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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-0047 2009
	▶ The organization may have to use a copy of this return to satisfy state reporting requirements	Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010										
B Check if applicable ☒ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending		Please use IRS label or print or type. See Specific Instructions.	C Name of organization Catholic Health Initiatives					D Employer identification number 47-0617373		
			Doing Business As					E Telephone number (720) 874-1500		
			Number and street (or P O box if mail is not delivered to street address) 198 Inverness Drive West				Room/suite	G Gross receipts \$ 1,273,439,710		
			City or town, state or country, and ZIP + 4 Englewood, CO 80112							
			F Name and address of principal officer KEVIN LOFTON 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112					H(a) Is this a group return for affiliates? ☐ Yes ☒ No		
I Tax-exempt status ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527					H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions)					
J Website: ▶ WWW.CATHOLICHEALTHINIT.ORG					H(c) Group exemption number ▶ 0928					
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶					L Year of formation 1996		M State of legal domicile CO			

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities Catholic Health Initiatives (CHI) is a national faith-based non-profit healthcare organization. CHI serves as an integral part of ITS NATIONAL SYSTEM OF HOSPITALS AND OTHER HEALTHCARE PROVIDERS.		
	2	Check this box ☒ if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	1
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	1
	5	Total number of employees (Part V, line 2a)	5	3,85
	6	Total number of volunteers (estimate if necessary)	6	1
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	768,17
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	680,96

Revenue		Prior Year	Current Year	
	8	Contributions and grants (Part VIII, line 1h)	2,409,585	845,437
	9	Program service revenue (Part VIII, line 2g)	995,581,888	1,122,543,219
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	15,179,479	146,275,286
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11,139,842	2,939,609
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,024,310,794	1,272,603,551
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	9,073,349	13,580,997
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	198,616,030	227,317,766
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright^0$		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	862,466,779	962,727,378
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,070,156,158	1,203,626,141
	19	Revenue less expenses Subtract line 18 from line 12	-45,845,364	68,977,410
Net Assets or Fund Balances		Beginning of Current Year	End of Year	
	20	Total assets (Part X, line 16)	4,055,302,285	4,998,138,277
	21	Total liabilities (Part X, line 26)	4,376,862,684	5,240,327,437
	22	Net assets or fund balances Subtract line 21 from line 20	-321,560,399	-242,189,160

Part II	Signature Block
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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	
	2011-05-15
Dean Swindle EVP, Bus Svcs, CFO	
Type or print name and title	

Paid Preparer's Use Only	Preparer's signature  CINDY LEON	Date	Check if self-employed  ☒	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4  CATHOLIC HEALTH INITIATIVES 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112			EIN 
				Phone no  (720) 874-1500

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

Part III

Statement of Program Service Accomplishments

1 Briefly describe the organization’s mission

See Schedule O ATTACHMENT 2

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 \$ 816,798,836 including grants of \$ 13,580,997) (Revenue \$ 1,121,777,652)

To fulfill its mission, CHI, as a values-based organization, assures the integrity of the ministry by fostering research and development of new ministries that integrate health, education, pastoral and social services, promoting leadership development and formation for the ministry throughout the organization, advocating for systemic changes with specific concern for persons who are poor, alienated and underserved, and stewarding resources by providing coordinated management and strategic planning services along with centralized shared services (payroll, H/R, A/P and purchasing) for the CHI national healthcare ministry (See Schedule O ATTACHMENT 2)

4b

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

4c

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

4d

Other program services (Describe in Schedule O)

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

4e

Total program service expenses \$ 816,798,836

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	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? If "Yes," complete Schedule D, Part I	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	Yes
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	No
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	11	Yes
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
	◆ 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? If "Yes," complete Schedule D, Part X.		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes
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? If "Yes," complete Schedule F, Part I	14b	Yes
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? If "Yes," complete Schedule F, Part II	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? If "Yes," complete Schedule F, Part III	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	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	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, 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 questions 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	Yes	
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		No
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		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 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

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a	4,021	
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	3,858	
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
	b If "Yes," enter the name of the foreign country: CJ See the instructions for exceptions and 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, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			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, during the year, 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 For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .			7g	
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			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	
9 Sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966?			9a	
b Did the organization make a distribution to a donor, donor advisor, or related person?			9b	
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		

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.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . . .	1a	16	
b	Enter the number of voting members that are independent . . .	1b	15	
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 organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material 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		No
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	Yes	
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	Yes	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the 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 a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
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		No

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed ▶	
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. ☐ Own website ☐ Another's website ☒ 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 ▶ DEAN SWINDLE 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 (720) 874-1500	

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

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

Form 990 (2009)

1b	Total	17,758,921	0	1,758,661
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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▶430

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
Hewitt Associates	HR Consulting	16,632,470
Deloitte Consulting LLP	Consulting Services	9,048,289
LAWSON SOFTWARE US	CONSULTING/IT	3,771,850
ERNST YOUNG LLP	AUDITING/CONSULTING	8,618,932
Revenue Cycle Partners LLC	Revenue Cycle	5,427,600

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 ▶207

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	134,738				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	710,699				
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f		845,437				
Program Service Revenue			Business Code					
	2a	Assessments	900,099	960,529,852	959,764,285	765,567		
	b	Interest Income	900,099	99,385,962	99,385,962			
	c	Premiums	900,099	53,281,494	53,281,494			
	d	Equity changes of unconsolidated orgs	900,099	8,251,300	8,251,300			
	e	Management Fees	541,610	690,646	690,646			
	f	All other program service revenue		403,965	403,965			
	g	Total. Add lines 2a-2f		1,122,543,219				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		121,354,984		2,611	121,352,373	
	4	Income from investment of tax-exempt bond proceeds . .		149,465			149,465	
	5	Royalties		0				
	6a	(i) Real		(ii) Personal				
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)						
	7a	(i) Securities		(ii) Other				
		24,879,568		727,428				
				836,159				
		24,879,568		-108,731				
	b	Less cost or other basis and sales expenses						
	c	Gain or (loss)						
	d	Net gain or (loss)		24,770,837			24,770,837	
	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 . .		0					
9a	Gross income from gaming activities See Part IV, line 19							
	a							
b	Less direct expenses							
c	Net income or (loss) from gaming activities . .		0					
10a	Gross sales of inventory, less returns and allowances							
	a							
b	Less cost of goods sold							
c	Net income or (loss) from sales of inventory . .		0					
Miscellaneous Revenue		Business Code						
11a	Gain on Bond Defeasance		900,099	2,896,454			2,896,454	
b	REFUNDS		900,099	38,885			38,885	
c	MISCELLANEOUS		900,099	4,270			4,270	
d	All other revenue							
e	Total. Add lines 11a-11d		2,939,609					
12	Total revenue. See Instructions		1,272,603,551	1,121,777,652	768,178		149,212,284	

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	13,580,997	13,580,997		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	12,790,419		12,790,419	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	172,298,489	35,222,082	137,076,407	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	9,155,193	1,237,573	7,917,620	
9	Other employee benefits	22,049,568	5,031,092	17,018,476	
10	Payroll taxes	11,024,097	2,341,167	8,682,930	
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	723,521		723,521	
c	Accounting	12,396,412		12,396,412	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	81,199,723	3,793,009	77,406,714	
12	Advertising and promotion	0			
13	Office expenses	16,606,043	1,541,946	15,064,097	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	6,118,437	59,873	6,058,564	
17	Travel	6,994,203	1,258,190	5,736,013	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	1,933,125	107,298	1,825,827	
20	Interest	160,195,576	160,195,576		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	26,497,773	5,502,204	20,995,569	
23	Insurance	113,009,133	112,906,793	102,340	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	Unrelated Business Taxes	1,196,806		1,196,806	
b	GROUP MEDICAL PLAN COSTS	370,412,248	370,412,248		
c	REPAIRS AND MAINTENANCE	144,759,572	97,732,942	47,026,630	
d	Restructuring Losses	5,918,274	826,734	5,091,540	
e	Dues & subscriptions	2,602,248	174,188	2,428,060	
f	All other expenses	12,164,284	4,874,924	7,289,360	
25	Total functional expenses. Add lines 1 through 24f	1,203,626,141	816,798,836	386,827,305	0
26	Joint costs. Check here ☒ if following SOP 98-2 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			1,950	1	1,950
	2	Savings and temporary cash investments			276,039,035	2	142,264,642
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			73,090,959	4	89,832,882
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net			2,311,108,740	7	2,492,827,224
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			15,897,090	9	20,286,743
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	318,473,526			
	b	Less accumulated depreciation	10b	163,455,581	139,792,151	10c	155,017,945
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11			1,144,357,366	12	1,932,874,189
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			95,014,994	15	165,032,702
16	Total assets. Add lines 1 through 15 (must equal line 34)			4,055,302,285	16	4,998,138,277	
Liabilities	17	Accounts payable and accrued expenses			118,483,831	17	268,189,211
	18	Grants payable				18	
	19	Deferred revenue			9,342,858	19	11,025,028
	20	Tax-exempt bond liabilities			2,966,885,000	20	3,552,235,000
	21	Escrow or custodial account liability Complete Part IV of Schedule D			13,184	21	9,818
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			550,625,000	23	550,625,000
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			731,512,811	25	858,243,380
	26	Total liabilities. Add lines 17 through 25			4,376,862,684	26	5,240,327,437
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			-324,003,191	27	-244,658,581
	28	Temporarily restricted net assets			2,442,792	28	2,469,421
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117, check here ☐ 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			-321,560,399	33	-242,189,160
	34	Total liabilities and net assets/fund balances			4,055,302,285	34	4,998,138,277

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ 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 consolidated basis, separate basis, or both ☐ Separate basis ☒ Consolidated basis ☐ 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?		No
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 . . .		

