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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)

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

2009

Open to Public Inspection

A For	the 2	2009 cale	endar year	r, or tax year beginning 07-	01-2009 and ending 06-30-2	2010		
			Please	C Name of organization Catholic Health Initiatives				dentification number
✓ Addı —	ress cha	ange	use IRS label or	Doing Business As			47-06173 E Telephone	
Nam	ne chan		print or type. See	Joing Sasiness no			·	
Initia	al retur		Specific Instruc-		x if mail is not delivered to street a	ddress) Room/suite	(720) 874	- 1500 :s \$ 1,273,439,710
Tem	nınated		tions.	198 Inverness Drive West			S Gross receipt	φ 1/2/3/13//110
- Ame	nded r	eturn		City or town, state or country, Englewood, CO 80112	and ZIP + 4	•	1	
Appl	ication	pending		Englewood, CO 00112			_	
				ne and address of principal	officer		 hıs a group retu	
				LOFTON VERNESS DRIVE WEST		affıl	ıates?	⊤Yes ▼ No
			ENGLE'	WOOD,CO 80112		H(b) Are	all affiliates inclu	ided?
- T			T 50443	·				t (see instructions)
				(3) ◀ (insert no))(1) or 527	H(c) Gro	oup exemption r	umber ► 0928
) We	bsit e	: ► wwv	V CATHOI	LICHEALTHINIT ORG				
				ion Trust Association Ot	her ►	L Year of t	formation 1996	M State of legal domicile CO
Par		Summ	•					
				e organization's mission or itiatives (CHI) is a national	most significant activities faith-based non-profit health	ncare organizatio	on CHI serves	as an integral part of ITS
. l					THER HEALTHCARE PROVI		on chiracives	
Governance								
<u> </u>								
<u> </u>	_	Charleth	bay b .	f +b			250/ of the most	
			,		inued its operations or dispos			
eo .			_		ody (Part VI, line 1a)			316
<u>≅</u>	4	Number	ofındepen	dent voting members of the	governing body (Part VI, line	e 1b)	•	415
Activities	5	Total nur	mber of em	nployees (Part V , line 2a)				5 3,858
[[6	Total nur	mber of vo	lunteers (estimate if neces	sary)			615
`	7a	Total gro	ss unrelat	ted business revenue from	Part VIII, column (C), line 12		:	7a 768,178
	b	Net unrel	lated busi	ness taxable income from F	orm 990-T, line 34		:	7b 680,968
						Pri	ior Year	Current Year
	8	Contrib	utions and	grants (Part VIII, line 1h)			2,409,585	845,437
₽	9	Program	n service i	revenue (Part VIII, line 2g)		995,581,888	1,122,543,219	
Revent	10	Investm	nent incon	ne (Part VIII, column (A), l		15,179,479	146,275,286	
#	11	O ther re	evenue (Pa	art VIII, column (A), lines	5, 6d, 8c, 9c, 10c, and 11e)		11,139,842	2,939,609
	12				equal Part VIII, column (A),			
							,024,310,794	1,272,603,551
	13				lumn (A), lines 1-3)		9,073,349	13,580,997
	14				ımn (A), line 4)		0	0
8	15	Salaries	s, other co	mpensation, employee ben	efits (Part IX, column (A), line	es 5-	198,616,030	227,317,766
Expenses	16a	Profess	ional fund	raising fees (Part IX, colum	n (A), line 11e)		0	0
훈	b	Total fund	draising expe	enses (Part IX, column (D), line 2	5) ▶ 0			
ш	17				1a-11d, 11f-24f)		862,466,779	962,727,378
	18	Totalex	kpenses A	Add lines 13–17 (must equ	al Part IX, column (A), line 2!	5) 1	,070,156,158	1,203,626,141
	19				m line 12		-45,845,364	68,977,410
<u>පුරු</u>						Beginni	ng of Current	End of Year
Net Assets or Fund Balances							Year	
8 G	20			t X, line 16)			,055,302,285	4,998,138,277
물물	21		-				,376,862,684	5,240,327,437
	22				L from line 20	-	-321,560,399	-242,189,160
Par	t II		ture Blo					
					ned this return, including accompan of preparer (other than officer) is l			
			, , , , , , , , , , , , , , , , , , ,	, ,				
Sign		l h					1-05-15	
Here		Signat	ure of office	r		Date		
				, Bus Svcs, CFO				
		Туре	or print name	e and title				
		Preparer's			Date	Check If		tıfyıng number
Paid		signature		LEON		self- empolyed 🕨	(see instruction	ns)
Prepa	rer's	Firm's nan	ne (or yours	L CATHOLIC HEALTH INITIATIV	ES			
Use O		ıf self-em	ployed),)			EIN Þ	
		address, a	and ZIP + 4	198 INVERNESS DRIVE WEST	:		Phone no	(720) 874-1500
				ENGLEWOOD, CO 80112				(720) 874-1500
1ay th	ne IRS	S discuss	this retur	rn with the preparer shown a	bove? (see instructions) .			ΓYes ΓNo

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

See Schedule O ATTACHMENT 2

	Did the consumpt		t program services during the y							
2					Yes V No					
		f "Yes," describe these new services on Schedule O								
3	Did the organizat	ion cease conducting, or ma	ke significant changes in how it		_ Yes					
	If "Yes," describe	these changes on Schedule	0							
4	Section 501(c)(3	3) and 501(c)(4) organization		ree largest program services by e is are required to report the amou m service reported						
4a	(Code) (Expenses \$	816,798,836 including grants of \$	13,580,997) (Revenue \$	1,121,777,652)					
	integrate health, ed for systemic change	lucation, pastoral and social service es with specific concern for persons	s, promoting leadership development who are poor, alienated and underser	y by fostering research and development and formation for the ministry throughou ved, and stewarding resources by provid purchasing) for the CHI national healtho	it the organization, advocating ing coordinated management					
4b	(Code) (Expenses \$	ıncludıng grants of \$) (Revenue \$)					
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)					
4d	Other program :	services (Describe in Sched	ule O)							
	(Expenses \$	ınclud	ing grants of \$) (Revenue \$)					
4e	Total program s	ervice expenses►\$	816,798,836							

