

Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

Sisters of Charity Hospital

Doing Business As

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

515 Abbott Road No 500

Room/suite

City or town, state or country, and ZIP + 4

Buffalo, NY 142202039

F Name and address of principal officer

Joseph D McDonald

2121 Main Street

Buffalo, NY 14214

H(a) Is this a group return for affiliates?

☐ Yes ☒ No

H(b) Are all affiliates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () (insert no) ☐ 4947(a)(1) or ☐ 527

J Website:

www.chsbuffalo.org

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation

1849

M State of legal domicile

NY

Part I	Summary																								
Activities & Governance	<div><div>1</div><div>Briefly describe the organization's mission or most significant activities</div><div>The Catholic Health System (CHS) Mission is to provide quality healthcare services in an acute care setting Committed to a common mission, CHS providers continue the healing ministry of Jesus, seeking to improve the health of individuals and communities We provide high quality service that has reverence, compassion, justice, and excellence The 2010 Community Service Plan can be found at www.chsbuffalo.org</div></div>																								
	<div><div>2</div><div>Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets</div></div>																								
	<table><tr><td>3</td><td>Number of voting members of the governing body (Part VI, line 1a)</td><td>20</td></tr><tr><td>4</td><td>Number of independent voting members of the governing body (Part VI, line 1b)</td><td>6</td></tr><tr><td>5</td><td>Total number of individuals employed in calendar year 2010 (Part V, line 2a)</td><td>2,755</td></tr><tr><td>6</td><td>Total number of volunteers (estimate if necessary)</td><td>339</td></tr><tr><td>7a</td><td>Total unrelated business revenue from Part VIII, column (C), line 12</td><td>0</td></tr><tr><td>7b</td><td>Net unrelated business taxable income from Form 990-T, line 34</td><td>0</td></tr></table>	3	Number of voting members of the governing body (Part VI, line 1a)	20	4	Number of independent voting members of the governing body (Part VI, line 1b)	6	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	2,755	6	Total number of volunteers (estimate if necessary)	339	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0	7b	Net unrelated business taxable income from Form 990-T, line 34	0						
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Net Assets or Fund Balances	<table><tr><th></th><th>Beginning of Current Year</th><th>End of Year</th></tr><tr><td>20</td><td>Total assets (Part X, line 16)</td><td>202,241,620</td></tr><tr><td>21</td><td>Total liabilities (Part X, line 26)</td><td>128,609,187</td></tr><tr><td>22</td><td>Net assets or fund balances Subtract line 21 from line 20</td><td>73,632,433</td></tr></table>		Beginning of Current Year	End of Year	20	Total assets (Part X, line 16)	202,241,620	21	Total liabilities (Part X, line 26)	128,609,187	22	Net assets or fund balances Subtract line 21 from line 20	73,632,433												
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Part II

Signature Block

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

Sign Here

Signature of officer

David P Macholz VP Finance/Corp Controller

2011-11-14

Date

Paid Preparer Use Only

Print/Type preparer's name

Firm's name Catholic Health System Inc

Firm's address 515 Abbott Road

Buffalo, NY 14220

Preparer's signature

Date

Check if self-employed

PTIN

Firm's EIN

Phone no (716) 828-2929

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

☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2010)

Part III

Statement of Program Service Accomplishments

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

1 Briefly describe the organization’s mission

The Catholic Health System (CHS) Mission is to provide quality healthcare services in an acute care setting Committed to a common mission, CHS providers continue the healing ministry of Jesus, seeking to improve the health of individuals and communities We provide high quality service that has reverence, compassion, justice, and excellence The 2010 Community Service Plan can be found at www.chsbuffalo.org

2

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

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

3

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

If “Yes,” describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 142,041,778 including grants of \$) (Revenue \$ 192,135,555)

Inpatient Routine/Surgery Services 79,745 Acute Care Patient Days14,775 Newborn Patient Days28,456 Skilled Nursing Patient Days9,111 I/P Ambulatory Surgeries

4b

(Code) (Expenses \$ 67,573,283 including grants of \$) (Revenue \$ 91,589,406)

Outpatient Routine/Surgery Services 50,572 ED Visits240,957 Referred Ambulatory Visits21,146 O/P Ambulatory Visits

4c

(Code) (Expenses \$ 5,892,477 including grants of \$) (Revenue \$ 7,886,554)

31,247 Clinic/Primary Care Service visits313,451 Substance Visits

4d

Other program services (Describe in Schedule O)

















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

4e

Total program service expenses \$ 215,507,538

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	4	No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>	5	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> 	9	No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	10	No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	11a	Yes
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b	No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> 	11c	No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	Yes
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	Yes
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a	Yes
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If "Yes," complete Schedule F, Parts II and IV.</i>	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions).</i>	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	18	No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i> 	20a	Yes
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions).	20b	No

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	Yes	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance				
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>				
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	230	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return.	2a	2,755	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.			3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b	
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a	No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year.			7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f	No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g	No
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8	No
9 Sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966?			9a	No
b Did the organization make a distribution to a donor, donor advisor, or related person?			9b	No
10 Section 501(c)(7) organizations. Enter				
a Initiation fees and capital contributions included on Part VIII, line 12.			10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.			10b	
11 Section 501(c)(12) organizations. Enter				
a Gross income from members or shareholders.			11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).			11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.			13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.			13b	
c Enter the amount of reserves on hand.			13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?			14a	No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.			14b	

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a20		
b	Enter the number of voting members included in line 1a, above, who are independent	1b6		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure	
17	List the States with which a copy of this Form 990 is required to be filed
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. David Macholz VP FinanceCorporate Controller 515 Abbott Rd Buffalo, NY 142202039 (716) 828-2974

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

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

Form **990** (2010)

Part VII

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 68

3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization		
(A) Name and business address	(B) Description of services	(C) Compensation
Christa Construction 26 Mississippi Street Suite 200 Buffalo, NY 14203	Construction Services	2,678,433
Sodexo Inc & Affiliates PO Box 81049 Woburn, MA 01813	Environmental Services	2,442,849
Quest Diagnostics (Chicago) 2178 Collection Center Drive Chicago, IL 60693	Laboratory Services	1,205,210
Siemens Medical Solutions (CHS) 51 Valley Stream Parkway Malverne, PA 19355	Maintenance Services	1,014,730
Sodexo Operation LLC Box 360170 Pittsburgh, PA 15251	Laundry	709,526
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶50		

