

Addendum to Nevada Hospital Report:

(Complete all shaded areas.)

Hospital: Centennial Hills**FYE: 2017**

| Line # | | | |
|---|---|------------------|---------------|
| 1 | Net Income (from NHQR for FYE, Tab A01, last column-including non-operating gain/loss) | | \$29,205,329 |
| Operating Margin: | | | |
| 2 | Net Operating Income (from NHQR tab A01, column Q) | | \$38,690,324 |
| 3 | Total Operating Revenue (from NHQR, Tab A01, column M) | | 236,808,289 |
| 4 | Operating Margin (Line 2 divided by Line 3) | | 16.34% |
| Calculation of Total Ratio of Cost to Charges: | | | |
| 5 | Total Operating Cost (from NHQR, Tab A01, column O) | | \$198,117,965 |
| 6 | Inpatient Billed Charges (from NHQR, Tab A02, column I) | \$ 1,407,112,210 | |
| 7 | Outpatient (from NHQR, Tab A03, column I) | 640,455,041 | |
| 8 | Long Term Care (from NHQR, Tab A04, column I) | 0 | |
| 9 | Clinic (from NHQR, Tab A05, column I) | 0 | |
| 10 | Sub Acute (from NHQR, Tab A06, column I) | 0 | |
| 11 | Total Billed Charges (Sum of lines 6 through 10) | | 2,047,567,251 |
| 12 | Total Ratio of Cost to Charges (Line 5 divided by Line 11) | | 0.0968 |
| Average Daily Occupancy: | | | |
| 13 | Patient Days (from NHQR Utilization Report, Tab A02, column I) | | 62,007 |
| 14 | Observation hours | 140,306 | |
| 15 | Hours in the day | 24 | |
| 16 | Equivalent observation patient days (Line 14 divided by Line 15) | | 5,846 |
| 17 | Total Patient Days (Line 13 + Line 16) | | 67,853 |
| 18 | Days in the Reporting Period | | 365 |
| 19 | Average Daily Occupancy (Line 17 divided by Line 18) | | 186 |
| 20 | Total Community Benefits (from Nevada Hospital Report Total Community Benefit Line) | | \$6,055,135 |
| 21 | Community Benefits as a % of Net Operating Revenue (Line 18 divided by Line 3) | | 0.025569775 |
| 22 | Is the hospital owned by a consolidated corporation? Yes or No | | Yes |
| 23 | Is the net income of the consolidated corporation publicly available? Yes or No | | Yes |
| 24 | If you answered "Yes" to both of the questions on lines 20 and 21, report the net income of the consolidated corporation on this line and attach the annual report. | | \$725,459,000 |
| 25 | Medicare Ratio of Cost to Charges | | 8.66% |

Home Office Services

If you are provided services from the home office, please mark the type of services provided below:

| | "X" those which apply |
|--|----------------------------------|
| Information Technology | X |
| Hospital Management | X |
| Cash Management | X |
| Insurance Administration (including professional & general liability, workers comp & property) | X |
| Risk management | X |
| Risk management | X |
| Human Resources | X |
| Medicare & Medicaid Reimbursement Services | X |
| Accounting & management reporting, accounts payable | X |
| Decision support | X |
| Taxation | X |
| Internal Audit | X |
| Finance | X |
| Patient Billing & Collection-Centralized business office | X |
| Design & Construction | X |
| Equipment/Supplies Purchasing | X |
| Marketing & Public Relations | X |
| Physician Recruitment | X |
| Issuance of equity or long-term debt, shareholder relations | X |
| Payroll & related taxes | X |
| Employee benefits & pensions | X |
| Property/Facilities Management | X |
| Continuing Education | X |
| Other (Specify) | X |