Part IV	Checklist	of Rec	uired	Sche	dules
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			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		Νο
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 2	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 quasiendowments? 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, line10? 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			
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		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t 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? If "Yes," complete Schedule I, Parts I and II	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? If "Yes," complete Schedule I, Parts I and III	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? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	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		Νo
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? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Νο
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? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Νο
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		Νο
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	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</i> " <i>Yes,"</i> complete Schedule L, Part <i>IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νο
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		N o
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Form	990 (2009)		Page 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance		
		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		

Lu	of U.S. Information Returns. 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	0			
c	Did the organization comply with backup withholding rules for reportable payments to gaming (gambling) winnings to prize winners?	o vend	dors and reportable	1 c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return	2a	3,858			
b	If at least one is reported on line 2a, did the organization file all required federal emp Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file instructions)			2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during return?	g the y	year covered by this	3a	Yes	
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Scho	edule (o	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a si over, a financial account in a foreign country (such as a bank account, securities account)?			4a	Yes	
b	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Financial Accounts	Report	of Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during	ng the	tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited t	tax sh	elter transaction?	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-E Prohibited Tax Shelter Transaction?	xemp	t Entity Regarding	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$10 organization solicit any contributions that were not tax deductible?	00,00	O, and did the	6a		No
b	If "Yes," did the organization include with every solicitation an express statement th were not tax deductible?	atsud	ch contributions or gifts	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution services provided to the payor?	on an	d partly for goods and	7a		Νο
b	If "Yes," did the organization notify the donor of the value of the goods or services provided by the service of the service	ovide	d?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal proper file Form 8282?	ty for	which it was required to	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay benefit contract?	prem	iums on a personal	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a perso	onal b	enefit contract?	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8	899 8	as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization fi required?	le a F	orm 1098-C as	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supthe supporting organization, or a donor advised fund maintained by a sponsoring organization business holdings at any time during the year?	anızat	ion, have excess	8		
9	Sponsoring organizations maintaining donor advised funds.					
_	Did the organization make any taxable distributions under section 4966?			9a		
	Did the organization make a distribution to a donor, donor advisor, or related person			9b		
10	Section 501(c)(7) organizations. Enter					
а	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					
а	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				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	0 in lie I	eu of Form 1041? I	12a		
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

ENGLEWOOD, CO 80112

(720) 874-1500

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.

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body 1a 16			
ь	Enter the number of voting members that are independent			
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			
а	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
Se	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	venue 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	
С	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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
	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
Sa	ection C. Disclosure	100		No
17	List the States with which a copy of this Form 990 is required to be filed.			
	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			
4	Own website Another's website Vpon 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 th DEAN SWINDLE 198 INVERNESS DRIVE WEST	ie orga	inizatior	n ►

Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
(A) Name and Title	(B) Average hours	Posi t	(C tion (hat a	ched	ckal)	I		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

No

Nο

Yes

5

- 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

- 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)	(C)
Name and dusiness address	Description of services	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 \$100,000 in compensation from the organization ►207) who received more than	

Form 99		·						Page 9
Part V	<u> </u>	Statement o	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
\$ £	1a	Federated cam	paigns 1a					
Contributions, gifts, grants and other similar amounts	ь	Membership du	ies 1b					
Σį	С	Fundraising eve	ents 1c					
Æ ä	d	Related organiz	zations 1d					
% <u>≡</u>	e	Government grant	s (contributions) 1e	134,738				
동 '조	f	All other contribution	ons, gifts, grants, and 1f	710,699	į			i
± ⊈⊈	g	similar amounts no	ot included above ibutions included in					
받	_							
ခဲ့ မြ	h		s 1a-1f	▶	845,437			
				Business Code				
enc	2a	Assessments		900,099	960,529,852	959,764,285	765,567	
æ Æ	ь	Interest Income	_	900,099	99,385,962	99,385,962		
- S	С	Premiums		900,099	53,281,494	53,281,494		
Program Service Revenue	d	Equity changes of	unconsolidated orgs	900,099	8,251,300	8,251,300		
3.5	e	Management Fees		541,610	690,646	690,646		
graf	f	All other progra	am service revenue		403,965	403,965		
Š	_	Total Add line	s 2a-2f		1,122,543,219			
	g 3		ome (including dividen		1,122,543,219			
			ar amounts)	. ⊩	121,354,984		2,611	121,352,373
	4		stment of tax-exempt bond	-	149,465			149,465
	5	Royalties		▶ [0			
			(ı) Real	(11) Personal				
	6a	Gross Rents						
	ь	Less rental expenses						
	С	Rental income or (loss)						
	d		me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	24,879,568	727,428				
		assets other than inventory						
	ь	Less cost or		836,159				
		other basis and sales expenses						
	С	Gain or (loss)	24,879,568	-108,731				
	d		ss)		24,770,837			24,770,837
Other Revenue	8a	events (not inc \$ of contributions	rom fundraising luding s reported on line 1c) ne 18					
the	ь		penses b					
0	c		(loss) from fundraising	events 🟲	0			
	9a		rom gaming activities ne 19 a					
	ь		penses b		_			
	100		(loss) from gaming acti	vities	0			
	10a	Gross sales of returns and allo						
	ь		oods sold b					
	С		(loss) from sales of inv		0			
	44.	Miscellaneous		Business Code 900,099	2,896,454			2,896,454
	11a	Gain on Bond D	efeasance					, ,
	Ь	REFUNDS		900,099	38,885			38,885
	С	MISCELLANEC		900,099	4,270			4,270
	d		ue					
	е	Total. Add lines	o 11a-110	· · · · •	2,939,609			
	12	Total revenue.	See Instructions .	▶	1,272,603,551	1,121,777,652	768,178	149,212,284
	j			L	1,2,2,000,001	1,121,111,032	,	Form 990 (2009)