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,384,359				
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f		1,384,359				
	Program Service Revenue			Business Code				
2a		Medicaid/Medicare	900099	146,972,203	146,972,203			
b		Patient Service	900099	144,639,311	144,639,311			
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f		291,611,514				
Other Revenue		3			Investment income (including dividends, interest and other similar amounts)			
	4			Income from investment of tax-exempt bond proceeds . .	156,361		156,361	
	5			Royalties				
	6a	Gross Rents		(i) Real	(ii) Personal	796,950		796,950
				796,950				
		b Less rental expenses						
		c Rental income or (loss)		796,950				
	d			Net rental income or (loss)				
	7a	Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other	51,302		51,302
					51,302			
		b Less cost or other basis and sales expenses						
		c Gain or (loss)			51,302			
	d			Net gain or (loss)				
	8a			Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18				
	a							
	b			Less direct expenses				
	c			Net income or (loss) from fundraising events . .				
	9a			Gross income from gaming activities See Part IV, line 19 . .				
	a							
	b			Less direct expenses				
	b							
	c			Net income or (loss) from gaming activities . .				
	10a			Gross sales of inventory, less returns and allowances				
	a							
	b			Less cost of goods sold				
b								
c			Net income or (loss) from sales of inventory . .					
			Miscellaneous Revenue	Business Code				
11a			Shared Service	900099	3,127,631	3,127,631		
b			Cafeteria	900099	1,095,751		1,095,751	
c			Parking	900099	360,392		360,392	
d			All other revenue		765,951		765,951	
e			Total. Add lines 11a-11d		5,349,725			
12			Total revenue. See Instructions		299,350,211	294,739,145	0 3,226,707	

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	754,416		754,416	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	107,001,928	98,440,443	8,561,485	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	5,459,290	5,043,695	415,595	
9	Other employee benefits	15,424,211	14,101,223	1,322,988	
10	Payroll taxes	7,202,905	6,578,108	624,797	
a	Fees for services (non-employees)				
	Management				
b	Legal	47,767	5,487	42,280	
c	Accounting				
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	8,945,066	6,009,295	2,935,771	
12	Advertising and promotion	38,630	29,347	9,283	
13	Office expenses	62,537,893	58,847,507	3,690,386	
14	Information technology				
15	Royalties				
16	Occupancy	4,665,291	1,110,949	3,554,342	
17	Travel	133,030	120,385	12,645	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	99,792	93,900	5,892	
20	Interest	2,061,861	1,688,138	373,723	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	9,553,217	7,763,155	1,790,062	
23	Insurance	2,446,574	2,123,873	322,701	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	Shared Service	39,999,413		39,999,413	
b	Purchase Services	15,210,081	5,610,779	9,599,302	
c	Bad Debt	7,941,254	7,941,254		
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	289,522,619	215,507,538	74,015,081	0
26	Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			18,421	1	11,570
	2	Savings and temporary cash investments			81,825,815	2	84,083,988
	3	Pledges and grants receivable, net			116,724	3	142,829
	4	Accounts receivable, net			35,116,991	4	38,642,346
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees <i>Complete Part II of Schedule L</i>				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) <i>Schedule L</i>				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			3,091,231	8	3,573,147
	9	Prepaid expenses and deferred charges			1,648,751	9	1,957,061
	10a	Land, buildings, and equipment <i>cost or other basis Complete Part VI of Schedule D</i>	10a	133,845,797			
	b	Less accumulated depreciation	10b	68,068,801	58,034,674	10c	65,776,996
	11	Investments—publicly traded securities				11	
	12	Investments—other securities <i>See Part IV, line 11</i>				12	
	13	Investments—program-related <i>See Part IV, line 11</i>				13	
	14	Intangible assets				14	
	15	Other assets <i>See Part IV, line 11</i>			22,389,013	15	21,190,726
	16	Total assets. Add lines 1 through 15 (must equal line 34)			202,241,620	16	215,378,663
Liabilities	17	Accounts payable and accrued expenses			41,293,847	17	39,894,626
	18	Grants payable			257,184	18	783,718
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			33,568,947	20	31,961,031
	21	Escrow or custodial account liability <i>Complete Part IV of Schedule D</i>				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i>				22	
	23	Secured mortgages and notes payable to unrelated third parties			3,552,086	23	8,695,475
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities <i>Complete Part X of Schedule D</i>			49,937,123	25	57,029,903
	26	Total liabilities. Add lines 17 through 25			128,609,187	26	138,364,753
Net Assets or Fund Balances		Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets			70,800,443	27	74,665,905
	28	Temporarily restricted net assets			2,705,990	28	2,225,482
	29	Permanently restricted net assets			126,000	29	122,523
		Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			73,632,433	33	77,013,910
	34	Total liabilities and net assets/fund balances			202,241,620	34	215,378,663

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	299,350,211
2	Total expenses (must equal Part IX, column (A), line 25)	2	289,522,619
3	Revenue less expenses Subtract line 2 from line 1	3	9,827,592
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	73,632,433
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-6,446,115
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	77,013,910

Part XII Financial Statements and Reporting

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

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

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization Sisters of Chanty Hospital	Employer identification number 16-0743187
--	--

Part I

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

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

- 1

☐

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

☐

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

☒

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

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

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other
- e

☐

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

☐

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

☐

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

(i)

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

(ii)

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

(iii)

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

☐

Provide the following information about the supported organization(s)

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

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

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support test—2009. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶		

Part IIIPart III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶		

Part IV

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

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Sisters of Charity Hospital

Employer identification number
16-0743187

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

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

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

1

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

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4

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

5

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

☐ Yes ☐ No

6

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

7

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

8

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

☐ Yes ☐ No

9

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a

Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b

Assets included in Form 990, Part X ▶ \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2010

Part III

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

3

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

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

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

5

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

☐ Yes

☐ No

Part IV

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance				
b	Contributions				
c	Investment earnings or losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