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

2009

Open to Public
Inspection

Name of the organization Catholic Health Initiatives	Employer identification number 47-0617373
---	--

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 **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 IRC 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
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 2009 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2009. 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—2008. 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—2009. 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—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	281,570	18,798	7,136,559	2,409,585	845,437	10,691,949
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	489,240,831	529,993,743	929,100,420	994,629,193	1,121,777,652	4,064,741,839
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5	489,522,401	530,012,541	936,236,979	997,038,778	1,122,623,089	4,075,433,788
7aAmounts included on lines 1, 2, and 3 received from disqualified persons	2,354,580					2,354,580
bAmounts 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	217,211,314	267,615,900	344,266,284	598,849,588	642,927,453	2,070,870,539
cAdd lines 7a and 7b	219,565,894	267,615,900	344,266,284	598,849,588	642,927,453	2,073,225,119
8Public Support (Subtract line 7c from line 6)						2,002,208,669

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6	489,522,401	530,012,541	936,236,979	997,038,778	1,122,623,089	4,075,433,788
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	39,012,377	53,179,068	61,337,363	65,227,627	121,504,449	340,260,884
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	202,611	1,113,055	7,297,328	924,903	768,178	10,306,075
cAdd lines 10a and 10b	39,214,988	54,292,123	68,634,691	66,152,530	122,272,627	350,566,959
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income (Do not include gain or loss from the sale of capital assets (Explain in Part IV.))	11,068,442	22,861	2,534,051	294,982	43,155	13,963,491
13Total support (Add lines 9, 10c, 11 and 12.)	539,805,831	584,327,525	1,007,405,721	1,063,486,290	1,244,938,871	4,439,964,238
14First 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

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	45.095 %
16Public support percentage from 2008 Schedule A, Part III, line 15	16	47.769 %

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	7.896 %
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	7.227 %
19a33 1/3% support tests—2009. 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	☒	
b33 1/3% support tests—2008. 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	☐	
20Private 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 explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

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

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

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

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

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

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

Name of the organization Catholic Health Initiatives	Employer identification number 47-0617373
---	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

Part II-A

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

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
	a Volunteers?	Yes		
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
	c Media advertisements?		No	
	d Mailings to members, legislators, or the public?	Yes		200,000
	e Publications, or published or broadcast statements?		No	
	f Grants to other organizations for lobbying purposes?		No	
	g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		10,000
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
	i Other activities? If "Yes," describe in Part IV		No	
	j Total lines 1c through 1i			210,000
	2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				

Part III-A

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

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

Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
990 Sch C Supplemental	Lobbying Activities Explanation	1 a - Catholic Health Initiatives' online Advocacy Action Center was available to the general public and CHI employees for use in sending letters by e-mail to members of Congress. Draft letters were provided on CHI advocacy priorities. Individuals were able to create their own letters as well. 1 b - CHI has a Senior Vice President Advocacy and a Vice President of Public Policy who spend a portion of their time on lobbying activities at the federal level with minimal state level lobbying. The majority of lobbying-related activities are consultative to leadership and staff of the system's hospitals and health care organizations. 1 d - CHI communicates with leaders of the system's hospitals and health care organizations on advocacy activities primarily through e-mail. Most communications with Congress occur electronically through the Advocacy Action Center. Letters are occasionally mailed to members of Congress. CHI advocacy activities included communications on CHI advocacy priorities, including access and coverage expansions, rural health care, Medicare and Medicaid reimbursement, and the Patient Protection and Affordable Care Act. 1 g - CHI leaders have occasionally met with members of Congress or their staffs and made telephone calls to express positions on CHI advocacy priorities, including health care reform, fair payment under Medicare and Medicaid, protection of Catholic health care and rural health care issues. Many of CHI's efforts are focused throughout national hospital associations. An overview of Catholic Health Initiatives lobbying activities is provided below. Central to the Catholic Health Initiatives mission and vision is a commitment to advocate for systemic changes to improve the health and well-being of individuals and communities with a specific concern for persons who are poor and marginalized. The Catholic Health Initiatives advocacy activities are inextricably linked to its fundamental goal to build healthier communities. One dimension of the Catholic Health Initiatives program focuses on public policy advocacy, which includes attention to federal and state legislative and regulatory measures, formation of positions on priority issues, and political activism. The Catholic Health Initiatives public policy agenda includes both traditional health care policies as well as social justice policies. Policies addressing the expansion of health coverage and access, protection of Medicare and Medicaid, quality care, workforce shortages, protection of religiously-sponsored health care entities, children's health, palliative care, and the viability of not-for-profit health care are vitally important to Catholic Health Initiatives. Also important are policies that address societal concerns and injustices and policies that ultimately impact the health of individuals and communities. Catholic Health Initiatives also supports policy measures that improve education, housing, employment, and socioeconomic status, particularly on behalf of the most vulnerable in society. At the Catholic Health Initiatives national office, public policy priorities are identified and advocacy strategies are initiated. The national advocacy office develops resources to facilitate the involvement of the entire health system in grassroots public policy initiatives. All Catholic Health Initiatives facilities in 19 states are encouraged to engage in advocacy through letter writing, faxes, emails, phone calls, and meetings with federal and state political leadership. Catholic Health Initiatives advocacy program is a demonstration of its commitment to the improvement of health and the promotion of social justice, particularly for the communities it serves and for those who are most vulnerable.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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

2009

Open to Public
Inspection

Name of the organization
Catholic Health Initiatives

Employer identification number
47-0617373

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? YesNo	
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? YesNo	

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

 2a || b |

Total acreage restricted by conservation easements

 2b || c |

Number of conservation easements on a certified historic structure included in (a)

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?

YesNo

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)?

YesNo

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) 2009

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

	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

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	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	7,009,072			7,009,072
b Buildings	18,782,051		2,546,210	16,235,841
c Leasehold improvements	10,008,320		3,207,238	6,801,082
d Equipment	235,844,372		157,702,133	78,142,239
e Other	46,829,711			46,829,711
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				155,017,945

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)	1	1,272,603,551
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,203,626,141
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	68,977,410
4	Net unrealized gains (losses) on investments	4	58,746,404
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-48,352,575
9	Total adjustments (net) Add lines 4 - 8	9	10,393,829
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	79,371,239

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	

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 X	FIN 48 FOOTNOTE	CHI is a tax-exempt Colorado corporation and has been granted an exemption from federal income tax under Section 501(c)(3) of the Internal Revenue Code. CHI owns certain taxable subsidiaries and engages in certain activities that are unrelated to its exempt purpose and therefore subject to income tax. Management annually reviews its tax positions and has determined that there are no material uncertain tax positions that require recognition in the consolidated financial statements.
Schedule D, Part IV, Line 2b	TRUST, ESCROW AND CUSTODIAL ARRANGEMENTS	Catholic Health Initiatives acts as agent for the Employee Financial Assistance Fund, an employee funded program.
Schedule D, Part XI Change in Net Assets	Change in Net Assets - other	Pension adjustment (96,315,088) FMV change in interest rate swaps (46,396,229) capital resource pool contribution 46,244,646 GW SURPLUS DIST TO CHI ON BEHALF OF CENTURA 2,870,439 Equity Transfers from affiliates 76,830,576 Equity transfers to affiliates (19,478,719) MBO ALLOCATION OF CHI CONNECT DEPRECIATION (12,108,200)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
St Mary's Community Hospital1314 Third Avenue Nebraska City, NE 68410	47-0443636	501(C)(3)	40,007				
St Mary's Community Hospital1314 Third Avenue Nebraska City, NE 68410	47-0443636	501(C)(3)	61,026				
Unity Family Healthcare300 Third Avenue Little Falls, MN 56307	41-0721642	501(C)(3)	22,000				
Unity Family Healthcare300 Third Avenue Little Falls, MN 56307	41-0721642	501(C)(3)	30,000				
St Joseph Medical Center 2500 Bernville Road Reading, PA 19603	23-1352211	501(C)(3)	45,108				
St Joseph Healthcare System 310 East Ninth St London, KY 40741	61-1334601	501(C)(3)	68,714				
Mercy Hospital1512 12th Ave Nampa, ID 83868	82-0200896	501(C)(3)	17,420				