	990 (2009)				Page 10
Part	IX Statement of Functional Expenses				
Δ	Section $501(c)(3)$ and $501(c)(4)$ organizations m Il other organizations must complete column (A) but are not required to			'D)	
	other organizations must complete commit (A) but are not required to ot include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	o, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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	general expenses	
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	 	
10	Payroll taxes	11,024,097	2,341,167	8,682,930	
11	Fees for services (non-employees)			2,002,000	
а	Management	0			
h	Legal	723,521		723,521	
c	Accounting	12,396,412		12,396,412	
d	Lobbying	0		12,330,112	
e	Professional fundraising See Part IV, line 17	0			
f	-	0			
-	Investment management fees		2 702 000	77 406 714	
g 42	Other	81,199,723	3,793,009	77,406,714	
12	Advertising and promotion	0	1 511 016	45.064.007	
13	Office expenses	16,606,043	1,541,946	15,064,097	
14	Information technology	0			
15	Royalties	0	50.072	6.050.564	
16	Occupancy	6,118,437	59,873	 	
17 18	Payments of travel or entertainment expenses for any federal,	6,994,203	1,258,190	5,736,013	
40	state, or local public officials	0	107.200	4 025 027	
19	Conferences, conventions, and meetings	1,933,125	107,298	 	
20	Interest	160,195,576	160,195,576		
21	Payments to affiliates	0	F F03 301	30.005.500	
22	Depreciation, depletion, and amortization	26,497,773	5,502,204	20,995,569	
23 24	Insurance	113,009,133	112,906,793	102,340	
э	Unrelated Business Taxes	1,196,806		1,196,806	
a b	GROUP MEDICAL PLAN COSTS	370,412,248	370,412,248	1,150,000	
c	REPAIRS AND MAINTENANCE	144,759,572	97,732,942	47,026,630	
d	Restructuring Losses	5,918,274	826,734	5,091,540	
u e	Dues & subscriptions	2,602,248	174,188	· · ·	
f	All other expenses	12,164,284	4,874,924	 	
25	Total functional expenses. Add lines 1 through 24f	1			
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	1,203,626,141	816,798,836	386,827,305	0
	campaign and fundraising solicitation				

Pa	rt X	Balance Sheet						
					(A) Beginning of year		(B) End of year	
	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, trusted highest compensated employees Complete Part II of	es, key	employees, and				
		Schedule L				5		
	6	Receivables from other disqualified persons (as defined under persons described in section $4958(c)(3)(B)$ Complete Part II	eivables from other disqualified persons (as defined under section 4958(f)(1)) and sons described in section 4958(c)(3)(B) Complete Part II of					
		Schedule L						
spessi	7	Notes and loans receivable, net			2,311,108,740	7	2,492,827,224	
8	8	Inventories for sale or use				8		
٨	9	Prepaid expenses and deferred charges			15,897,090	9	20,286,743	
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	318,473,526				
	ь	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	
	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	exempt bond liabilities				3,552,235,000	
<u>ies</u>	21	Escrow or custodial account liability Complete Part IV of Schedu	ow or custodial account liability Complete Part IV of Schedule D				9,818	
Liabilities	22	Payables to current and former officers, directors, trustees, ke employees, highest compensated employees, and disqualified	ables to current and former officers, directors, trustees, key					
		persons Complete Part II of Schedule L				22		
	23	Secured mortgages and notes payable to unrelated third partie	es .		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	
s e		Organizations that follow SFAS 117, check here ► $\sqrt{}$ and combined through 29, and lines 33 and 34.	nplete l	lines 27				
Fund Balance	27	Unrestricted net assets			-324,003,191	27	-244,658,581	
39	28	Temporarily restricted net assets		2,442,792	28	2,469,421		
Į Į	29	Permanently restricted net assets		29				
Ë		Organizations that do not follow SFAS 117, check here ▶ □ a	and con	nplete				
or F		lines 30 through 34.		-				
	30	Capital stock or trust principal, or current funds				30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		[31		
	32	Retained earnings, endowment, accumulated income, or other	funds			32		
Net	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
L	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	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	2c	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			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		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	3b		

Form **990** (2009)

Employer identification number

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

h

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

Public Charity Status and Public Support

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

Name of the organization Catholic Health Initiatives

47-0617373 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) A church, convention of churches, or association of churches section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 7 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% 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 331/3% of

10 An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 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

acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)

the box that describes the type of supporting organization and complete lines 11e through 11h

c Type III - Functionally integrated Type III - Other Type I **b** Type II 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

its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses

section 509(a)(2) 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 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?