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

	Yes	No
3a(i)		
3a(ii)		
3b		

4

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

Part VI

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

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,958,968		1,958,968
b Buildings		33,268,059	19,274,822	13,993,237
c Leasehold improvements		26,034,538	7,850,528	18,184,010
d Equipment		66,638,537	40,943,451	25,695,086
e Other		5,945,695		5,945,695
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				65,776,996

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1299,350,211
2	Total expenses (Form 990, Part IX, column (A), line 25)	2289,522,619
3	Excess or (deficit) for the year Subtract line 2 from line 1	39,827,592
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	8-812,783
9	Total adjustments (net) Add lines 4 - 8	9-812,783
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	109,014,809

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	1299,885,475
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments2a	
b	Donated services and use of facilities2b	
c	Recoveries of prior year grants2c	
d	Other (Describe in Part XIV)2d1,919,623	
e	Add lines 2a through 2d2e	1,919,623
3	Subtract line 2e from line 13	297,965,852
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b4a	
b	Other (Describe in Part XIV)4b1,384,359	
c	Add lines 4a and 4b4c	1,384,359
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)5	299,350,211

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	1290,870,667
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities2a	
b	Prior year adjustments2b	
c	Other losses2c	
d	Other (Describe in Part XIV)2d1,348,048	
e	Add lines 2a through 2d2e	1,348,048
3	Subtract line 2e from line 13	289,522,619
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b4a	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)5	289,522,619

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
Part XI, Line 8 - Other Adjustments		SOC Foundation Revenue before SOC Foundation Contributions 571,576 Contributions from Sisters Foundation Inc - 1,384,359
Part XII, Line 2d - Other Adjustments		Sisters Foundation Inc Revenue 1,919,623
Part XII, Line 4b - Other Adjustments		Contributions from Sisters Hospital Foundations 1,384,359
Part XIII, Line 2d - Other Adjustments		Foundation Expenses less SOC Foundation Contributions 1,348,048

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

OMB No 1545-0047

2010

Open to Public Inspection

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

Name of the organization
Sisters of Charity Hospital

Employer identification number
16-0743187

Part I

Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	Yes	
1b	If "Yes," is it a written policy?	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <div><input type="checkbox"/> Applied uniformly to all hospitals</div> <div><input type="checkbox"/> Applied uniformly to most hospitals</div> <div><input type="checkbox"/> Generally tailored to individual hospitals</div>		
3	Answer the following based on the the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the FPG family income limit for eligibility for free care <div><input type="checkbox"/> 100%</div> <div><input type="checkbox"/> 150%</div> <div><input type="checkbox"/> 200%</div> <div><input checked="" type="checkbox"/> Other <u>110.000000000000 %</u></div>	Yes	
	b Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care <div><input type="checkbox"/> 200%</div> <div><input type="checkbox"/> 250%</div> <div><input type="checkbox"/> 300%</div> <div><input type="checkbox"/> 350%</div> <div><input type="checkbox"/> 400%</div> <div><input checked="" type="checkbox"/> Other <u>500.000000000000 %</u></div>	Yes	
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care		
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	Yes	
5b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	Yes	
5c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		No
6a	Does the organization prepare a community benefit report during the tax year?	Yes	
6b	If "Yes," did the organization make it available to the public?	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H		

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheets 1 and 2)			2,610,834	441,860	2,168,974	0 770 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			52,704,770	41,569,066	11,135,704	3 950 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			55,315,604	42,010,926	13,304,678	4 720 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			2,813,551		2,813,551	1 000 %
f Health professions education (from Worksheet 5)			5,955,130	2,299,162	3,655,968	1 300 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)			84,816		84,816	0 030 %
j Total Other Benefits			8,853,497	2,299,162	6,554,335	2 330 %
k Total. Add lines 7d and 7j			64,169,101	44,310,088	19,859,013	7 050 %

Part II

Community Building Activities during the tax year, and describe in Part VI how its community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing					
2	Economic development					
3	Community support		335		335	0 %
4	Environmental improvements		3,380		3,380	0 %
5	Leadership development and training for community members					
6	Coalition building		847		847	0 %
7	Community health improvement advocacy					
8	Workforce development		843		843	0 %
9	Other					
10	Total		5,405		5,405	

Part III

Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

			Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2	Enter the amount of the organization's bad debt expense (at cost)	2	3,554,505	
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's financial assistance policy	3	3,630,004	
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit.			

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	46,540,440	
6	Enter Medicare allowable costs of care relating to payments on line 5	6	48,354,140	
7	Subtract line 6 from line 5. This is the surplus or (shortfall)	7	-1,813,700	
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other			

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a	Yes	
b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b		No

Part IV

Management Companies and Joint Ventures

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

Section A. Hospital Facilities

How many hospital facilities did the organization operate during the tax year? 2

Schedule H (Form 990) 2010

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, measured by total revenue per facility, from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? 13