Schedule K (Form 990)	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
		2009
		Open to Public Inspection

Name of the organization Catholic Health Initiatives	Employer identification number 47-0617373
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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	
						Yes	No	Yes	No
A Colorado Health Facilities Authority 2009 AB	84-0752932	19648ARL1	11-10-2009	713,972,398	SEE SCH O - SCH K, Part A		X		X
B Kentucky Economic Dev Finance Auth 2009 AB	61-0600439	49126PDF4	11-10-2009	133,269,543	SEE SCH O - SCH K, Part A		X		X
C County of Montgomery Ohio 2009 AB	31-6000172	613549HX5	11-10-2009	263,401,078	SEE SCH O - SCH K, Part A		X		X
D Colorado Health Facilities Authority 2008D	84-0752932	19648ANL5	11-20-2008	213,260,679	SEE SCH O - SCH K, Part B	X			X
E County of Montgomery Ohio 2008D	31-6000172	613549GM0	11-20-2008	59,089,956	SEE SCH O - SCH K, Part B		X		X

Part II

Proceeds

	A		B		C		D		E	
1 Total proceeds of issue	714,006,575		133,269,639		263,401,373		213,261,635		59,576,215	
2 Gross proceeds in reserve funds	14		49		112		2		0	
3 Proceeds in refunding or defeasance escrows	155,600,000		0		223,408,344		3,604,898		0	
4 Other unspent proceeds	38,243,771		61,194		266,060		0		42,005,604	
5 Issuance costs from proceeds	6,264,973		1,380,211		2,530,978		2,805,950		745,623	
6 Working capital expenditures from proceeds	0		0		0		0		0	
7 Capital expenditures from proceeds	513,897,819		131,828,185		37,195,880		210,455,672		11,338,784	
8 Year of substantial completion	2011		2009		2009		2008		2013	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	X			X	X			X		X
9 Were the bonds issued as part of a current refunding issue?		X		X		X		X		X
10 Were the bonds issued as part of an advance refunding issue?		X		X		X		X		X
11 Has the final allocation of proceeds been made?		X		X		X		X		X
12 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X		X	

Part III

Private Business Use

	A		B		C		D		E	
	Yes	No	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		X		X		X		X
2 Are there any lease arrangements with respect to the financed property which may result in private business use?	X		X		X		X		X	

Part III

Private Business Use (Continued)

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?	X		X		X		X		X	
3b	Are there any research agreements with respect to the financed property which may result in private business use?	X		X		X		X		X	
3c	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?	X		X		X		X		X	
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	0 250 %						0 190 %			
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	0 010 %						0 010 %			
6	Total of lines 4 and 5	0 260 %						0 200 %			
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X		X		X	

Part IV

Arbitrage

		A		B		C		D		E	
		Yes	No	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		X		X		X
2	Is the bond issue a variable rate issue?	X		X		X		X		X	
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X		X		X		X		X
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?		X		X		X		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		X		X	X	
6	Did the bond issue qualify for an exception to rebate?	X		X		X		X			X

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

2009

Open to Public Inspection

Name of the organization
Catholic Health Initiatives

Employer identification number
47-0617373

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
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?	
							Yes	No		Yes	No
See Additional Data Table											

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" 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
See Additional Data Table							

Part V

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

Yes

1b

Yes

1c

No

1d

Yes

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

Yes

1l

No

1m

No

1n

No

1o

No

1p

Yes

1q

No

1r

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
(1) See Additional Data Table		
(2)		
(3)		
(4)		
(5)		
(6)		

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]

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 501(c)(3))	(f) Direct Controlling Entity
St Joseph Community Health Services 300 Central SW Suite 300 Albuquerque, NM87102 71-0897107	Community	NM	501(c)(3)	11 a	CHI
St Joseph Community Health Foundation 300 Central SW Suite 300 Albuquerque, NM87102 85-0253087	Foundation	NM	501(c)(3)	7	SJCHS
St Francis of Baker City 3325 Pocahontas Road Baker City, OR97814 93-0412495	Hospital	OR	501(c)(3)	3	CHI
St Elizabeth Health Care Foundation 3325 Pocahontas Road Baker City, OR97814 94-3164869	Foundation	OR	501(c)(3)	7	SEHS
Flaget Memorial Hospital Foundation Inc 4305 New Shepherdsville Road Bardstown, KY40004 56-2351341	Fundraising	KY	501(c)(3)	11 a	FH
Flaget Healthcare DBA Flaget Memorial 4305 New Shepherdsville Road Bardstown, KY40004 61-1345363	Hospital	KY	501(c)(3)	3	CHI
Lakewood Health Center 600 Main Avenue South Baudette, MN56623 41-0758434	LTerm Care	MN	501(c)(3)	3	CHI
Appletree Court 601 Oak Street Breckenridge, MN56520 41-1850500	Senior Homes	MN	501(c)(3)	9	SFH
Healthcare and Wellness Foundation 2400 St Francis Drive Breckenridge, MN56520 76-0761782	Foundation	MN	501(c)(3)	11 a	SFMC
St Francis Home 2400 St Francis Drive Breckenridge, MN56520 41-0729978	LTerm Care	MN	501(c)(3)	9	CHI
St Francis Medical Center 2400 St Francis Drive Breckenridge, MN56520 41-0695598	Healthcare	MN	501(c)(3)	3	CHI
Carrington Health Center 800 North 4th Street Carrington, ND58421 45-0227311	Healthcare	ND	501(c)(3)	3	CHI
Saint Clare's Community Care 66 Ford Road Denville, NJ07834 22-2876836	Healthcare	NJ	501(c)(3)	11 b	SCHS
Saint Clare's Foundation Inc 66 Ford Road Denville, NJ07834 22-2502997	Fundraising	NJ	501(c)(3)	7	SCHS
Good Samaritan College of Nursing & Heal 375 Dixmyth Ave Cincinnati, OH45220 31-1778403	Education	KY	501(c)(3)	2	GHS
Total Healthcare PO Box 7021 Colorado Springs, CO80933 84-0927232	Healthcare	CO	501(c)(3)	3	CHI Colorado
Memorial Health Care System Inc 2525 De Sales Avenue Chattanooga, TN37404 62-0532345	Hospital	TN	501(c)(3)	3	CHI
Memorial Health Care System Foundation 2525 De Sales Avenue Chattanooga, TN37404 62-1839548	Foundation	TN	501(c)(3)	7	MHCS
Memorial Health Partners Foundation Inc 6028 Shallowford Road Chattanooga, TN37421 03-0417049	Healthcare	TN	501(c)(3)	9	MHCS
The Community Limited Care Dialysis Cent 619 Oak Street Accounting-3 West Cincinnati, OH45206 23-7419853	Dialysis	OH	501(c)(2)	none	GSH
Good Samaritan Foundation of Cincinnati 619 Oak Street Accounting-3 West Cincinnati, OH45206 31-1206047	Foundation	OH	501(c)(3)	11 a	GSH
The Good Samaritan Hospital of Cincinnati 619 Oak Street Accounting-3 West Cincinnati, OH45206 31-0537486	Hospital	OH	501(c)(3)	3	TRI-HEALTH
Saint Clare's Hospital 66 Ford Road Denville, NJ07834 22-3319886	Hospital	NJ	501(c)(3)	3	CHI
St Francis Life Care Corporation 19 Pocono Road Denville, NJ07834 22-2536017	Elderly Care	NJ	501(c)(3)	9	SCHS
TriHealth Physician Institute 619 Oak Street Accounting-3 West Cincinnati, OH45206 31-1074519	Physicians	OH	501(c)(3)	11 a	GSH
Catholic Health Initiatives Colorado Fou 961 East Colorado Avenue Colorado Springs, CO80903 84-0902211	Foundation	CO	501(c)(3)	7	CHI Colorado
SET of Colorado Springs Inc 825 E Pikes Peak Avenue Bldg 29 Colorado Springs, CO80903 84-1183335	LTerm Care	CO	501(c)(3)	7	CHI Colorado
Catholic Health Initiatives 1999 Broadway Suite 4000 Denver, CO80202 47-0617373	Healthcare	CO	501(c)(3)	9	CHI
Catholic Health Care Federation 1999 Broadway Suite 4000 Denver, CO80202 20-8473567	Jurdic Person	CO	501(c)(3)	11 a	CHI
Global Health Initiatives 1999 Broadway Suite 4000 Denver, CO80202 20-1536108	Ministries	CO	501(c)(3)	11 a	CHI