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	(iv) Is the organization in col (i) listed in your governing document?		Is the ganization in l (i) listed in ur governing (V) Did you notify the organization in col (i) of your		(vi) Is the organization in col (i) organized in the U S ?		(vii) A mount of support?
		ınstructions))	Yes	No	Yes	No	Yes	No	
Total									

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	÷·/		
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	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) Dublic Support Subtract line F from						
6	Public Support. Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	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						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and stop here						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
_	and stop here. The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	▶ □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and stop here. The organization				,		▶
17a	10%-facts-and-circumstances test-	-2009. If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						▶ ┌
10	Deiveta Farmdation Ifthe averagest	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

▶□

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Se	ction A. Public Support					_	
Cale	ndar 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")	281,570	18,798	7,136,559	2,409,585	845,437	10,691,949
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	489,240,83	1 529,993,743	929,100,420	994,629,193	1,121,777,652	4,064,741,839
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	489,522,40	1 530,012,541	936,236,979	997,038,778	1,122,623,089	4,075,433,788
7a	A mounts included on lines 1, 2, and 3 received from disqualified persons	2,354,580	0				2,354,580
b	A mounts 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	217,211,314	4 267,615,900	344,266,284	598,849,588	642,927,453	2,070,870,539
_	year Add lines 7a and 7b	219,565,894	267,615,900	344,266,284	598,849,588	642,927,453	2,073,225,119
8	Public Support (Subtract line 7c	, , ,			, , , , , ,	, , , , , , , , , , , , , , , , , , , ,	
	from line 6)						2,002,208,669
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	489,522,401	530,012,541	936,236,979	997,038,778	1,122,623,089	4,075,433,788
10a	Gross 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
b	Unrelated 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
c	Add lines 10a and 10b	39,214,988	54,292,123	68,634,691	66,152,530	122,272,627	350,566,959
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	11,068,442	22,861	2,534,051	294,982	43,155	13,963,491
13	Total 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
14	First Five Years If the Form 990 check this box and stop here	is for the organiza	tion's first, secon	d, thırd, fourth, or	fifth tax year as	a 501(c)(3) organ	ızatıon, ▶┌
	ction C. Computation of Pu			10 1			
15	Public Support Percentage for 20	-		t 13 column (t))		15	45 095 %
16	Public support percentage from 2	008 Schedule A,	Part III, line 15			16	47 769 %

15	45 095	%
16	47 769	%

Section D. Computation of Investment Income Percentage

- 17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))
- Investment income percentage from 2008 Schedule A, Part III, line 17 18

- 17 7 896 % 18
- 19a 33 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
- 33 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
- Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the 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 A (Form 990 or 990-EZ) 2009

DLN: 93493136046141

OMB No 1545-0047

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.

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),

- ◆ 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

Se	ction 501(c)(3) organizations that	thave filed Form 5768 (election under thave NOT filed Form 5768 (election s," to Form 990, Part IV, Line 5 (layerings, Complete Part III)	under section 501	(h)) Complete Part II-B Do n	ot complete Part II-A
Na	me of the organization holic Health Initiatives	zations complete Part III		Employer iden	tification number
				47-0617373	
Par	t I-A Complete if the or	ganization is exempt unde	r section 501(c) or is a section 527	organization.
1	Provide a description of the org	ganızatıon's dırect and ındırect pol	tıcal campaıgn act	tivities in Part IV	
2	Political expenditures			▶	\$
3	Volunteer hours				
Par	t I-B Complete if the or	ganization is exempt unde	r section 501(c)(3).	
1	Enter the amount of any excise	e tax incurred by the organization u	nder section 4955	5 ►	\$
2	Enter the amount of any excise	e tax incurred by organization mana	agers under sectio	n 4955 🕨	\$
3	If the organization incurred a s	ection 4955 tax, did it file Form 47	20 for this year?		┌ Yes
4a	Was a correction made?				┌ Yes
ь	If "Yes," describe in Part IV				
Par	t I-C Complete if the or	ganization is exempt unde	r section 501(c) except section 501	.(c)(3).
1	Enter the amount directly expe	nded by the filing organization for :	section 527 exemp	pt function activities 🕨	\$
2	Enter the amount of the filing o exempt funtion activities	rganization's funds contributed to	other organizations	s for section 527	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter her	e and on Form 112	.0-POL, line 17b ►	¢
4	Did the filing organization file F	Form 1120-POL for this year?			Ţ————————————————————————————————————
5	were made For each organizat contributions received that we	nd employer identification number (ion listed, enter the amount paid from the promptly and directly delivered the street of the contract of t	om the filing organ to a separate politi	ızatıon's funds Also enter tl ıcal organızatıon, such as a	he amount of political
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0 -

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Pa	rt II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c)(3) and file	d Form 5768	(election
	Check If the filing organization belongs to a Check If the filing organization checked box		d" provisions apply	,		
<u> </u>	Limits on Lobbying E (The term "expenditures" means ar	Expenditures			(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	yıng)			
c	Total lobbying expenditures (add lines 1a and 18	b)				
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount f					
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxa 20% of the amount on lir				
	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 lin	ne 1 f)				
h	Subtract line 1g from line 1a If zero or less, enter	er -0-				
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -				
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file F	orm 4720 repoi	rtıng	┌ Yes ┌ No
	(Some organizations that made a columns below. See the	he instructions fo	ection do not l r lines 2a thro	nave to com ugh 2f on pa		ne five
	Lobbying Exp	enditures During	4-Year Averag	ing Period	I	ı
	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					

Yes

3

2a

2Ь 2c

3

5

No

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	A mount
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			
а	Volunteers?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		Νo	
d	Mailings to members, legislators, or the public?	Yes		200,000
е	Publications, or published or broadcast statements?		Νo	
f	Grants to other organizations for lobbying purposes?		Νo	
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?		Νo	
i	Other activities? If "Yes," describe in Part IV		Νo	
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)?		l 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			

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

- 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?

If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Did the organization agree to carryover lobbying and political expenditures from the prior year?