Name and address	Type of Facility (Describe)
1 See Additional Data Table	

Part VI

Supplemental Information

Complete this part to provide the following information

- 1
- Required descriptions.** Provide the description required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21
- 2
- Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B
- 3
- Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4
- Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5
- Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g, open medical staff, community board, use of surplus funds, etc)
- 6
- Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7
- State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Identifier	ReturnReference	Explanation
		Part I, Line 3c N/A
		Part I, Line 6a The Sisters of Charity Hospital/Sisters of Charity Hospital, St Joseph Campus Community Benefit Report is contained in a report prepared by the Catholic Health System
		Part I, Line 7 Costing is a full step down methodology of cost from non-revenue producing departments to revenue producing departments, with assignment of cost to individual charge items based on volume and charge amount All patient accounts are cost with the same methodology regardless of patient type (inpatient, outpatient, emergency room, etc) or insurance coverage (Medicare, Medicaid, private insurance, uninsured, etc)
		Part I, Line 7g N/A
		Part I, L7 Col(f) Bad debt expenses of \$7,941,254 are included in Part IX, line 25, column (A) but subtracted when calculating the percentage in column (f)
		Part II Sisters Hospital provided Community Building in various ways, including Community Support by identifying the need to educate Senior Citizens in regards to Healthcare amenities Additionally, Sisters Hospital provided Workforce Development by mentoring and educating students regarding healthcare careers throughout the community The Environmental Improvements were noted in the form of Pharmaceutical Waste Disposal that was provided for the community throughout the year Coalition Building was provided with community leaders to assess community health needs
		Part III, Line 4 The amount in Part III line 2 is the actual bad debt expenses of \$7,941,254 written down to cost, utilizing the Uninsured Ratio of Cost to Charges (RCC) obtained from the full step down methodology of cost described in Part 1, line 7 The amount in Part III line 3 is the estimate of bad debt from uninsured balance which is developed as follows as policy is to write accounts to bad debt 120 days after discharge, the discharge date period of 10/1/2009 to 9/30/2010 was used to determine the population of uninsured accounts The balance of these accounts was determined and the RCC was applied to develop the estimate in Schedule H Part III Line 3 As our determination of eligibility for the Healthcare Assistance Program (HAP) (Charity Care) is based solely on the presentation for care without insurance, which is now for each account, and use of a sophisticated estimator (PARO) of each guarantor's ability to pay an estimate of "the amount that reasonably could be attributable to patients who likely would qualify for financial assistance under the hospital's charity care policy if sufficient information had been available to make a determination of their eligibility" is not relevant The organization's financial statements do not include a footnote that describes bad debt expense, but the financial statements account for bad debt expenses in the statement of operations as actual expenses written off and an estimate of future write-offs less any recoveries
		Part III, Line 8 The costing methodology used to determine the Medicare Allowable costs is Cost to Charge The shortfall is not treated as a community benefit
		Part III, Line 9b N/A
		Part V, Section A Other Sisters of Charity Hospital - Rehabilitation O/P Clinical Laboratory Service Clinic Part Time Services Coronary Care CT Scanner Dental O/P Emergency Department Health Fairs O/P Intensive Care Magnetic Resonance Imaging Maternity Medical Social Services Medical/Surgical Neonatal Continuing Care Neonatal Intensive Care Neonatal Intermediate Care Nuclear Medicine - Diagnostic Nuclear Medicine - Therapeutic Pediatric O/P Pharmaceutical Service Physical Medical Rehabilitation Physical Medicine and Rehabilitation O/P Podiatry O/P Prenatal O/P Primary Medical Care O/P Psychology O/P Radiology - Diagnostic Renal Dialysis - Acute Therapy - Occupational O/P Therapy - Physical O/P Therapy - Speech Language Pathology Therapy - Vocational Rehabilitation O/P Other- Sisters of Charity- St Joseph Campus Clinic Part Time Services Clinical Laboratory ServicesCoronary Care CT Scanner Emergency Department Intensive Care Magnetic Resonance Imaging Medical Social Services Medical/Surgical Nuclear Medicine - Diagnostic O/P Therapy Pharmaceutical Service Primary Medical Care O/P Radiology - Diagnostic Renal Dialysis - Acute Therapy - Speech Language Pathology
		Part VI, Line 2 Sisters of Charity Hospital/Sisters of Charity Hospital St Joseph Campus, as part of Catholic Health, involves many participants in assessing community health needs including 1 New York State Department of Health Prevention Agenda for the Healthiest State Erie County Department of Health Catholic Health Kaleida Health Erie County Medical Center Sheehan Memorial Hospital 2 Health Consumers 3 Patients/residents/clients A Hospital Inpatients and OutpatientsB Nursing Home Residents and Families C Rehabilitation Patients D Primary Care Center Patients E Home Care Clients 4 Physicians 5 External Organizations6 Statistical Resources1 New York State Department of Health Prevention Agenda for the Healthiest State Catholic Health worked in collaboration with the Erie County Department of Health, Kaleida Health, ECMC and Sheehan Memorial on the Erie Co DOH Prevention Agenda for the Healthiest State In February 2009, an Erie County Joint Planning Committee formed to identify prevention priorities and strategies to focus on collaboratively over the next 3 years 2 Health Consumers In creating the Catholic Health and Sisters of Charity Hospital/Sisters of Charity Hospital St Joseph Campus strategic plan, input was sought from a variety of constituents including consumers In August 2008, eight (8) consumer focus groups were conducted asking consumers what they wanted from their patient care experience These focus groups were created by reaching out to 8,000 area residents who were asked to contact friends/families/neighbors to participate 3 Patients/residents/clients A Hospital Inpatients and Outpatients Sisters of Charity Hospital/Sisters of Charity Hospital St Joseph Campus continues to participate in a regional patient satisfaction survey through a cooperative effort with the Buffalo Niagara Health Quality Coalition and area hospitals Patient participation is voluntary This survey takes place twice per year Through hospital admission and outpatient ancillary sites, surveys were distributed to individuals to gain an understanding about their healthcare needs and how well their needs were being met 4 Physicians Sisters of Charity Hospital/Sisters of Charity Hospital St Joseph Campus surveys its medical staff annually Physicians are surveyed on issues relating to the quality and efficiency of services offered throughout Catholic Health including at Sisters Hospital 5 External OrganizationsCatholic Health and Sisters of Charity Hospital/Sisters of Charity Hospital St Joseph Campus also engaged in the P2 Collaborative (Pursuing Perfection) dedicated to improving the health of people across the region There are more than 200 participant organizations including the provider community, payers, community based organizations, religious organizations, local business, colleges & universities, and governmental agencies Areas of focus include working with physicians and organizations to enhance access to care and improve efficiency of care and empowering all of the Western New York community to take responsibility for and act on their own wellness In an effort to engage health care needs at the grass roots level, Catholic Health and Sisters of Charity Hospital/Sisters of Charity Hospital St Joseph Campus work closely with the following organizations to assess community health need Niagara Health Quality CoalitionCommunity Cancer CoalitionAmerican Heart Association Near East & West Side Task ForceBaker Victory Services Community Health Center of BuffaloWNY Osteoporosis Resource Ctr WNY Health Equity Work GroupLiving Healthy Task Force of Erie Co Minority Health CoalitionBuffalo Public Schools Worksite Wellness Flu CoalitionEvery Parent Influences Children (EPIC) Tobacco CoalitionWNY Coalition for Diabetes Community Health FoundationErie Co Coalition for Diabetes WNED Public TelevisionCatholic Charities Niagara University6 Statistical ResourcesCatholic Health and Sisters of Charity Hospital/Sisters of Charity Hospital St Joseph Campus used PQI (Preventable Quality Indicators) to map specific areas by zip code to better understand needs and target for need We mapped specifically for Congestive Heart Failure, Hypertension, Angina & Diabetes to identify target areas for community education & screening initiatives Other statistical resources used to assess the needs of the communities served include "A Community Report What People Want for the Future of Healthcare in WNY""NYS Expanded Behavioral Risk Factor Surveillance System" January 2008"Buffalo Public Schools Student Body Mass Index" 2008-2009 school year"Erie County Health Assessment Indicators" 2005-2007"Erie County Health Indicators Profile" 2003-2007
		Part VI, Line 3 Sisters Hospital informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the Catholic Health System Healthcare Assistance Program (HAP) policy For example, Sisters Hospital has posters and brochures available which include contact information for the Financial Clearance staff in admissions areas, emergency rooms, primary care and outpatient rehabilitation clinics, Revenue Management Center (RMC) and other areas of the organization's facilities where eligible patients are likely to be present, provides information about financial assistance and HAP contact information to patients as part of the intake process, provides financial assistance and HAP contact information to inpatients either during or within 90 days of discharge of their hospital stay , patient bills include the following language "The Catholic Health System has a Healthcare Assistance Program to assist those in need of financial assistance for qualified patients If you would like to obtain additional information on the Healthcare Assistance Program, please call (716) 601-3600 Thank you Our Customer Service area is our front end team to assist all patients in this process " Additionally, we discuss with the patient the availability of various government benefits, such as Medicaid or state programs, and assist the patient with qualification for such programs, where applicable, and there is information about financial aid posted on the Catholic Health System website
		Part VI, Line 4 Sisters of Charity Hospital including Sisters of Charity Hospital/St Joseph Campus serves a mixed suburban and urban service area which is comprised of 74 9% white (non-Hispanic) and 17 2% African-American (non-Hispanic) households The service area is more elderly than most with 18 2% of the population over the age of 65 compared to a national average of 13 2% The community is also poorer than the national average with 15 8% of the households with annual incomes below \$15,000/year compared to a national average of 12 1%
		Part VI, Line 6 Catholic Health System's community service activities at the acute facilities include benefits to the broader community, which include non-billed services and provided services paid below costs Charity care and benefits to the community are provided through long term care facilities, home care programs and Catholic Health system-wide community programs These programs touch more than 40,000 Western New York residents through community health education programs, health screenings, clinical and support services, clerkships, internships, scholarships, in-kind donations and community support activities The governing Board of Directors of Sisters of Charity Hospital/Sisters of Charity Hospital St Joseph Campus is comprised of community representatives from universities, legal communities, & business leaders Religious orders are represented, as well as active and retired medical staff members The Sisters Hospital medical staff can be considered an "open" medical staff, as any physician can apply for privileges Each application is reviewed by a vigorous credentialing verification process
		Part VI, Line 7 Sisters of Charity Hospital/Sisters of Charity Hospital St Joseph Campus is affiliated with the Catholic Health System, Inc , a New York State licensed corporation Catholic Health System, located in Buffalo, New York is exempt from taxation and is a charitable organization described in Section 501(c) (3) of the Internal Revenue Code of 1986 Catholic Health is also the parent company of the following New York State corporations Kenmore Mercy Hospital, Mercy Hospital of Buffalo, Father Baker Manor, St Elizabeth's Home of Lancaster, St Francis of Buffalo, St Francis Home of Williamsville, St Vincent's Home for the Aged, and Our Lady of Victory Senior Neighborhood
Reports Filed With States	Part VI, Line 7	NY

