death in New York State and in Erie County. New York State has experienced a decrease in the death rate from 1999-2001, however, the death rate in Erie County has slightly increased during this same time period. Erie County continues to have a higher death rate from Diseases of the Heart than both New York State (295.3) and the US (245.8).
- Cerebrovascular disease has showed no improvement in Erie County and has almost twice the mortality rate as New York State.
- At the time of this writing, 2001 cancer mortality rates were not available. However, from 1999-2000, Erie County experienced an increase in cancer related deaths, while both New York State and US rates have decreased. Erie County shows a higher cancer mortality rate than either NYS or the nation.
- Infant Mortality rates show improvement in New York State down to 6.0 deaths per 1,000 births, while in Erie County the figure is 8.5 deaths per 1,000 births.
- Low birth weight rates have improved and now mirror New York State rates (7.8%), but continue to lag slightly behind the national rate of 7.7%.

# Catholic Health System

## System Financial Statement for 2004

<b>I.</b>	<b>Sources of Revenue</b>	
	* Net Patient Services Revenue	\$539,379,000
	* Other Operating Revenue (e.g. investments)	\$ 6,025,000
	* Non-Operating Revenue	\$ 5,391,000
	<b>Total Revenue:</b>	<b>\$550,795,000</b>
<b>II.</b>	<b>Expenses</b>	
	* Salaries and Benefits	\$305,027,000
	* Supplies and Other Expenses	\$193,630,000
	* Depreciation and Interest	\$ 26,928,000
	<b>Total Expense:</b>	<b>\$525,585,000</b>
<b>III.</b>	<b>Bad Dept/Uncompensated Care</b>	<b>\$ 18,609,000</b>
<b>IV.</b>	<b>Charity Care</b>	
	* Free Care	\$ 4,017,038
	* Community Benefits	\$19,410,625
	<b>Total Charity Care</b>	<b>\$23,427,663</b>
<b>V.</b>	<b>Assets</b>	<b>\$342,035,000</b>
<b>VI.</b>	<b>Liabilities</b>	<b>\$290,606,000</b>
	<b>Fund Balance</b>	<b>\$ 51,429,000</b>
<b>VII.</b>	<b>Capital – Equipment (Net)</b>	<b>\$ 42,830,000</b>
<b>VIII.</b>	<b>Land (Net)</b>	<b>\$ 8,326,000</b>
<b>IX.</b>	<b>Buildings and Improvements(Net)/Construction</b>	<b>\$100,429,000</b>

## Catholic Health System Summary Financial Statement

1.	<b>Total Operating Patient Revenue</b>	<b>\$550,795,000</b>
2.	<b>Total Operating Expenses</b>	<b>\$525,585,000</b>
3.	<b>Charity Care</b>	<b>\$ 23,427,663</b>
4.	<b>Bad Debt/Uncompensated Care</b>	<b>\$ 18,609,000</b>

1. **Revenue** – includes income from patient care billings, grants, research/medical education; donation fund raising.

2. **Operating Expenses** – includes, salaries,/benefits, supplies, other expenses, depreciation and interest expenses on loans;

3. **Charity Care** – this accounting is a result of facility charity care policies-reflecting expenditures associated with free care to patients not expected to pay their bills (e.g. patients without health insurance or financial resources) (DOH part 86-1.11(g)(b))

**Bad Debt** – reflects expenditures not collected from patients expected to pay their medical bills – uncollected medical charges (e.g. patient with some form of health insurance or financial resources)



**Line 54 (990) - Investments - Securities**

Check one box below to indicate how securities are report

☐ Cost☒ End of year market value (FMV)

	Number of shares/ face value	Value at time of donation	Beginning balance book value FMV	Ending balance book value FMV
Securities at end of year				
1 M&T Securities, Inc			2,346,775	2,375,993
2				0
3				0
4				0
5				0
6				0
7				0
8				0
9				0
10				0
11				0
12				0
13				0
14				0
15				0
16				0
17				0
18				0
19				0
20				0
21 Totals	21	0	2,346,775	2,375,993

**Line 57 (990) - Land, buildings, and equipment**

Land (net of any amortization)				Land (net of any amortization)			
				Beginning		End	
1	Land	1		0		0	
2		2					
3		3					
4		4					
5		5					
6	Total land (net of any amortization)	6		0		0	