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 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). Current year
- Carryover from last year
- c
- 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues
- 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?
- Taxable amount of lobbying and political expenditures (see instructions) 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

Ident if ier 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 wellbeing 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

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DLN: 93493136046141

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

levenue Service ► Attach to Form 990. ► See separate instructions.	Tusbection
e of the organization Olic Health Initiatives	Employer identification number
	47-0617373
Organizations Maintaining Donor Advised Funds or Other Similar Fu	unds or Accounts. Complete if th
organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds	(b) Funds and other accounts
Total number at end of year	(b) I alias alia other accounts
Aggregate contributions to (during year)	
Aggregate grants from (during year)	
Aggregate value at end of year	
Did the organization inform all donors and donor advisors in writing that the assets held in donor funds are the organization's property, subject to the organization's exclusive legal control?	noradvised Yes No
Did the organization inform all grantees, donors, and donor advisors in writing that grant funds used only for charitable purposes and not for the benefit of the donor or donor advisor, or for an conferring impermissible private benefit	ny other purpose Yes No
Conservation Easements. Complete if the organization answered "Yes" to	o Form 990, Part IV, line 7.
<u> </u>	n historically importantly land area certified historic structure
easement on the last day of the tax year	Held at the End of the Year
Total number of conservation easements	2a
Total acreage restricted by conservation easements	2b
Number of conservation easements on a certified historic structure included in (a)	2c
Number of conservation easements included in (c) acquired after 8/17/06	2d
Number of conservation easements modified, transferred, released, extinguished, or terminate the taxable year 🛌	ed by the organization during
Number of states where property subject to conservation easement is located ►	<u> </u>
Does the organization have a written policy regarding the periodic monitoring, inspection, hand enforcement of the conservation easements it holds?	dling of violations, and Yes No
Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easem	nents during the year 🟲
A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements	s during the year ► \$
Does each conservation easement reported on line 2(d) above satisfy the requirements of sec 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	tion Yes No
In Part XIV, describe how the organization reports conservation easements in its revenue and balance sheet, and include, if applicable, the text of the footnote to the organization's financial the organization for conservation easements	· · · · · · · · · · · · · · · · · · ·
Organizations Maintaining Collections of Art, Historical Treasures, Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	or Other Similar Assets.
If the organization elected, as permitted under SFAS 116, not to report in its revenue stateme art, historical treasures, or other similar assets held for public exhibition, education or researc provide, in Part XIV, the text of the footnote to its financial statements that describes these it	ch in furtherance of public service,
If the organization elected, as permitted under SFAS 116, to report in its revenue statement a historical treasures, or other similar assets held for public exhibition, education, or research ir 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	▶ -\$
	· +
If the organization received or held works of art, historical treasures, or other similar assets fo following amounts required to be reported under SFAS 116 relating to these items	
	• -

СL	Organizations Maintaining Co	ilections of Ar	t, HIS	tori	<u>cai ire</u>	<u>asures,</u>	or U	iner S	<u>ımıla</u> ı	r Asse	ts (co	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check ar	ny of th	e foll	owing tha	at are a si	g nıfıc a	nt use (of its co	ollection	า	
а	Public exhibition		d	Γ	Loan or	exchange	progr	ams				
b	Scholarly research		e	Γ	Other							
С	Preservation for future generations											
ŀ	Provide a description of the organization's content XIV	ollections and expla	aın hov	v the	y further t	he organı	zation	s exem	pt purp	ose in		
5	During the year, did the organization solicity assets to be sold to raise funds rather than									Г	Yes	┌ No
Pai	t IV Escrow and Custodial Arrang						wered	l "Yes"	to For	rm 990),	
	Part IV, line 9, or reported an ar				•							
la	Is the organization an agent, trustee, custoo included on Form 990, Part X?					ons or oth	erass	ets not		Γ	Yes	√ No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ing ta	able		_					
							\vdash			A mou	ınt	
с	Beginning balance						-	1c				
d	Additions during the year						-	1d				
е	Distributions during the year						_	1e				
f	Ending balance							1f				
!a	Did the organization include an amount on F	orm 990, Part X, lir	ne 21?								Yes	☐ No
	If "Yes," explain the arrangement in Part XI\											
a'	rt V Endowment Funds. Complete	<pre>if the organizatio (a)Current Year</pre>		were Prior \		to Form c)Two Years			V, line e Years I		NEQUE V	ears Back
3	Beginning of year balance	(a)Curient real	(6)	PHOL	real (C) I WO TEALS	S Dack	(u)Tille	e rears i	SACK (e)roul to	ears back
ч 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											
	Provide the estimated percentage of the year	r end balance held	as									
а	Board designated or quasi-endowment 🕨											
b	Permanent endowment 🕨											
c	Term endowment ►											
la	Are there endowment funds not in the posse	ssion of the organiz	zation t	that a	are held a	nd admını	stered	for the				
	organization by (i) unrelated organizations									3a(i)	Yes	No
	(ii) related organizations		• •	•	•	• • •	• •	•		3a(ii)		
ь	If "Yes" to 3a(II), are the related organization								٠	3b		<u> </u>
ļ	Describe in Part XIV the intended uses of th										1	-
aı	t VI Investments—Land, Building	s, and Equipme	nt. S	ee F	orm 990), Part X,	line	10.				
	Description of investment) Cost or of is (investm	ent) oth	Cost or er basıs other)		Accumula epreciatio		(d) Boo	k value
a	Land		•		7,009	,072						7,009,072
ь	Buildings				18,782	,051			2,54	6,210	1	6,235,841
c	Leasehold improvements				10,008	,320			3,20	7,238		6,801,082
d	Equipment				235,844	,372			157,70	2,133	7	8,142,239
e	Other				46,829	9,711			_		4	6,829,711