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Health SET 4200 West Conejos Place 436 Denver, CO 80204 84-1102943	Low Inc Care	CO	501(c)(3)	7	CHI Colorado
Bishop Drumm Retirement Center 1111 6th Avenue Des Moines, IA 50314 42-0725196	LTerm Care	IA	501(c)(3)	9	CHI-IA Corp
Mercy Medical Center - Des Moines AKA 1111 6th Avenue Des Moines, IA 50314 42-0680448	Hospital	IA	501(c)(3)	3	CHI-IA Corp
House of Mercy 1111 6th Avenue Des Moines, IA 50314 42-1323808	Shelter	IA	501(c)(3)	7	CHI-IA Corp
Mercy Auxiliary of Central Iowa 1111 6th Avenue Des Moines, IA 50314 42-6076069	Auxiliary	IA	501(c)(3)	11a	CHI-IA Corp
Mercy Clinics Inc 1111 6th Avenue Des Moines, IA 50314 42-1193699	Physician	IA	501(c)(3)	9	CHI-IA Corp
Mercy College of Health Sciences 1111 6th Avenue Des Moines, IA 50314 42-1511682	Education	IA	501(c)(3)	2	CHI-IA Corp
Mercy Foundation of Des Moines IA 1111 6th Avenue Des Moines, IA 50314 23-7358794	Foundation	IA	501(c)(3)	7	CHI-IA Corp
Mercy Medical Center - Centerville FKA 1 St Josephs Drive Centerville, IA 52544 42-0680308	Hospital	IA	501(c)(3)	3	CHI-IA Corp
Mercy Professional Practice Associates 1111 6th Avenue Des Moines, IA 50314 42-1470935	Physician	IA	501(c)(3)	9	CHI-IA Corp
Mercy Hospital of Devils Lake 1031 East Seventh Street Devils Lake, ND 58301 45-0227012	Healthcare	ND	501(c)(3)	3	CHI
Saint Joseph's Hospital Foundation 30 West 7th Street Dickinson, ND 58601 36-3418207	Foundation	ND	501(c)(3)	11a	SJHHC
St Joseph's Hospital and Health Center 30 West 7th Street Dickinson, ND 58601 45-0226429	Healthcare	ND	501(c)(3)	3	CHI
Mercy Regional Medical Center of Durango 1010 Three Springs Blvd Durango, CO 81301 84-0405515	Hospital	CO	501(c)(3)	3	CHI
CHI Kentucky Inc 3900 Olympic Blvd Suite 400 Erlanger, KY 41018 20-2741651	Healthcare	KY	501(c)(3)	11a	CHI
Villa Nazareth Inc 801 Page Drive Fargo, ND 58103 45-0226714	LT Care	ND	501(c)(3)	9	CHI
St Catherine Hospital 401 East Spruce Street Garden City, KS 67846 48-0543721	Hospital	KS	501(c)(3)	3	CHI
St Catherine Hospital Development Found 401 East Spruce Street Garden City, KS 67846 20-0598702	Foundation	KS	501(c)(3)	11a	SCH
Saint Francis Medical Center Foundation PO Box 9804 Grand Island, NE 68802 47-0630267	Foundation	NE	501(c)(3)	7	SFMC
Saint Francis Medical Center PO Box 9804 Grand Island, NE 68802 47-0376601	HealthCare	NE	501(c)(3)	3	CHI Nebraska
Central Kansas Medical Center 3515 Broadway Great Bend, KS 67530 48-0543724	Hospital	KS	501(c)(3)	3	CHI
St Joseph Memorial Hospital 923 Carroll Ave Larned, KS 67550 48-1253246	Hospital	KS	501(c)(3)	3	CKMC
MNMCH Inc 220 North Pennsylvania Columbus, KS 66725 48-1216238	Hospital	KS	501(c)(3)	3	SJRMC
Mercy Lifecare Systems 2727 McClelland Blvd Joplin, MO 64804 43-1305163	Property Mgmt	MO	501(c)(3)	11a	SJRMC
St John's Medical Group 2727 McClelland Blvd Joplin, MO 64804 43-1882377	Phys Practice	MO	501(c)(3)	9	SJRMC
St John's Mercy Regional Foundation 2727 McClelland Blvd Joplin, MO 64804 43-1308084	Foundation	MO	501(c)(3)	7	SJRMC
St John's Regional Medical Center 2727 McClelland Blvd Joplin, MO 64804 44-0545809	Hospital	MO	501(c)(3)	3	CHI
Good Samaritan Hospital PO Box 1990 Kearney, NE 68848 47-0379755	HealthCare	NE	501(c)(3)	3	CHI Nebraska
Good Samaritan Hospital Foundation PO Box 1810 Kearney, NE 68848 47-0659443	Foundation	NE	501(c)(3)	7	GSH
St Joseph Health Ministries 2135 Noll Drive Suite C Lancaster, PA 17603 23-2342997	Health	PA	501(c)(3)	11a	SJHM

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St Joseph Health Ministries Foundation 2135 Noll Drive Suite C Lancaster, PA17603 23-2605579	Fundraising	PA	501(c)(3)	11a	SJHM
St Joseph Health Services Inc 2135 Noll Drive Suite C Lancaster, PA17603 20-1425375	Dental care	PA	501(c)(3)	11a	SJHM
Continuing Care Hospital 150 North Eagle Creek Drive Lexington, KY40509 61-1400619	LTACH	KY	501(c)(3)	3	SJHS
Saint Joseph Berea Hospital Foundation 305 Estill Street Berea, KY40403 26-0152877	Foundation	KY	501(c)(3)	7	SJHS
Saint Joseph Health System Inc 150 N Eagle Creek Dr Lexington, KY40509 61-1334601	Hospital	KY	501(c)(3)	3	CHI
St Joseph Hospital Foundation Inc One St Joseph Drive Lexington, KY40504 61-1159649	Foundation	KY	501(c)(3)	11a	SJHS
Saint Joseph Medical Foundation Inc One St Joseph Drive Lexington, KY40504 31-1539059	Phy Practices	KY	501(c)(3)	3	SJHS
Visiting Nurse Association of Saint Clar 191 Woodport Road Sparta, NJ07871 22-1768334	Home Health	NJ	501(c)(3)	9	SCHS
Saint Elizabeth Foundation 555 South 70th Street Lincoln, NE68510 47-0625523	Foundation	NE	501(c)(3)	7	SERMC
Saint Elizabeth Health Services 555 South 70th Street Lincoln, NE68510 36-3233120	Healthcare	NE	501(c)(3)	3	SERMC
CHI Nebraska 555 South 70th Street Lincoln, NE68510 36-3233121	Healthcare	NE	501(c)(3)	11a	CHI
Saint Elizabeth Regional Medical Center 555 South 70th Street Lincoln, NE68510 47-0379836	Healthcare	NE	501(c)(3)	3	CHI Nebraska
The Physician Network 8055 O Street Suite 300 Lincoln, NE68510 47-0780857	Healthcare	NE	501(c)(3)	11a	CHI Nebraska
Lisbon Area Health Services 905 Main Street Lisbon, ND58054 82-0558836	Healthcare	ND	501(c)(3)	3	CHI
Alverna Apartments 300 SE 8th Avenue Little Falls, MN56345 41-1351177	Lterm Care	MN	501(c)(3)	9	CHI
Unity Family Healthcare 815 2nd Street SE Little Falls, MN56345 41-0721642	Healthcare	MN	501(c)(3)	3	CHI
St Anthony's Hospital Association 4 Hospital Drive Morrilton, AR72110 71-0245507	Healthcare	AR	501(c)(3)	3	SVIMC
St Vincent Infirmary Medical Center 2 St Vincent Circle Little Rock, AR72205 71-0236917	Healthcare	AR	501(c)(3)	3	CHI
St Vincent Medical Group 2 St Vincent Circle Little Rock, AR72205 71-0830696	Healthcare	AR	501(c)(3)	9	SVIMC
Maria-Joseph Center 4830 Salem Avenue Dayton, OH45416 31-0935118	Healthcare	OH	501(c)(3)	9	SHP
Saint Joseph London Foundation Inc 310 East Ninth Street London, KY40741 26-0438748	Foundation	KY	501(c)(3)	11a	SJHS
Samaritan Behavioral Health 601 S Edwin C Moses Blvd Dayton, OH45408 02-0633634	Hospital	OH	501(c)(3)	3	SHP
Mercy Medical Center 1512 12th Avenue Road Nampa, ID83686 82-0200896	Hospital	ID	501(c)(3)	3	CHI
Mercy Medical Center Foundation 1512 12th Avenue Road Nampa, ID83686 26-1737256	Foundation	ID	501(c)(3)	11a	Mercy Med Ct
Mercy Physician Group Inc 1512 12th Avenue Road Nampa, ID83686 20-8192593	Phys Group	ID	501(c)(3)	9	Mercy Med Ct
St Mary's Hospital 1314 3rd Avenue Nebraska City, NE68410 47-0443636	Hospital	NE	501(c)(3)	3	CHI Nebraska
St Mary's Hospital Foundation 1314 3rd Avenue Nebraska City, NE68410 47-0707604	Foundation	NE	501(c)(3)	7	SMH
Oakes Community Hospital 314 South 8th Street Oakes, ND58474 45-0231675	Hospital	ND	501(c)(3)	3	CHI
Oakes Community Hospital Foundation 314 South 8th Street Oakes, ND58474 71-0966606	Foundation	ND	501(c)(3)	11a	OCH
St Dominic at Ontario 351 SW 9th Street Ontario, OR97914 93-0433692	Hospital	OR	501(c)(3)	3	CHI