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
Sisters of Chanty Hospital

Employer identification number
16-0743187

Part I

Questions Regarding Compensation

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

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

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part III **Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
	Part I, Line 1a	Part I, Line 1a. Officers received a tax indemnification and gross-up payment for reimbursement of withholding taxes in conjunction with certain taxable benefits paid on behalf of the employee.
	Part I, Lines 4a-b	Part I, Line 4a. Certain Officers and Key employees participated in a supplemental nonqualified retirement plan per the terms and conditions of their employment arrangement. Sisters Pension Gap: CHE SERP: Joseph McDonald \$26,000; \$114,535; Dr. Brian D'Arcy \$9,800; K. David Crone \$17,000; John Davanzo \$16,875; Michael Moley \$20,697.
	Part I, Line 6	Part I, Line 6a. The 2010 Incentive payments were dependent upon achieving the Catholic Health System Operating Income target for Catholic Health System participants or the Ministry Operating Income target for Ministry participants. Sister's: Joseph McDonald \$214,448; Mark Sullivan \$86,846; James A. Dunlop, Jr. \$81,292; Peter Bergmann \$72,559; Dr. Brian D'Arcy \$60,504; John Davanzo \$58,579; Michael Moley \$58,450; Michael Edbauer, MD \$57,000; Christine Kluckhohn \$47,107; Charles Urlaub \$40,866; John Stavros \$39,533; James Millard \$39,478; Dr. Michael Galang \$35,327; Bartholomew Rodrigues \$34,256; Maria Foti \$31,835; David Macholz \$23,586; Matthew Hamp \$22,763.

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Sisters of Charity Hospital

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Employer identification number
16-0743187

Part I

Bond Issues

(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A Dormitory Authority of the State of New York	14-6000293	64983Q 5S4	11-29-2006	30,295,000	Part V		X		X		X
B Dormitory Authority of the State of New York	14-6000293	64983Q 5U9	11-29-2006	8,435,000	Part V		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired								
2	Amount of bonds legally defeased								
3	Total proceeds of issue	30,295,000		8,435,000					
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrow								
7	Issuance costs from proceeds	1,120,911		341,581					
8	Credit enhancement from proceeds	179,286		49,919					
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	28,994,802		8,043,500					
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	1994		2005					
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X			X				
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III

Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X						

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X						
b	Are there any research agreements that may result in private business use of bond-financed property?		X						
c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
6	Total of lines 4 and 5								
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X							

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X				
2	Is the bond issue a variable rate issue?	X		X					
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?	X		X					
b	Name of provider	HSBC Bank NA NA		JP Morgan Chase NA					
c	Term of hedge	18 5000000000000		18 5000000000000					
d	Was the hedge superintegrated?	X		X					
e	Was a hedge terminated?		X		X				
4a	Were gross proceeds invested in a GIC?		X		X				
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		X		X				
6	Did the bond issue qualify for an exception to rebate?		X		X				