155,017,945

Part VII Investments—Other Securities. See	Form 990, Part X, line 12		
(a) Description of security or category (including name of security)	(b)Book value		d of valuation -year market value
Financial derivatives			
Closely-held equity interests			
Other CHI OPERATING INVESTMENT PROGR	1,910,274,961		F
INVESTMENT IN CHV II, LP	7,591,959		F
INVESTMENT IN HIGHMARK FUND	15,007,269		F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	1,932,874,189		
Part VIII Investments—Program Related. See		13.	
(a) Description of investment type	(b) Book value		d of valuation -year market value
		2050 01 0114 01	year market varie
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, lin			(Is) Deaders live
(a) Descrip	tion		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability			
Federal Income Taxes	(b) A mount		
INTEREST PAYABLE	2,609,214		
PENSION LIABILITY	684,860,340		
Self-Insurance Reserves and Claims	28,921,795		
INTEREST RATE SWAPS	92,336,625		
LOSSES INCURRED BUT NOT REPORTED	49,515,406		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	858,243,380		

2 T 3 E 4 N 5 D 6 II 7 P 8 O 9 T	Reconciliation of Change in Net Assets from Form 990 to Financial Statement otal revenue (Form 990, Part VIII, column (A), line 12) otal expenses (Form 990, Part IX, column (A), line 25) xcess or (deficit) for the year Subtract line 2 from line 1 et unrealized gains (losses) on investments onated services and use of facilities investment expenses rior period adjustments ther (Describe in Part XIV) otal adjustments (net) Add lines 4 - 8	1 2 3 4 5 6 7 8 9	1,272,603,551 1,203,626,141 68,977,410 58,746,404
2 T 3 E 4 N 5 D 6 II 7 P 8 O 9 T	otal expenses (Form 990, Part IX, column (A), line 25) xcess or (deficit) for the year Subtract line 2 from line 1 et unrealized gains (losses) on investments onated services and use of facilities nvestment expenses rior period adjustments ther (Describe in Part XIV)	2 3 4 5 6 7 8	1,203,626,141 68,977,410 58,746,404
3 E 4 N 5 D 6 II 7 P 8 O 9 T	et unrealized gains (losses) on investments onated services and use of facilities nvestment expenses rior period adjustments ther (Describe in Part XIV)	3 4 5 6 7 8	68,977,410 58,746,404
4 N 5 D 6 II 7 P 8 O 9 T	et unrealized gains (losses) on investments onated services and use of facilities nvestment expenses rior period adjustments ther (Describe in Part XIV)	4 5 6 7 8	58,746,404
5 D 6 III 7 P 8 O 9 T	onated services and use of facilities nvestment expenses rior period adjustments ther (Describe in Part XIV)	5 6 7 8	
6 III 7 P 8 O 9 T	nvestment expenses rior period adjustments ther (Describe in Part XIV)	6 7 8	-48.352.575
7 P 8 O 9 T	rior period adjustments ther (Describe in Part XIV)	7 8	-48.352.575
8 O	ther (Describe in Part XIV)	8	-48.352.575
9 _T	·		-48.352.575
'	otal adjustments (net) Add lines 4 - 8	9	, ,
			10,393,829
	xcess or (deficit) for the year per financial statements Combine lines 3 and 9	10	79,371,239
Part X		er Reti	
	Total revenue, gains, and other support per audited financial statements	1	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
	Net unrealized gains on investments		
b	Donated services and use of facilities	1	
c	Recoveries of prior year grants	1	
d	Other (Describe in Part XIV) 2d	1	
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		
а	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 X	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Re	turn
	Total expenses and losses per audited financial	₁	
	Statements	++	
	A mounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities		
		-	
	Prior year adjustments	-	
	Other losses	1	
	Add lines 2a through 2d	3	
		•	
	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a		
	Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIV) 4b		
	· · · · · · · · · · · · · · · · · · ·	₄₅	
	Add lines 4a and 4b	4c	
	Supplemental Information	5	

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

Ident if ier	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)

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DLN: 93493136046141

01 1

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. 2009

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Totals

SCHEDULE F

Department of the Treasury

(Form 990)

► Attach to Form 990. ► See separate instructions.

Employer identification number Catholic Health Initiatives 47-0617373 General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award For grant makers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed) (d) Activities conducted in (e) If activity listed in (d) (f) Total expenditures (a) Region (b) Number of (c) Number of region (by type) (ie, is a program service, for region fundraising, program services, offices in the employees or describe specific type of grants to recipients located in agents in region region service(s) in region the region) 350,957 Central America and the 1 Program Services offshore captive mgt Carıbbean Central America and the Investments Carıbbean

350,957

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) A mount of cash grant	(e) A mount 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								

DLN: 93493136046141

Open to Public

Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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.

Name of the organization Catholic Health Initiatives Employer identification number