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Holy Rosary Medical Center Foundation 351 SW 9th Street Ontario, OR97914 20-2683560	Foundation	OR	501(c)(3)	11a	HRMC
St Joseph's Area Health Services 600 Pleasant Avenue Park Rapids, MN56470 41-0695603	Hospital	MN	501(c)(3)	3	CHI
St Anthony Hospital 1601 SE Court Avenue Pendleton, OR97801 93-0391614	Hospital	OR	501(c)(3)	3	CHI
St Anthony Hospital Foundation 1601 SE Court Avenue Pendleton, OR97801 93-0992727	Foundation	OR	501(c)(3)	11a	SA Hospital
Gettysburg Medical Center 606 East Garfield Avenue Gettysburg, SD57442 46-0234354	Hospital	SD	501(c)(3)	3	SMHC
St Mary's Healthcare Center 801 East Sioux Avenue Pierre, SD57501 46-0230199	Healthcare	SD	501(c)(3)	3	CHI
Mt St Joseph Inc 3060 SE Stark Street Portland, OR97214 93-0386870	Nursing Care	OR	501(c)(3)	9	CHI
Pueblo Stepup 1925 East Orman Avenue Suite G52 Pueblo, CO81004 84-1234295	Community	CO	501(c)(3)	7	CHI
Bornemann Healthcare Corporation 2500 Bernville Road PO Box 316 Reading, PA19603 23-2187242	Healthcare	PA	501(c)(3)	11a	CHI
St Joseph Medical Center Foundation 2500 Bernville Road PO Box 316 Reading, PA19603 23-2649362	Foundation	PA	501(c)(3)	11a	SJRHN
St Joseph Medical Group 2500 Bernville Road PO Box 316 Reading, PA19603 20-8544021	Healthcare	PA	501(c)(3)	9	BHC
St Joseph Regional Health Network 2500 Bernville Road PO Box 316 Reading, PA19603 23-1352211	Healthcare	PA	501(c)(3)	3	CHI
Linus Oakes Inc 2700 Stewart Parkway Roseburg, OR97470 93-0821381	Senior Living	OR	501(c)(3)	9	MMC
Mercy Foundation Inc 2700 Stewart Parkway Roseburg, OR97470 93-6088946	Foundation	OR	501(c)(3)	7	MMC
Mercy Medical Center 2700 Stewart Parkway Roseburg, OR97470 93-0386868	Hospital	OR	501(c)(3)	3	CHI
Franciscan Villa of South Milwaukee Inc 3601 South Chicago Avenue South Milwaukee, WI53172 39-1093829	Healthcare	WI	501(c)(3)	9	CHI
Enumclaw Community Hospital 1450 Battersby Avenue Enumclaw, WA98022 91-0715805	Hospital	WA	501(c)(3)	3	FHS
Franciscan Foundation 1717 South J Street Tacoma, WA98405 91-1145592	Fundraising	WA	501(c)(3)	9	FHS
Franciscan Health System FKA Franciscan 1717 South J Street Tacoma, WA98405 91-0564491	Healthcare	WA	501(c)(3)	3	CHI
Franciscan Medical Group 1708 South Yakima Avenue Tacoma, WA98405 91-1939739	Healthcare	WA	501(c)(3)	9	FHS
St Joseph Medical Center Foundation In 7601 Osler Drive Towson, MD21204 52-1681044	Fundraising	MD	501(c)(3)	7	SJMC
St Joseph Medical Center Inc 7601 Osler Drive Towson, MD21204 52-0591461	Hospital	MD	501(c)(3)	3	CHI
St Joseph Physician Enterprises 7601 Osler Drive Towson, MD21204 52-1311775	Physicians	MD	501(c)(3)	11a	CHI
Samaritan Health Foundation 2222 Philadelphia Drive Dayton, OH45406 23-7296923	Foundation	OH	501(c)(3)	7	SHP
Mercy Hospital of Valley City 570 Chautauqua Boulevard Valley City, ND58072 45-0226553	Hospital	ND	501(c)(3)	3	CHI
Mercy Medical Center 1301 15th Avenue West Williston, ND58801 45-0231183	Healthcare	ND	501(c)(3)	3	CHI
Mercy Medical Foundation 1301 15th Avenue West Williston, ND58801 45-0381803	Foundation	ND	501(c)(3)	11a	MMC
Samaritan Health Partners 2222 Philadelphia Drive Dayton, OH45406 31-1107411	Healthcare	OH	501(c)(3)	11a	CHI
St Vincent Foundation Two St Vincent Circle Little Rock, AR72205 51-0169537	Fundraising	AR	501(c)(3)	11a	SVIMC
Auxiliary of Holy Rosary Hospital Inc 351 SW 9th Street Ontario, OR97914 94-3059469	Hospital	OR	501(c)(3)	9	HRMC

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The Mercy Hospital of Devils Lake Fdn 1031 East Seventh Street Devils Lake, ND58301 35-2367360	Foundation	ND	501(c)(3)	11a	MHDL
Alegent Health - Bergan Mercy Health Sys 7500 Mercy Road Omaha, NE68124 47-0484764	Hospital	NE	501(c)(3)	3	CHI
Alegent Health - Mercy Hospital Corning PO Box 368 Corning, IA50841 42-0782518	Hospital	IA	501(c)(3)	3	AHBMHS
Mercy Health Care Foundation PO Box 368 Corning, IA50841 42-1461064	Foundation	NE	501(c)(3)	11a	AHMH
Mercy Hospital Foundation Council Bluff 800 Mercy Drive Council Bluffs, IA51503 42-1178204	Foundation	IA	501(c)(3)	11a	AHBMHS
CHI Institute For Research and Innovatio 198 Inverness Drive West Englewood, CO80112 27-1050565	Healthcare	CO	501(c)(3)	11a	CHI
CHI Colorado 188 Inverness Drive West Englewood, CO80112 84-0405257	Healthcare	CO	501(c)(3)	3	CHI
Saint Joseph Mount Sterling Foundation 50 Sterling Avenue Mount Sterling, KY40353 27-2884584	Foundation	KY	501(c)(3)	7	SJHS
Centennial Medical Group Inc 2700 Stewart Parkway Roseburg, OR97470 90-0433062	Physicians	OR	501(c)(3)	9	MMC
CHI National Foundation 198 Inverness Drive West Englewood, CO80112 27-0930004	Foundation	CO	501(c)(3)	11a	CHI
Saint Clare's Health Services Inc 25 Pocono Road Denville, NJ07834 22-3639733	Management	NJ	501(c)(3)	7	CHI
Good Samaritan Hospital 2222 Philadelphia Drive Dayton, OH45406 31-0536981	Hospital	OH	501(c)(3)	3	SHP