Buildings and equipment				Buildings and equipment				Accumulated depreciation			
				Beginning		End		Beginning		End	
7	Equipment	7		9,221,328		2,195,301		7,583,384		1,051,789	
8	Leasehold Improvements	8		36,010		36,010		36,010		36,010	
9	Automobiles	9		0		162,595				94,937	
10	Capital Leases	10		571,700		571,700		209,623		323,963	
11	Construction In Progress	11		513,011		822,670		0		0	
12		12									
13		13									
14		14									
15		15									
16		16									
17	Total buildings and equipment	17		10,342,049		3,788,276		7,829,017		1,506,699	
18	Buildings and equipment (less accumulated depreciation)	18						2,513,032		2,281,577	
19	Total land, buildings and equipment	19						2,513,032		2,281,577	

Category or Item		Cost/Other Basis	Accumulated Depreciation	Book Value
1	Equipment	1		
2	Leasehold Improvements	2		
3	Capital Leases	3		
4	Construction In Progress	4		
5		5		
6		6		
7		7		
8		8		
9		9		
10		10		
11	Total	11	0	0

**Line 58 (990) - Other assets**

		Beginning	End
1 Due From Facilities	1	13,331,383	19,491,000
2 Other - Receivables	2		1,020,352
3	3		
4	4		
5	5		
6	6		
7	7		
8	8		
9	9		
10	10		
11 Total other assets	11	13,331,383	20,511,352

## Line 64b (990) - Mortgages and other notes payable

Lender's name	Check if lender is a business	Original amount	Balance due beginning of year	Balance due end of year
1 M&T Bank	<input checked="" type="checkbox"/>	20,000,000	13,648,227	10,028,197
2 Kronos	<input checked="" type="checkbox"/>	571,700	34,970	10,849
3 Fleet Healthcare	<input checked="" type="checkbox"/>	11,900,000	955,935	0
4 Ford Motor Credit	<input checked="" type="checkbox"/>	106,153	0	45,249
5 GMAC	<input checked="" type="checkbox"/>	29,351	0	24,172
6	<input type="checkbox"/>			
7	<input type="checkbox"/>			
8	<input type="checkbox"/>			
9	<input type="checkbox"/>			
10	<input type="checkbox"/>			
11	<input type="checkbox"/>			
12	<input type="checkbox"/>			
13	<input type="checkbox"/>			
14	<input type="checkbox"/>			
15	<input type="checkbox"/>			
16	<input type="checkbox"/>			
17	<input type="checkbox"/>			
18	<input type="checkbox"/>			
19 Totals		32,607,204	14,639,132	10,108,467

Security provided	Date of note	Maturity date	Repayment terms	Interest rate
1 Facility Related	Various	Various	Various	4.25%
2 Leased Equipment				3.04%
3 Equipment				Various
4 Automobiles	Various	Various	Various	Various
5 Automobiles	3/1/2004	1/31/2008	Monthly Pymts	1.90%
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				

Purpose of loan	Description of consideration	FMV of consideration
1 Provide working capital		
2 Equipment funding		
3 Equipment funding		
4 Automobiles		
5 Automobiles		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		

Lender's Title	Relationship to Insider
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	

**Catholic Health System**

**FORM 990 (2004) 22-2565278**

**Schedules and Explanations**

**For The Year Ended December 31, 2004**

**Part V - List of Officers, Directors, Trustees and Key Employees.**

Name and Address	Title and Time Devoted to Position	Compensation	Contributions to Employee Benefit Plan	Expenses and other Allowances
Ralph Macey 515 Abbott Road Buffalo, NY 14220-1700	Chairman Hours worked per week = 1 hr	None	None	None
Carl J. Montante 515 Abbott Road Buffalo, NY 14220-1700	Director Hours worked per week = 1 hr	None	None	None
James E. Biddle 515 Abbott Road Buffalo, NY 14220-1700	Director Hours worked per week = 1 hr	None	None	None
Paul Bauer 515 Abbott Road Buffalo, NY 14220-1700	Treasurer Hours worked per week = 1 hr	None	None	None
Arthur A. Russ 515 Abbott Road Buffalo, NY 14220-1700	Director Hours worked per week = 1 hr	None	None	None
Joseph Anain, MD 515 Abbott Road Buffalo, NY 14220-1700	Director Hours worked per week = 1 hr	None	None	None
Anthony Markello 515 Abbott Road Buffalo, NY 14220-1700	Director Hours worked per week = 1 hr	None	None	None
Monsignor Robert E. Zapfel 515 Abbott Road Buffalo, NY 14220-1700	Director Hours worked per week = 1 hr	None	None	None
Joseph McDonald 515 Abbott Road Buffalo, NY 14220-1700	President/CEO & Secretary Hours worked per week = 37.5 hr	683,087	87,461	None
Sr. Paulene Tirone, FSSJ 515 Abbott Road Buffalo, NY 14220-1700	Director Hours worked per week = 1 hr	None	None	None
Mecca S. Cranley, Ph.D.	Director			