Part V

Supplemental Information

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

Identifier	Return Reference	Explanation
Schedule K Supplemental Information		Part I A (f) Description of Purpose To refund Sisters of Charity of Buffalo Insured Revenue Bonds, Series 2003, which were bonds issued for the purpose of refunding a series of bonds issued in 1991, the proceeds of which were applied to finance the construction and renovation of the Sisters of Charity facilities and to refinance outstanding indebtedness Part I B (f) Description of Purpose To finance the cost of the St Joseph Campus emergency room expansion project

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
Sisters of Charity Hospital

Employer identification number
16-0743187

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c)Original principal amount	(d)Balance due	(e) In default?		(f) Approved by board or committee?		(g)Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total ▶ \$ _____										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b)Relationship between interested person and the organization	(c)Amount of grant or type of assistance

Part IV

Business Transactions Involving Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

Part V

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

Identifier	Return Reference	Explanation
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization Sisters of Charity Hospital	Employer identification number 16-0743187
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Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		CHS has three members Ascension Health, Catholic Health East, and the Diocese of Buffalo, NY Each member is able to participate equally in electing the governing body, approving significant decisions of the governing body, and in receiving a share of net assets upon dissolution, according to the CHS Bylaw s

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		According to the CHS Bylaw s, each member is equally allow ed to appoint up to three individuals to act as its representatives on the Corporate Member Board, and in undertaking any action in its capacity as a Member The Corporate Member Board oversees the governance of the Catholic Health System

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		Each member is entitled to one vote on each matter properly submitted at any membership meeting, and the members also have reserve powers which allow approval for certain business events and ratification of certain business transactions

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		Yes, an electronic copy of the Form 990 was provided to the CHS Boards of Directors before it was filed. The CHS Board of Directors has delegated the responsibility to review the 990 to the Audit Committee. The CHS Audit Committee reviewed in detail selected information for all CHS entities. Reviewed with the Audit Committee. 1 Core Form Part IV Checklist of required schedules 2 Core Form Part VI Governance, Management and Disclosure 3 Core Form Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees and Independent Contractors 4 Schedule H Hospitals 5 Schedule K Supplemental information on Tax Exempt Bonds 6 Schedule J Compensation Information 7 Schedule L Transactions with Interested Persons 8 Schedule R Related Organizations and Unrelated Partnerships 9 Process for which remaining Core Form was completed, utilizing audited financial information

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 12c	All associates on the Merit program, all Physicians and Non Physician Practitioners as well as Physician groups who are independent contractors or employees of CHS, and all board members must complete a Conflict of Interest Disclosure Statement (COIDS) in order to fulfill the annual requirements. COIDS are distributed to all parties, as per applicable policy, and once complete are followed up with as follows: 1. Associate and Physician completed COIDS are reviewed and signed off by the manager. If a disclosure is noted, it is discussed with the manager, and the document is forwarded to the Compliance Officer who reviews and follows up as appropriate. Once review/follow up is completed, the Compliance Officer will sign the COIDS, maintain a copy in the compliance office, and return the original to HR for filing in the Personnel file. 2. All board member COIDS are returned to Compliance Officer for review and follow up as warranted. The Compliance Officer will sign each COIDS and retain on file in the compliance office in a confidential manner.

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 15	In 2010, the Catholic Health System utilized a Compensation Committee of the Board of Directors to monitor the Executive Compensation as per the Executive Compensation Philosophy and Strategy for the CHS CEO, COO, CFO, CEOs for each Ministry, and all Senior Vice Presidents. The Compensation Committee provides oversight to management decisions which are based on outlines approved by the committee, and performs a review of data. The outcome of these meetings is documented.

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section C, line 19	We make our form 990 open for public inspection upon request. Our website includes an annual report which includes selected financial information. Our financial statements, governing documents and conflict of interest policy are provided upon request according to applicable federal and state laws.

Identifier	Return Reference	Explanation
Changes in Net Assets or Fund Balances	Form 990, Part XI, line 5	Pension Liability Adjustment -5,547,050 Equity Transfer to Affiliates -43,610 Change in unrestricted interest in Sisters Foundation Inc 112,806 Interest Rate Swap Adjustment -483,948 Change in temporarily restricted interest in Sisters Foundation Inc -480,509 Change in permanently restricted interest in Sisters Foundation Inc -3,477 Rounding Adjustment -327 Total to Form 990, Part XI, Line 5 -6,446,115

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
Sisters of Chanty Hospital

Employer identification number
16-0743187

Part I

Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

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

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) Caritas Medical Arts Building LLC 350 Essjay Road Suite 101 Williamsville, NY14221 16-1521486	Rental Real Estate	NY		related	27,176	65,024		No			No	

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V

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

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

1

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

a

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

b

Gift, grant, or capital contribution to other organization(s)

c

Gift, grant, or capital contribution from other organization(s)

d

Loans or loan guarantees to or for other organization(s)

e

Loans or loan guarantees by other organization(s)

f

Sale of assets to other organization(s)

g

Purchase of assets from other organization(s)

h

Exchange of assets

i

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

j

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

k

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

l

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

m

Sharing of facilities, equipment, mailing lists, or other assets

n

Sharing of paid employees

o

Reimbursement paid to other organization for expenses

p

Reimbursement paid by other organization for expenses

q

Other transfer of cash or property to other organization(s)

r

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

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

Yes

Yes

Yes

No

No

No

Yes

No

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

2

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2010

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

[illegible]

Part VII **Supplemental Information**

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

Identifier	Return Reference	Explanation
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Software ID:

Software Version:

EIN: 16-0743187

Name: Sisters of Charity Hospital

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
Catholic Health System Inc 515 Abbott Road Buffalo, NY14220 22-2565278	Health Care Delivery System	NY	501c3	Schedule A Line 1	N/A		No
Mercy Hospital of Buffalo 565 Abbott Road Buffalo, NY14220 16-0756336	Acute Care Hospital	NY	501c3	Schedule A Line 3	Catholic Health System Inc		No
Kenmore Mercy Hospital 2950 Elmwood Avenue Kenmore, NY14217 16-0762843	Acute Care Hospital	NY	501c3	Schedule A Line 3	Catholic Health System Inc		No
Nazareth Home of the Franciscan Sisters 291 North Street Buffalo, NY14201 16-0813142	Skilled Nursing Facility	NY	501c3	Schedule A Line 1	Catholic Health System Inc		No
St Clare Manor 543 Locust Street Lockport, NY14094 16-0782647	Skilled Nursing Facility	NY	501c3	Schedule A Line 1	Catholic Health System Inc		No
St Elizabeth Home for the Aged 5539 Broadway Lancaster, NY14086 16-0743154	Adult Home	NY	501c3	Schedule A Line 1	Catholic Health System Inc		No
St Francis Home of Williamsville 147 Reist Street Williamsville, NY14221 16-0743153	Skilled Nursing Facility	NY	501c3	Schedule A Line 1	Catholic Health System Inc		No
St Francis of Buffalo Inc 34 Benwood Avenue Buffalo, NY14214 16-1523535	Skilled Nursing Facility	NY	501c3	Schedule A Line 1	Catholic Health System Inc		No
St Joseph Manor 2211 West State Street Olean, NY14760 16-0796400	Skilled Nursing Facility	NY	501c3	Schedule A Line 9	Catholic Health System Inc		No
St Luke Manor for the Chronically Ill 17 Wiard Street Batavia, NY14020 16-0794811	Skilled Nursing Facility	NY	501c3	Schedule A Line 1	Catholic Health System Inc		No
St Mary's Manor 515 6th Street Niagara Falls, NY14301 16-0924139	Skilled Nursing Facility	NY	501c3	Schedule A Line 1	Catholic Health System Inc		No
St Vincent Manor 319 Washington Avenue Dunkirk, NY14048 16-0743167	Adult Home	NY	501c3	Schedule A Line 1	Catholic Health System Inc		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
WNY Catholic Long Term Care Inc 6400 Powers Road Orchard Park, NY14127 16-1434368	Skilled Nursing Facility	NY	501c3	Schedule A Line 1	Catholic Health System Inc		No
Niagara Homemaker Services (Mercy Home Care) Union Road Suite 14 Cheektowaga, NY14227 16-1317960	Home Care Provider	NY	501c3	Schedule A Line 1	Catholic Health System Inc		No
McAuley Seton Home Care Union Road Suite 14 Cheektowaga, NY14227 16-1310062	Home Care Provider	NY	501c3	Schedule A Line 1	Catholic Health System Inc		No
Catholic Health System Infusion Pharmacy Inc 2875 Union Road Suite 14 Cheektowaga, NY14227 20-0198518	Home Care Infusion Services	NY	501c3	Schedule A Line 1	Catholic Health System Inc		No
CHS Program of All-Inclusive Care for the Elderly Inc 55 Melroy Avenue Lackawanna, NY14218 26-1252884	All-inclusive Care for the Elderly	NY	501c3	Schedule A Line 3	Catholic Health System Inc		No
Sisters Hospital Foundation 2130 Main Street Buffalo, NY14214 22-2283077	Foundation	NY	501c3	Schedule A Line 7	Sisters of Charity Hospital		No

Additional Data

Software ID:

Software Version:

EIN: 16-0743187

Name: Sisters of Charity Hospital

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Joseph McDonald President and CEO , CHS	37 50	X		X				0	1,088,696	34,591
Mark Sullivan Executive VP/COO	37 50	X		X				0	454,703	23,394
Peter Bergmann President and CEO , Sister's	37 50	X		X				540,698	0	22,696
David Macholz Treasuer	37 50	X		X				0	213,026	24,885
Christine Kluckhohn Pres and CEO, ContinuingCare	37 50	X			X			0	282,394	80,000
James Millard Director	37 50	X						0	283,785	107,952
Charles Urlaub Director	37 50	X						0	390,466	28,411
Dr Michael Edbauer Director	25 00	X						0	263,226	28,072
Brian Beitz Director	1 00	X						0	0	0
Frances Crosby RN PhD Director	1 00	X						0	0	0
Richard Curran MD Director	1 00	X						0	0	0
Dennis Dombek Director	1 00	X						0	0	0
Mr Williamm Lawley Jr Director	1 00	X						0	0	0
James Manzella Director	1 00	X						0	0	0
Dr Paul Mason Director	1 00	X						0	25,000	0
Michael Montante Director	1 00	X						0	0	0
Dr Carlos Santos Director	1 00	X						0	49,913	0
Cynthia Zane EdD Director	1 00	X						0	0	0
Monsignor Robert E Zapfel Director	1 00	X						0	0	0
Dr David Serra Director	1 00	X						0	0	0
James A Dunlop Jr Executive VP, Finance/CFO	37 50			X				0	418,170	69,366
Dr Brian D'Arcy Senior VP, Medical Affairs	37 50			X				0	593,295	36,492
Matthew Hamp COO , Sister's	37 50			X				213,718	0	84,647
Michael Moley Sr VP Human Resources	37 50				X			0	386,794	32,632
John Stavros Sr VP Marketing/PR	37 50				X			0	237,811	36,530

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Maria Foti Sr VP Planning	37 50				X			0	220,400	18,990
Dr Michael Galang Chief Information Officer	37 50				X			0	322,847	18,981
Bartholomew Rodrigues Sr VP, Mission Integration	37 50				X			0	209,261	26,510
Bruce Rodgers MD Physician	37 50					X		336,390	0	998
Dr Margaret McDonnell Physician	37 50					X		331,834	0	29,440
Dr Anthony Pivarunus Physician	37 50					X		274,376	0	95,219
Khalid Qazi Physician	37 50					X		232,872	0	175,750
Dr Paul Updike Physician	37 50					X		223,650	0	23,010
John Davanzo Former Sr VP Regional Development	0 00						X	0	291,315	47,854
K David Crone Former Sr VP Strategic Services	0 00						X	0	289,735	39,608

Additional Data

Software ID:

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Name: Sisters of Charity Hospital