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Dispropportionate allocations?		(i) Code V - UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?	
							Yes	No		Yes	No
Superior Medical Imaging LLC 5000 North 26th Street Lincoln, NE68521 26-2884555	OP Diagnostics	NE	SERMC	Related	-155,495	993,429		No	272		No
Central Nebraska Rehab Services 3004 W Faidley Ave Grand Island, NE68802 81-0653461	Physical Therapy	NE	CHI	Related	1,816,979	2,933,623		No	5,050		No
Mercy West Endoscopy LLC 1601 NW 114th St Suite 244 Clive, IA50325 90-0129077	Ambulatory Surg	IA	CHI-IA Corp	Related	1,917,716	1,695,121		No			No
Audubon Land Company LLC 5390 N Academy Blvd Suite 300 Colorado Springs, CO80918 84-1513085	Real Estate	CO	THC	Related	67,577	9,001,605		No			No
Breckenridge Medical Clinic LLC 555 South Park Avenue Plaza 11 Breckenridge, CO80424 65-1295958	Medical Clinic	CO	THC	Related				No			No
Penrad Imaging 1390 Kelly Johnson Blvd Colorado Springs, CO80920 84-1072619	Medical Imaging	CO	THC	Related	1,922,441	8,248,492		No			No
St Anthony Regional Mtn Cancer Center 4231 W 16th Avenue Denver, CO80112 37-1568013	Cancer Center	CO	THC	Related	60,513	318,803		No			No
St Francis Land Company 5390 N Academy Blvd Suite 300 Colorado Springs, CO80918 26-3134100	Real Estate	CO	THC	Related	-180,979	14,886,022		No			No
OrthoColorado LLC 11650 West 2nd Place Lakewood, CO80255 37-1577105	Ortho Hospital	CO	THC	Related	-5,375,165	15,265,510		No			No
Mercy Outpatient Surgery Center LLC 1512 12th Avenue Road Nampa, ID83686 84-1380439	Surgery Center	ID	MMC	Related	-812,036	949,357		No	4,620	Yes	
Peninsula Radiation Oncology 314 Martin Luther King Jr Way 11 Tacoma, WA98405 87-0808610	Healthcare Srvc	WA	FHS	Related	-516,076	3,860,362		No			No
Healthcare Support Services LLC PO Box 9804 Grand Island, NE688029804 72-1546196	Laundry	NE	CHI	Related	199,968	3,913,481		No	58,436		No
Bluegrass Regional Imaging Center 1218 South Broadway Suite 310 Lexington, KY40504 61-1386736	Diagnostic	KY	SJ HospitalLex	Related	242,456	3,773,725		No			No
North River Surgery Center LLC 2209 Wildwood Avenue Sherwood, AR72120 71-0799771	Ambul Surg Ctr	AR	SVIMC	Related	213,989	1,696,001		No			No
CHI Operating Investment Program LP 198 Inverness Drive West Englewood, CO80112 47-0727942	Investments	CO	CHI	Investment	58,022	4,069,968		No	14,031	Yes	
Ruxton Surgicenter LLC 8322 Bellona Avenue Suite 201 Baltimore, MD21204 52-2095835	Surgery Center	MD	SJMC	Related	-75,716	3,421,084		No		Yes	
Central Nebraska Home Care Services PO Box 1146-4510 Second Avenue Kearney, NE68848 47-0692112	Healthcare Srvc	NE	HSEINC	Related	-102,982	1,021,500		No		Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Percentage ownership
Mercy Health Services Corporation 2727 McClelland Blvd Joplin, MO 64804 43-1457881	DME	MO	St John's RMC	C Corp	-1,033,832	2,093,683	100.000 %
Mountain Management Services Inc 6028D Shallowford Road Chattanooga, TN 37422 62-1570739	mgmt svc org	TN	MHCS	C Corp	348,642	4,530,845	100.000 %
MedQuest 1301 15th Avenue West Williston, ND 58801 45-0392137	Sale of DME	ND	MHof Williston	C Corp	-16,794	911,494	100.000 %
St Anthony Development Company Pandleton, OR 97801 93-1216943	Athletic Club	OR	St Anthony H	C Corp	41,861	3,047,938	100.000 %
GOOD SAMARITAN OUTREACH SERVICES PO BOX 1990 KEARNEY, NE 68848 47-0659440	MEDICAL CLINIC	NE	GSMS	C Corp	-2,491,623	840,232	100.000 %
HEALTH SYSTEMS ENTERPRISES INC PO BOX 1990 KEARNEY, NE 68848 47-0664555	MANAGEMENT	NE	GSMS	C Corp	10,957	1,559,747	100.000 %
Mercy Park Apartments Ltd 1111 6th Avenue Des Moines, IA 50314 42-1202422	Housing	IA	CHI-IA Corp	C Corp	227,244	1,806,199	100.000 %
Des Moines Medical Center Inc 1111 6th Avenue Des Moines, IA 50314 42-0937382	Real Estate	IA	CHI-IA Corp	C Corp		1,123,173	92.980 %
Comcare Services 4231 W 16th Avenue Denver, CO 80204 84-0904813	Inactive	CO	CHIC	C Corp			100.000 %
Mednow Inc 1512 12th Avenue Road Nampa, ID 83686 82-0389927	Outpat Pharmacy	ID	Mercy Med Ctr	C Corp	-672,954	5,348,476	100.000 %
Saint Clare's Primary Care Inc 68 Ford Road Denville, NJ 07834 22-2441202	Billing Services	NJ	SCCC	C Corp	-7350,630	2,590,487	100.000 %
Healthcare Mgmt Services Org Inc 1149 Market St Tacoma, WA 98402 91-1165474	Health Org	WA	FHS	C Corp			100.000 %
Physician Health System Network 1149 Market St Tacoma, WA 98402 91-1745723	Health Org	WA	FHS	C Corp			100.000 %
Mercy Services Corp 2700 Stewart Parkway Roseburg, OR 97470 93-0824308	Retail Sales	OR	Mercy Medical	C Corp	-499,409	1,403,001	100.000 %
Caduceus Medical Associates Inc 6028 Shallowford Road Suite D Chattanooga, TN 37422 62-1570736	Healthcare	TN	MHCS	C Corp		1,008	100.000 %
CENTRAL KANSAS HEALTH SERVICES ASSOCIATI 3515 Broadway Great Bend, KS 67530 48-1042853	MEDICAL EQUIPMENT	KS	CKMC	C Corp		110,125	100.000 %
St Vincent Community Health Services In Two St Vincent Circle Little Rock, AR 72205 71-0710785	Healthcare	AR	SVIMC	C Corp	2,404,944	10,195,000	100.000 %
Alternative Insurance Management Service 3900 Olive Branch Boulevard Suite 400 Erlanger, KY 41018 84-1112049	Management Servic	CO	CHI	C Corp		3,272,176	100.000 %
Nazareth Assurance Company 76 St Paul Street Suite 500 Burlington, VT 05401 03-0204831	Insurance	VT	CHI	C Corp			100.000 %
Franciscan Services Inc 198 Inverness Drive West Englewood, CO 80112 23-2487967	Healthcare	CO	CHI	C Corp	194,756	12,598,258	100.000 %
SJH Services Corporation 198 Inverness Drive West Englewood, CO 80112 23-2307408	Healthcare	CO	FSI	C Corp	314,346	3,423,012	100.000 %
St Joseph Development Company Inc 1717 South Street Tacoma, WA 98405 91-1480569	Rental	WA	FSI	C Corp	1,677,122	11,984,725	100.000 %
Towson Management Inc 7601 Oakridge Drive Towson, MD 21204 52-1710750	Management Servic	MD	FSI	C Corp	99,315	498,383	100.000 %
Captive Management Initiatives PO Box 10073 APO GeorgeTown, GR KY1-1001 CJ 98-0663022	Captive Managemen	CJ	CHI	C Corp			100.000 %
First Initiatives Insurance Ltd PO Box 10073 APO GeorgeTown, GR KY1-1001 CJ 98-0203038	Insurance	CJ	CHI	C Corp			100.000 %
Center for Translational Research 198 Inverness Drive West Englewood, CO 80112 23-2169511	Healthcare	CO	CHI	C Corp	-840,949	1,746,201	100.000 %
Samaritan Family Care Inc 40 W Fourth St 1700 Dayton, OH 45402 31-1398450	Healthcare	OH	SHP	LLC	-1,199,836	4,894,397	100.000 %
SJL Physician Management Services Inc 424 Lewis Hargett Cr 160 Lexington, KY 40503 99-9999999	Management	KY	SJHS	C Corp			100.000 %
CGH Realty Company Inc 215 N 12th St Reading, PA 19603 23-2326801	Real Estate	PA	SJHM	C Corp	1,007	42,415	100.000 %
St Joseph Office Park A Association 1401 Harrodsburg Road Bldg B7D Lexington, KY 40504 61-1079899	Management	KY	SJHS	C Corp	10,217	572,843	85.000 %