**Catholic Health System**  
**FORM 990 (2004) 22-2565278**  
**Schedules and Explanations**  
**For The Year Ended December 31, 2004**

**Part V - List of Officers, Directors, Trustees and Key Employees.**

<b>Name and Address</b>	<b>Title and Time Devoted to Position</b>	<b>Compensation</b>	<b>Contributions to Employee Benefit Plan</b>	<b>Expenses and other Allowances</b>
515 Abbott Road Buffalo, NY 14220-1700	Hours worked per week = 1 hr	None	None	None
Sr Nancy Hoff, RSM 515 Abbott Road Buffalo, NY 14220-1700	Director Hours worked per week = 1 hr	None	None	None
Judge Hugh Scott 515 Abbott Road Buffalo, NY 14220-1700	Director Hours worked per week = 1 hr	None	None	None
James P Giambrone 515 Abbott Road Buffalo, NY 14220-1700	Director Hours worked per week = 1 hr	None	None	None
Sr Kathleen Natwin, DC 515 Abbott Road Buffalo, NY 14220-1700	Director Hours worked per week = 1 hr	None	None	None
Bertram Portin, MD 515 Abbott Road Buffalo, NY 14220-1700	Director Hours worked per week = 1 hr	None	None	None
Datta Waggle, MD 515 Abbott Road Buffalo, NY 14220-1700	Director Hours worked per week = 1 hr	None	None	None

**Catholic Health System**  
**FORM 990 (2004) 22-2565278**  
**Schedules and Explanations**  
**For The Year Ended December 31, 2004**

**Part V - List of Officers, Directors, Trustees and Key Employees**

Name and Address	Title and Time Devoted to Position	Compensation	Contributions to Employee Benefit Plan	Expenses and other Allowances
Thomas Brody Catholic Health System 515 Abbott Road Buffalo, NY 14220-1700	Sr VP - Senior Services Hours worked per week = 37.5 hr	229,558	34,992	NONE
K David Crone Catholic Health System 515 Abbott Road Buffalo, NY 14220-1700	Sr VP - CFO Hours worked per week = 37.5 hr	333,576	60,320	NONE
Brian J D'Arcy MD Catholic Health System 515 Abbott Road Buffalo, NY 14220-1700	Sr VP Medical Affairs Hours worked per week = 37.5 hr	301,983	49,550	NONE
James Dunlop Catholic Health System 515 Abbott Road Buffalo, NY 14220-1700	VP of Finance & Controller Hours worked per week = 37.5 hr	193,572	30,114	NONE
Mana Foti Catholic Health System 515 Abbott Road Buffalo, NY 14220-1700	VP Planning & Marketing Hours worked per week = 37.5 hr	132,219	19,203	NONE
C Anthony Lyons Catholic Health System 515 Abbott Road Buffalo, NY 14220-1700	VP Compliance & Administrative Services Hours worked per week = 37.5 hr	155,052	25,536	NONE
Sr Sally Maloney Catholic Health System 515 Abbott Road Buffalo, NY 14220-1700	Sr VP - Mission Integration Hours worked per week = 37.5 hr	124,231	16,264	NONE
Dennis McCarthy Catholic Health System 515 Abbott Road Buffalo, NY 14220-1700	VP Public Relations & Government Affairs Hours worked per week = 37.5 hr	102,634	15,692	NONE
Michael Moley Catholic Health System 515 Abbott Road Buffalo, NY 14220-1700	VP Human Resources Hours worked per week = 37.5 hr	104,222	7,556	NONE
Grand Totals		2,360,134	259,228	0

Note: The Board of Directors is a voluntary service. No compensation, contributions to benefit plans, or expense account allowances are provided for board services. Compensation listed above is for service as an employee and not related to Board of Director service.

**Catholic Health System 22-2565278**

**Form 990**

**As of December 31, 2004**

" The Organization Pays Membership Dues to Member Organizations Which May Engage  
In Lobbying Activities. Therefore, A Portion Of The Dues May Be Attributable To Lobbying Activities "



Catholic Health System    22-2565278  
Form 990  
As of December 31, 2004

"MEMBERS OF GOVERNANCE OF THE ORGANIZATION MAY BE AFFILIATED WITH OR HAVE A  
BUSINESS RELATIONSHIP WITH THE ORGANIZATION PURCHASING DECISIONS ARE NOT MADE  
BY THESE INDIVIDUALS ALL TRANSACTIONS ARE MADE WITHIN THE NORMAL COURSE OF  
BUSINESS AND ARE CONDUCTED AT ARM'S LENGTH "

# Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box . . . . . ☒
  - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**

## **Part I** Automatic 3-Month Extension of Time—Only submit original (no copies needed)

**Form 990-T corporations** requesting an automatic 6-month extension—check this box and complete Part I only . . . . . ☐  
*All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.*

**Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile)

<b>Type or print</b>  File by the due date for filing your return. See instructions	Name of Exempt Organization <b>Catholic Health System</b>	Employer identification number <b>22 : 2565278</b>
	Number, street, and room or suite no. If a P O box, see instructions <b>515 Abbott Road, Suite 508</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>Buffalo, NY 14220</b>	

### Check type of return to be filed (file a separate application for each return):

- |  |  |                                    |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)     | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                             | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► .....