47-0617373

P	art I Bond Issues													
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) D	ate Issued	(e) Is:	sue Price	(f) De	escription of	f Purpos e	(g) De	feased		On alf of uer
											Yes	No	Yes	No
A	Colorado Health Facilities Authority 2009 AB	84-0752932	19648ARL1	11-1	10-2009	71	3,972,398	SEE SCH	о - ѕсн к,	Part A		х		Х
В	Kentucky Economic Dev Finance Auth 2009 AB	61-0600439	49126PDF4	11-1	10-2009	13	3,269,543	SEE SCH	0 - SCH K,	Part A		х		Х
c	County of Montgomery Ohio 2009 AB	31-6000172	613549HX5	11-1	10-2009	26	3,401,078	SEE SCH	0 - SCH K,	Part A		х		Х
D	Colorado Health Facilities Authority 2008D	84-0752932	19648ANL5	11-2	20-2008	21	3,260,679	SEE SCH	0 - SCH K,	Part B	х			Х
E	County of Montgomery Ohio 2008D	31-6000172	613549GM0	11-2	20-2008	5	9,089,956	SEE SCH	0 - SCH K,	Part B		х		Х
P	art III Proceeds	•		•		•		'			'			
					4	İ	В	(С	I	D		Е	
1	Total proceeds of issue			71	4,006,575	13	3,269,639	26	3,401,373	21	3,261,635	5	59,5	76,215
2	Gross proceeds in reserve funds				14		49		112		2	!		0
3	Proceeds in refunding or defeasan	nce escrows		15	5,600,000		0	22	3,408,344		3,604,898	3		0
4	Other unspent proceeds			3	8,243,771		61,194		266,060		C		42,0	05,604
5	Issuance costs from proceeds				6,264,973		1,380,211		2,530,978		2,805,950		7	45,623
6	Working capital expenditures from	n proceeds			0		0		0		C			0
7	Capital expenditures from procee	ds		51	3,897,819	13	1,828,185	3	7,195,880	21	0,455,672	2	11,3	38,784
8	Year of substantial completion			20	11	20	09	20	09	20	08		2013	i
				Yes	No	Yes	No	Yes	No	Yes	No	Yes		No
9	Were the bonds issued as part of	a current refunding is	ssue?	Х			Х	Х			Х		\perp	Х
10	Were the bonds issued as part of	an advance refunding	ıssue?		Х		Х		Х		Х			Χ
11	Has the final allocation of proceed	ds been made?			Х		X		Х		X			Χ
12	Does the organization maintain ac the final allocation of proceeds?		cords to support	Х		Х		Х		Х		х		_
Pa	rt IIII Private Business Use											_		
					Α	- 1	В		C		D		Е	

Yes

Х

No

Χ

which owned property financed by tax-exempt bonds?

which may result in private business use?

Was the organization a partner in a partnership, or a member of an LLC,

Are there any lease arrangements with respect to the financed property

No

Χ

Yes

Χ

Yes

Χ

No

Χ

Yes

Χ

No

Х

Yes

Χ

No

Χ

Schedule K (Form 990) 2009

Part III Private Business Use (Continued)

			A	E	3		С	ı	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?	Х		Х		х		х		х	
3b	Are there any research agreements with respect to the financed property which may result in private business use?	Х		Х		х		х		х	
3с	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?	х		Х		x		х		х	
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?	Х		Х		х		х		х	
D-	Arbitrage										

Part IV Arbitrage

				_							
			A		В		С		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		х		х		х		х
2	Is the bond issue a variable rate issue?	Х		Х		Х		×		X	
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		х		х		х		х		×
ь	Name of provider						•				
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?		Х		Х		Х		Х		Х
ь	Name of provider						-				
С	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?		х		х		х		х	х	
6	Did the bond issue qualify for an exception to rebate?	Х		х		х		х			х
									Cahadul	a K /Farm 00	0) 2000