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

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size, measured by total revenue per facility, from largest to smallest)	
How many non-hospital facilities did the organization operate during the tax year? <u>13</u>	
Name and address	Type of Facility (Describe)
Sisters Family Health Center 2157 Main St Buffalo, NY 14214	Extension Clinic Primary Medical Care O/P, Radiology-Diagnostic O/P
Harvey Austin School #97 1405 Sycamore St Buffalo, NY 14211	Extension Clinic Immunology, Medical Social Services O/P, Nursing, Veneral D
Pathways Methadone 158 Holden Avenue Buffalo, NY 14214	Extension Clinic Methadone Maintenance O/P
Rochester Pathways 79 Howell Street Rochester, NY 14614	Extension Clinic Methadone Maintenance O/P
St Vincent Health Center 1595 Bailey Ave Buffalo, NY 14211	Extension Clinic Chemical Dependence-Rehabilitation O/P,
Sisters Ambulatory Surgery Center 45 Spindrift Dr Williamsville, NY 14221	Extension Clinic Ambulatory Surgery-Multi Speciality
Sisters Athleticare 100 Corporate Pky Amherst, NY 14226	Extension Clinic Therapy- Physical O/P
Sisters Hospital Star Program 3730 Sheridan Dr Amherst, NY 14226	Extension Clinic Methadone Maintenance O/P, Chemical Dependence -Rehab
West Hertel Academy 489 Hertel Ave Buffalo, NY 14212	Extension Clinic Immunology, Medical Social Services O/P, Nursing, Veneral D
Southside Elementary School #93 430 Southside Pkwy Buffalo, NY 14210	Extension Clinic Immunology, Medical Social Services O/P, Nursing, Veneral D
St Catherine Laboure Health Care Center 2157 Main Street Buffalo, NY 14214	Long Term Care
Clarence-Sheridan Medical Center 8600 Sheridan Dr Clarence, NY 14031	Extension Clinic Therapy- Physical O/P, Primary Medical Care O/P, Radiology
CHS Partners in Rehab 6199 Transit Rd Depew, NY 14043	Extension Clinic Therapy- Physical O/P, Occupational O/P

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Joseph McDonald	(i)	0	0	0	0	0	0	0
	(ii)	582,249	214,448	291,999	19,255	15,336	1,123,287	0
Mark Sullivan	(i)	0	0	0	0	0	0	0
	(ii)	334,900	86,846	32,957	9,990	13,404	478,097	0
Peter Bergmann	(i)	335,855	167,393	37,450	6,055	16,641	563,394	0
	(ii)	0	0	0	0	0	0	0
David Macholz	(i)	0	0	0	0	0	0	0
	(ii)	164,219	23,586	25,221	7,091	17,794	237,911	0
Christine Kluckhohn	(i)	0	0	0	0	0	0	0
	(ii)	202,356	47,107	32,931	63,114	16,886	362,394	0
James Millard	(i)	0	0	0	0	0	0	0
	(ii)	205,604	39,478	38,703	98,184	9,768	391,737	0
Charles Urlaub	(i)	0	0	0	0	0	0	0
	(ii)	277,509	40,866	72,091	13,640	14,771	418,877	0
Dr Michael Edbauer	(i)	0	0	0	0	0	0	0
	(ii)	189,092	42,750	31,384	8,397	19,675	291,298	0
James A Dunlop Jr	(i)	0	0	0	0	0	0	0
	(ii)	303,923	81,292	32,955	53,504	15,862	487,536	0
Dr Brian D'Arcy	(i)	0	0	0	0	0	0	0
	(ii)	244,715	276,792	71,788	20,231	16,261	629,787	0
Matthew Hamp	(i)	143,193	22,763	47,762	69,634	15,013	298,365	0
	(ii)	0	0	0	0	0	0	0
Michael Moley	(i)	0	0	0	0	0	0	0
	(ii)	249,731	58,450	78,613	18,611	14,021	419,426	0
John Stavros	(i)	0	0	0	0	0	0	0
	(ii)	158,915	39,533	39,363	17,862	18,668	274,341	0
Maria Foti	(i)	0	0	0	0	0	0	0
	(ii)	155,554	31,835	33,011	12,667	6,323	239,390	0
Dr Michael Galang	(i)	0	0	0	0	0	0	0
	(ii)	256,674	35,327	30,846	14,054	4,927	341,828	0
Bartholomew Rodrigues	(i)	0	0	0	0	0	0	0
	(ii)	136,513	34,256	38,492	10,610	15,900	235,771	0
Bruce Rodgers MD	(i)	335,884	0	506	0	998	337,388	0
	(ii)	0	0	0	0	0	0	0
Dr Margaret McDonnell	(i)	331,420	0	414	14,251	15,189	361,274	0
	(ii)	0	0	0	0	0	0	0
Dr Anthony Pivarunus	(i)	258,012	0	16,364	79,567	15,652	369,595	0
	(ii)	0	0	0	0	0	0	0
Khalid Qazi	(i)	211,196	0	21,676	160,375	15,375	408,622	0
	(ii)	0	0	0	0	0	0	0
Dr Paul Updike	(i)	218,790	0	4,860	10,058	12,952	246,660	0
	(ii)	0	0	0	0	0	0	0
John Davanzo	(i)	0	0	0	0	0	0	0
	(ii)	155,588	58,579	77,148	36,050	11,804	339,169	0
K David Crone	(i)	0	0	0	0	0	0	0
	(ii)	243,906	0	45,829	29,157	10,451	329,343	0

Additional Data

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Name: Sisters of Charity Hospital

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction \$	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Karen Hamp	Wife of COO, Matt Hamp	35,662	RN		No
Susan Urlaub	Wife of CEO, C J Urlaub	74,933	Corporate Nurse Educator		No
Kathryn B Millard	Daughter of BOD, CEO Kenmore Mercy, James Millard	14,519	Registered Nurse, Mercy		No
James Manzella	Acute Care Board Member	165,088	Key Employee of Manzella Marketing		No
David Zapfel	Brother of BOD, Msgr Robert Zapfel	60,600	HR Employee of CHS		No
Kathleen Zapfel	Sister-in-law of BOD, Msgr Robert Zapfel	53,088	HR Employee, St Francis		No
Kathleen Moley	Daughter of Key Employee, Michael Moley	37,518	HR Employee, CHS		No
Susan Gallagher-Stavros	Wife of Key Employee, John Stavros	35,158	Community Health Nurse, McAuley Seton Home Care		No
Marie Packard	Daughter of BOD, Dennis Dombek	42,975	Physical Therapist		No