Telephone No ► ( ) ..... FAX No. ► ( ) .....

- If the organization does **not** have an office or place of business in the United States, check this box . . . . . ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) ....., If this is for the **whole** group, check this box ► ☐. If it is for part of the group, check this box ► ☐ and attach a list with the names and EINs of all members the extension will cover.

**1** I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until August 15, 2005, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
► ☒ calendar year 20 04 or  
► ☐ tax year beginning ....., 20 ....., and ending ....., 20 .....

**2** If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

**3a** If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions . . . . . \$ None

**b** If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit . . . . . \$ None

**c Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions . . . . . \$ None

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box ☐ **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

**Part II** Additional (not automatic) 3-Month Extension of Time—Must File Original and One Copy.

Type or print  File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer identification number
	Number, street, and room or suite no. If a P.O. box, see instructions	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	

Check type of return to be filed (File a separate application for each return)

- |                                      |   |                                    |
|--------------------------------------|---|------------------------------------|
| <input type="checkbox"/> Form 990    | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 4720                                |                                    |

**STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of ☐ Telephone No. ☐ FAX No. ☐
- If the organization does **not** have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) ☐ If this is for the **whole** group, check this box ☐. If it is for **part** of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until \_\_\_\_\_, 20\_\_\_\_.
- 5 For calendar year \_\_\_\_\_, or other tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension \_\_\_\_\_

- 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_
- b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ \_\_\_\_\_
- c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ \_\_\_\_\_

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature *[Signature]* Title Chief Financial Officer Date 4/19/05**Notice to Applicant—To Be Completed by the IRS**

- ☐ We **have** approved this application. Please attach this form to the organization's return.
- ☐ We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- ☐ We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- ☐ We **cannot consider** this application because it was filed after the extended due date of the return for which an extension was requested.
- ☐ Other \_\_\_\_\_

Director \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_

**Alternate Mailing Address** — Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Type or print	Name
	Number and street (include suite, room, or apt. no.) or a P.O. box number
	City or town, province or state, and country (including postal or ZIP code)

- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box ☒ **Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8858.**
- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

**Part II** Additional (not automatic) 3-Month Extension of Time—Must File Original and One Copy.

Type or print	Name of Exempt Organization <b>Catholic Health System</b>	Employer identification number <b>22 : 2565278</b>
File by the extended due date for filing the return. See instructions	Number, street and room or suite no. If a P.O. box, see instructions <b>515 Abbott Road, Suite 508</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>Buffalo, NY 14220</b>	

Check type of return to be filed (File a separate application for each return)

- ☒ Form 990    ☐ Form 990-EZ    ☐ Form 990-T (sec. 401(a) or 408(a) trust)    ☐ Form 1041-A    ☐ Form 5227    ☐ Form 8870  
☐ Form 990-BL    ☐ Form 990-PF    ☐ Form 990-T (trust other than above)    ☐ Form 4720    ☐ Form 6069

**STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the **whole** group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until November 15, 2005
- 5 For calendar year 2004, or other tax year beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_.
- 6 If this tax year is for less than 12 months, check reason. ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension Additional time is needed to complete an accurate return.

- 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_
- b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 081505 \$ \_\_\_\_\_
- c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ \_\_\_\_\_

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature James A. Dwyer Jr. Title VP Finance/Corporate Date 08/15/05

**Notice to Applicant—To Be Completed by the IRS Controller**

- ☒ We have approved this application. Please attach this form to the organization's return.
- ☐ We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- ☐ We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- ☐ We cannot consider this application because it was filed after the due date of the return for which an extension was requested.
- ☐ Other \_\_\_\_\_

Director \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_

**Alternate Mailing Address** — Enter the address if you want the copy of this application for an additional returned to an address different than the one entered above.

Type or print	Name
	Number and street (include suite, room, or apt. no.) Or a P.O. box number
	City or town, province or state, and country (including postal or ZIP code)

EXTENSION APPROVED

SEP 13 2005

FIELD DIRECTOR,  
SUBMISSION PROCESSING, OGDEN

RECEIVED SEP 13 2005