Form 990, Schedule R, Part V - Transactions With Related Organizations

(6)	Central Nebraska Home Care			63,839
(7)	CHI Colorado Foundation		k	24,290
(8)	CHI Colorado		k	11,608,791
(9)	CHI Iowa Corp		k	95,959,942
(10)	CHI CENTER FOR TRANSLATIONAL RESEARCH		k	2,686
(11)	Continuing Care		k	1,220,130
(12)	Dayton Heart & Vascular Hospital		k	71,226
(13)	Enumclaw Hospital		k	3,832,847
(14)	Flaget Healthcare Inc		k	7,184,842
(15)	Franciscan Health Services		k	110,427,952
(16)	Franciscan Villa		k	1,901,490
(17)	Franciscan Medical Group		k	55,858
(18)	Gettysburg Medical Center		k	39,161
(19)	Good Samaritan Hospital		k	26,489,668
(20)	The Good Samaritan Hospital of Cincinnati		k	9,900,998
(21)	Health SET		k	226
(22)	Good Samaritan Outreach Services		k	73,104
(23)	Good Samaritan Hospital		k	7,669,480
(24)	Holy Rosary Medical Center		k	6,381,830
(25)	HSS Grand Island		k	39,888
(26)	Jewish Hospital & St Mary's		k	559,374
(27)	Lakewood Health Centers		k	2,724,212
(28)	Lisbon Area Health		k	1,234,276
(29)	Memorial Health Care System		k	65,770,464
(30)	Mercy Healthcare Inc		k	21,925,489
(31)	Mercy Hospital of Devils Lake		k	2,869,342
(32)	Mercy Hospital-Valley City		k	1,675,910
(33)	St John's Mercy Clinics		k	84,506
(34)	Mercy Medical Center - Centerville		k	235,027
(35)	Mercy Regional Medical Center		k	13,812,783
(36)	Mercy Medical Center-Nampa		k	10,067,349
(37)	Mercy Medical Center-Williston		k	6,177,800
(38)	Mercy Physicians Group		k	8,633
(39)	MNMCH Inc		k	9,617
(40)	Nebraska Surgery Center		k	7,749
(41)	Oakes Community Hospital		k	1,187,657
(42)	Samaritan Family Care		k	442
(43)	St Anthony Regional Cancer Center		k	88,156
(44)	St Clare Hospital		k	41,299,266
(45)	St Anthony Hospital Association		k	117,709
(46)	St Anthony Hospital		k	6,549,935
(47)	St Catherine Hospital		k	10,612,493
(48)	St Elizabeth Health Services		k	2,513,028
(49)	St Elizabeth Foundation		k	3,402
(50)	Saint Elizabeth Regional Medical Center		k	41,590,493
(51)	St Francis Medical Center-Breckenridge		k	4,586,381
(52)	St Francis Medical Center-Grand Island		k	18,373,109
(53)	St John's Regional Medical Center		k	15,069,915
(54)	St Joseph Community Health		k	466,426
(55)	St Joseph Health Ministries-Lancaster		k	48,978
(56)	St Joseph Health System - Lexington		k	75,843,965
(57)	St Joseph Medical Center-Towson		k	35,917,406
(58)	St Joseph Memorial Hospital		k	107,808
(59)	St Joseph Regional Health Network		k	26,141,913
(60)	St Joseph's Area Health Services		k	6,028,070
(61)	St Joseph's Hospital and Health Center		k	5,765,660
(62)	St Mary's Healthcare Center		k	7,375,714
(63)	St Mary's Community Hospital		k	2,371,929
(64)	St Vincent Health System		k	39,507,008
(65)	Unity Family Healthcare		k	8,310,570
(66)	Villa Nazareth		k	1,922,959
(67)	CHI Operating Partnership		k	1,010,370
(68)	Bishop Drumm Retirement Center		p	306,873
(69)	Carrington Health Center		p	203,917
(70)	Central Kansas Medical Center		p	1,111,968
(71)	Central Nebraska Home Care		p	25,731
(72)	Central NE Rehabilitation Services		p	80,478
(73)	St Elizabeth Physician Network		p	29,959
(74)	CHI Iowa Corp		p	8,542,324
(75)	Continuing Care		p	62,765
(76)	Enumclaw Hospital		p	566,165
(77)	Flaget Healthcare Inc		p	665,717
(78)	Franciscan Health Services		p	17,335,364
(79)	Franciscan Villa		p	489,403
(80)	Franciscan Medical Group		p	932,257
(81)	Gettysburg Medical Center		p	99,729
(82)	Good Samaritan Hospital		p	2,033,884
(83)	The Good Samaritan Hospital of Cincinnati		p	7,110,744
(84)	Health SET		p	3,224
(85)	Holy Rosary Medical Center		p	729,749
(86)	Lakewood Health Centers		p	212,272
(87)	Lisbon Area Health		p	91,649
(88)	Mednow		p	1,766
(89)	Memorial Health Care System		p	8,203,982
(90)	Mercy Healthcare Inc		p	4,103,405
(91)	Mercy Hospital of Devils Lake		p	232,339
(92)	Mercy Hospital-Valley City		p	109,595
(93)	Mercy Medical Center - Centerville		p	233,016
(94)	Mercy Regional Medical Center		p	1,879,508
(95)	Mercy Medical Center-Nampa		p	1,070,457
(96)	Mercy Medical Center-Williston		p	667,348
(97)	MNMCH Inc		p	10,847
(98)	Oakes Community Hospital		p	89,321
(99)	St Clare Hospital		p	5,342,832
(100)	SET of Colorado		p	4,492
(101)	SET of Pueblo		p	2,442
(102)	St Anthony Hospital Association		p	201,522
(103)	St Anthony Hospital		p	693,822
(104)	St Catherine Hospital		p	1,251,304
(105)	St Elizabeth Health Services		p	595,796
(106)	Saint Elizabeth Regional Medical Center		p	2,925,679
(107)	St Francis Medical Center-Breckenridge		p	429,311
(108)	St Francis Medical Center-Grand Island		p	1,545,559
(109)	St John's Regional Medical Center		p	1,319,744
(110)	St Joseph Community Health		p	5,848
(111)	St Joseph Development Co		p	75,543
(112)	St Joseph Health Ministries-Lancaster		p	8,298
(113)	St Joseph Health System - Lexington		p	12,996,802
(114)	St Joseph Medical Center-Towson		p	5,860,542
(115)	St Joseph Memorial Hospital		p	113,340
(116)	St Joseph Regional Health Network		p	4,131,660
(117)	St Joseph's Area Health Services		p	475,087
(118)	St Joseph's Hospital and Health Center		p	635,252
(119)	St Mary's Healthcare Center		p	509,629
(120)	St Mary's Community Hospital		p	152,897
(121)	St Vincent Health System		p	4,890,283
(122)	Franciscan Foundation		p	3,467
(123)	Unity Family Healthcare		p	471,987
(124)	Villa Nazareth		p	225,068
(125)	Alegent Health-Bergan Mercy Health System		a	7,841,633
(126)	Alverna Apartments		a	84,351
(127)	Carrington Health Center		a	55,638
(128)	Central Kansas Medical Center		a	507,990
(129)	CHI Colorado		a	4,894,078
(130)	CHI Iowa Corp		a	8,900,709
(131)	Enumclaw Hospital		a	33,334
(132)	Flaget Healthcare Inc		a	1,084,825
(133)	Franciscan Health Services		a	9,700,267
(134)	Franciscan Villa		a	248,223
(135)	Good Samaritan Hospital		a	1,917,452
(136)	The Good Samaritan Hospital of Cincinnati		a	7,094,793
(137)	Good Samaritan Hospital		a	7,494,651
(138)	Holy Rosary Medical Center		a	809,464
(139)	Jewish Hospital & St Mary's		a	1,635,103
(140)	Lakewood Health Centers		a	192,058
(141)	Lisbon Area Health		a	84,651
(142)	Memorial Health Care System		a	2,176,136
(143)	Mercy Healthcare Inc		a	2,301,109
(144)	Mercy Lifecare Systems		a	71,182
(145)	Mercy Medical Center - Centerville		a	81,252
(146)	Mercy Regional Medical Center		a	3,785,534
(147)	Mercy Medical Center-Nampa		a	53,626
(148)	Mercy Medical Center-Williston		a	171,339
(149)	Oakes Community Hospital		a	309,630
(150)	St Clare Hospital		a	4,299,019
(151)	St Anthony Hospital		a	569,380
(152)	St Catherine Hospital		a	986,302
(153)	St Elizabeth Health Services		a	569,047
(154)	Saint Elizabeth Regional Medical Center		a	4,002,760
(155)	St Francis Medical Center-Breckenridge		a	613,745
(156)	St Francis Medical Center-Grand Island		a	41,134
(157)	St John's Regional Medical Center		a	976,967
(158)	St Joseph Health System - Lexington		a	11,063,488
(159)	St Joseph Medical Center-Towson		a	5,028,069
(160)	St Joseph Regional Health Network		a	6,867,938
(161)	St Joseph's Area Health Services		a	172,497
(162)	St Joseph's Hospital and Health Center		a	327,834
(163)	St Mary's Healthcare Center		a	30,265
(164)	St Mary's Community Hospital		a	62,951
(165)	St Vincent Health System		a	4,142,839
(166)	Unity Family Healthcare		a	1,034,043
(167)	Universal Health Corp		a	21,002
(168)	Villa Nazareth		a	275,600
(169)	CHI Colorado		b	150,020
(170)	CHI Iowa Corp		b	26,500
(171)	Flaget Healthcare Inc		b	35,915
(172)	Good Samaritan Foundation		b	132,654
(173)	Holy Rosary Medical Center		b	16,220
(174)	Memorial Health Care System		b	18,188
(175)	Mercy Hospital-Valley City		b	106,433
(176)	Mercy Regional Medical Center		b	110,031
(177)	Mercy Medical Center-Nampa		b	102,027
(178)	Samaritan Behavioral Health		b	88,940
(179)	St Clare Hospital		b	47,530
(180)	SET of Colorado		b	125,000
(181)	St Catherine Hospital		b	66,965
(182)	St Elizabeth Foundation		b	25,671
(183)	St Francis Medical Center-Breckenridge		b	30,395
(184)	St Francis Medical Center-Grand Island		b	62,801
(185)	St John's Regional Medical Center		b	54,929
(186)	St Joseph Community Health		b	223,855
(187)	St Joseph Health System - Lexington		b	72,820
(188)	St Joseph Medical Center-Towson		b	400,750
(189)	St Joseph Regional Health Network		b	113,420
(190)	St Joseph's Area Health Services		b	79,441
(191)	St Mary's Community Hospital		b	101,033
(192)	Franciscan Foundation		b	127,135
(193)	Unity Family Healthcare		b	52,000
(194)	Alegent Health-Bergan Mercy Health System		r	10,663,272
(195)	Alverna Apartments		r	82,149
(196)	Carrington Health Center		r	338,133
(197)	Central Kansas Medical Center		r	1,434,785
(198)	CHI Colorado		r	16,751,787
(199)	CHI Iowa Corp		r	9,212,257
(200)	Flaget Healthcare Inc		r	1,665,001
(201)	Franciscan Health Services		r	16,379,931
(202)	Franciscan Villa		r	539,568
(203)	Good Samaritan Hospital		r	4,996,246
(204)	The Good Samaritan Hospital of Cincinnati		r	9,533,749
(205)	Good Samaritan Hospital		r	30,206,062
(206)	Holy Rosary Medical Center		r	21,620,339
(207)	Jewish Hospital & St Mary's		r	4,388,490
(208)	Lakewood Health Centers		r	409,166
(209)	Lisbon Area Health		r	146,766
(210)	Memorial Health Care System		r	6,617,120
(211)	Mercy Healthcare Inc		r	3,999,858
(212)	Mercy Lifecare Systems		r	2,561,752
(213)	Mercy Medical Center - Centerville		r	140,875
(214)	Mercy Regional Medical Center		r	1,797,184
(215)	Mercy Medical Center-Nampa		r	1,640,829
(216)	Mercy Medical Center-Williston		r	1616,817
(217)	Oakes Community Hospital		r	153,330
(218)	St Clare Hospital		r	2,570,232
(219)	St Anthony Hospital		r	894,758
(220)	St Catherine Hospital		r	668,760
(221)	St Elizabeth Health Services		r	15,155,297
(222)	Saint Elizabeth Regional Medical Center		r	2,308,623
(223)	St Francis Medical Center-Breckenridge		r	1,259,359
(224)	St Francis Medical Center-Grand Island		r	1,323,107
(225)	St John's Regional Medical Center		r	34,122,498
(226)	St Joseph Health System - Lexington		r	4,756,251
(227)	St Joseph Medical Center-Towson		r	6,262,079
(228)	St Joseph Regional Health Network		r	1,215,002
(229)	St Joseph's Area Health Services		r	618,582
(230)	St Joseph's Hospital and Health Center		r	1,009,630
(231)	St Mary's Healthcare Center		r	599,830
(232)	St Mary's Community Hospital		r	90,178
(233)	St Vincent Health System		r	11,396,225
(234)	Unity Family Healthcare		r	1,814,737
(235)	Universal Health Corp		r	127,639
(236)	Villa Nazareth		r	475,345
(237)	Alegent Health-Bergan Mercy Health System		d	244,032,641
(238)	CHI Colorado		d	45,000,000
(239)	Enumclaw Hospital		d	4,000,000
(240)	St Joseph Health System - Lexington		d	78,500,000
(241)	St Joseph's Area Health Services		d	500,000
(242)	St Joseph's Hospital and Health Center		d	19,547,293
(243)	St Vincent Health System		d	35,628,269

Additional Data

Software ID:

Software Version:

EIN: 47-0617373

Name: Catholic Health Initiatives

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			
Maureen Comer OP Trustee	2 0	X								
David Edwards Trustee	2 0	X								
Antoinette Hardy-Waller RN Trustee	2 0	X								
Phyllis Hughes RSM DRPH Board Chair	4 0	X		X						
Andrea Lee IHM PHD Trustee	2 0	X								
David Lincoln fache Vice Chair	2 0	X		X						
Kevin Lofton FACHE PRESIDENT AND CEO	60 0	X		X				2,100,818	0	0
Christopher Lowney Trustee	2 0	X								
Eleanor Martin SCN ESQ Trustee	2 0	X								
Blackford Middleton MD mpg MSC Trustee	2 0	X								
Mary Margaret Mooney PBVM DNSC Trustee	2 0	X								
Mary Jo Potter Trustee	2 0	X								
Bruce Siegel MD Trustee	2 0	X								
Patricia Smith OSF JCD PHD Trustee	2 0	X								
Robert Smoldt Trustee	2 0	X								
Martha Walsh SC RN Trustee	2 0	X								
Colleen Blye CPA EVP FIN/INTG SRVC & CFO/TREAS	60 0			X				1,034,338		154,237
Susanna Laundry INTERIM SVP & CFO/TREASURER	60 0			X				440,480		31,811
Mitch Melfi ESQ SVP LEGAL SRVC&GEN COUNSEL/SEC	60 0			X				745,997		116,217
Joyce Ross SVP COMMUNICATIONS/ASST SEC	60 0			X				433,621		54,667
Michael Rowan FACHE EVP & CHIEF OPERATING OFFICER	60 0			X				1,315,743		184,636
Lynn Smith Assistant Secretary	40 0			X				78,032		15,186
DEAN Swindle CPA EVP BUS SRVC AND CFO/TREAS	60 0			X						
John DiCola SVP STRATEGY & BUS DEVELOPMENT	60 0				X			730,610		135,191
Philip Foster SVP & CHIEF RISK OFFICER	60 0				X			356,824		41,996

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				
Thomas Kopfensteiner STD SVP MISSION	60 0				X			634,672		102,921	
Phillip Mears JD SVP SUPPLY CHAIN	60 0				X			382,367		47,873	
Stephen Moore MD SVP AND CHIEF MEDICAL OFFICER	60 0				X			586,402		98,346	
Michael O'Rourke SVP& CHIEF INFORMATION OFFICER	60 0				X			634,671		72,839	
Herbert Vallier SVP AND CHIEF HR OFFICER	60 0				X			797,285		40,973	
KATHLEEN SANFORD RN DBA FACHE SVP AND CHIEF NURSING OFFICER	60 0				X			528,039		86,034	
DAVID GOODE FACHE SVP GROUP EXECUTIVE OFFICER	60 0					X		1,033,054		43,467	
LESLIE HIRSCH MBO CEO	60 0					X		1,551,904		96,019	
Mary Elizabeth O'Brien SVP GROUP EXECUTIVE OFFICER	60 0					X		721,669		78,185	
DAVID VELLINGA MBO CEO	60 0					X		794,758		86,636	
Joseph Wilczek MBO CEO	60 0					X		1,008,685		97,641	
Michael Fordyce FORMER CAO							X	622,417		62,983	
Paul Neumann FORMER GEN COUNSEL/SECRETARY							X	403,538		41,389	
John NEWTON JR FORMER GEN COUNSEL/SECRETARY							X	362,742		38,596	
John Anderson FORMER SVP & CHIEF MED OFFICER							X	460,255		30,818	

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Assessments	900,099	960,529,852	959,764,285	765,567	
Interest Income	900,099	99,385,962	99,385,962		
Premiums	900,099	53,281,494	53,281,494		
Equity changes of unconsolidated orgs	900,099	8,251,300	8,251,300		
Management Fees	541,610	690,646	690,646		

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Unrelated Business Taxes	1,196,806		1,196,806	
GROUP MEDICAL PLAN COSTS	370,412,248	370,412,248		
REPAIRS AND MAINTENANCE	144,759,572	97,732,942	47,026,630	
Restructuring Losses	5,918,274	826,734	5,091,540	
Dues & subscriptions	2,602,248	174,188	2,428,060	