Additional Data Software ID: Software Version: **EIN:** 47-0617373 Name: Catholic Health Initiatives efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493136046141 OMB No 1545-0047 **SCHEDULE 0** Supplemental Information to Form 990 (Form 990) Complete to provide information for responses to specific questions on Department of the Treasury Form 990 or to provide any additional information. Internal Revenue Service ► Attach to Form 990. Name of the organization **Employer identification number** Catholic Health Initiatives 47-0617373 Identifier Return Reference **Explanation** Form 990 The organization's mission is to nurture the healing ministry of the Church by bringing it new life, energy Organizational Part III Mission continued and viability in the 21st century. Fidelity to the Gospel urges us to emphasize human dignity and social justice as we move toward the creation of healthier communities **Identifier** Return Explanation Reference Form 990, Executive CHI's Board of Stewardship Trustees does have an Executive Committee The Executive Committee is comprised Part VI, Committee of the Board Chair, the Chair-Elect, the Vice Chair, and up to three additional Trustees appointed by the Board of Section A, Stew ardship Trustees Except as otherwise provided by law , the Executive Committee has and may exercise Line 1 such pow ers as may be delegated to it by the Board of Stew ardship Trustees. All actions taken by the Executive Committee shall be promptly reported to the Board of Stew ardship Trustees at the next regular meeting of the Board of Stew ardship Trustees During the Fiscal Year Ended June 30, 2010 the Executive Committee was comprised of the following individuals. Phyllis Hughes, David Lincoln, Mary Jo Potter, Patricia Smith, and Kevin Lofton All of these individuals were members of the Board of Stewardship Trustees ldentifier Return **Explanation** Reference Form 990. Existence of Form 990 instructions define a "member" as any person who, pursuant to a provision of the organization's Part VI, governing documents or applicable state law has the right to "approve significant decisions of the governing Members or Line 6 Stockholders body" or to "receive distributions of income or assets from the organization upon the organization's dissolution" CHI was founded by Religious Institutes of the Roman Catholic Church Those Religious Institutes of the Roman Catholic Church that agree to accept the mission and vision of the organization and meet certain other requirements established by the Board of Stew ardship Trustees, and who are approved by a 2/3 vote of the Board of Stew ardship Trustees have "Participating Congregation" rights and duties under the bylaw's of the organization Participating Congregations have the right to approve substantial changes to the mission and philosophical direction of the organization, approve amendments to the articles and bylaw's affecting any provision governing the qualifications, rights or responsibilities of the Participating Congregations, select and remove a person who represents that participating congregation in exercising its rights and duties, participate in the distribution of assets upon the dissolution of the organization, participate in organizational advocacy efforts, encourage members of the participating congregations to participate in the ministries sponsored by the organization, and participate through their representatives in meetings held twice per year with the Board of Stew ardship Trustees (Section 3 1 1 of the Bylaws of Catholic Health Initiatives) **Identifier** Return **Explanation** Reference Form 990. Decisions of Form 990 instructions indicate that an organization must answer "yes" if at any time during the organization's tax Part VI, the Board year, there were one or more persons who had the right to approve or ratify decisions of the organization's governing body such as approval of the governing body's decision to dissolve the organization. The corporation Line 7b Subject to Approval was founded by Religious Institutes of the Roman Catholic Church Those Religious Institutes of the Roman Catholic Church that agree to accept the mission and vision of the organization and meet certain other requirements established by the Board of Stewardship Trustees, and who are approved by a 2/3 vote of the Board of Stew ardship Trustees have Participating Congregation rights and duties under the bylaw's of the organization Participating Congregations have the right to approve substantial changes to the mission and philosophical direction of the organization, approve amendments to the articles and bylaw's affecting any provision governing the qualifications, rights or responsibilities of the Participating Congregations, select and remove a person who represents that participating congregation in exercising its rights and duties, participate in the distribution of assets upon the dissolution of the organization, participate in organizational advocacy efforts, encourage members of the participating congregations to participate in the ministries sponsored by the organization, participate through their representatives in meetings held twice per year with the Board of Stew ardship Trustees (Section 3 1 1 of the Bylaw's of Catholic Health Initiatives) **Identifier** Return **Explanation** Reference Form 990. Process, if any, The Chief Financial Officer of CHI conducts a review of the Form 990 in a meeting with the Director of Tax Part VI, Line that the Individual sections of the Form 990 may also be reviewed by the General Counsel and Director of organization uses 11A Communications After incorporation of any changes resulting from these reviews, the Form 990 is provided to review Form to the CHI Board of Stew ardship Trustees a week in advance of the Board meeting as part of the board 990 packet The Form 990 is formally presented to the board by the Chief Financial Officer and by the Director of Tax at the board meeting Upon Chief Financial Officer approval and signature, the tax director files the final Form 990 as presented to the board, making any non-substantive changes necessary in order to effect efiling Any such changes are not re-submitted to the board **Identifier** Return **Explanation** Reference Form 990, Procedures All CHI officers, trustees and employees are covered by a conflict of interest policy. The Board of Stewardship Part VI, for Monitoring Trustees Conflict of Interest Policy provides that all members of the Board of Stewardship Trustees and officers Line 12C and Enforcing are required to promptly and fully disclose to the Board Chair situations that may create a conflict of interest when the COI he or she becomes aware of the situation. In addition, all members of the Board of Stewardship Trustees, Policy including Officers of the Board, are required to annually disclose any conflicts of interest via completion of a conflict of interest form which is reviewed by the organization's Senior Vice President Legal Services and General Counsel Any resulting potential conflicts are reported to the Board Chair who is charged with further investigation of conflict(s) of interest as he or she deems appropriate, documentation of conclusions with respect to existence of a conflict (including relevant facts and circumstances), and reporting to the executive committee concerning the review, evaluation and conflict determination. To the extent that the Board Chair and any other trustee disagree as to whether a circumstance gives rise to a conflict, the Board's Executive Committee makes the final determination as to the existence of a conflict. The potentially conflicted board member is excluded from voting as to the existence of a conflict, and is excused from the room while voting concerning the matter is conducted in any circumstance where a board member has been identified as having a conflict of interest with respect to a particular transaction, that board member is also excluded from voting with respect to that transaction. The Conflict of Interest policy with respect to CHI employees requires that employees at the level of director and above must certify upon hiring that they have no conflict of interest. Further, these individuals are required to disclose to their supervisors any conflicts that arise during the year. Finally, these individuals must, in conjunction with the performance evaluation process, annually certify that no conflicts exist **Identifier** Return **Explanation** Reference Form 990, Process for CHI uses the Hay Group as the independent third party to assess executive compensation programs and to Part VI, Determining ensure the reasonableness of actual salaries and total compensation packages. Compensation of the senior Line 15 Compensation most executives is reviewed annually. The Hay Group reviews both cash and total compensation for overall reasonableness, for adherence to CHI's compensation philosophy, and for comparability to the not-for-profit healthcare market This independent review is delivered by Hay Group to the HR Committee of the CHI Board of Stew ardship Trustees annually at their September meeting and minutes are shared with the full board at the December meeting The last review was September, 2010 In addition, in December 2009, Hay Group completed a comprehensive review of all positions at the level of Vice President and above to determine and validate appropriate compensation levels CHI has a defined compensation philosophy both the executive and non-executive compensation structures and ranges are reviewed annually in comparison to market data Identifier Return **Explanation** Reference Form 990, adoption of CHI has not formally adopted a written policy or written procedure regarding joint ventures. How ever CHI's Part VI, written policy or system-wide joint venture model operating agreement incorporates controls over the venture sufficient to procedure Section B, ensure that (1) the exempt organization at all times retains control over the venture sufficient to ensure that Line 16B regarding joint the partnership furthers the exempt purpose of the organization, (2) in any partnership in which the exempt ventures organization is a partner, achievement of exempt purposes is prioritized over maximatation of profits for the partners, (3) the partnership does not engage in any activities that would jeopardize the exempt organization's exemption, (4) returns of capital, allocations, and distributions must be made in proportion to the partners' respective ownership interests, and (5) all contracts entered into by the partnership with the exempt organization must be at arm's-length, with prices set at fair market value. Any joint venture agreements that do not conform to the model agreement are generally reviewed by counsel Identifier Return Reference Explanation Form 990, Governing Documents, Catholic Health Initiatives' Articles of Incorporation are available on the Colorado Secretary of State Part VI, Line COI Policy, Financial website Catholic Health Initiatives' consolidated audited financial statements are available on the CHI 19 Statements Public Website at http://www catholichealthinit org/ and at http://www dacbond.com Catholic Health Availability Initiatives' Bylaws and Conflict of Interest Policy are not publicly available Identifier Return **Explanation** Reference The voting board members of Catholic Health Initatives are all members of Catholic Health Care Federation Form 990. Estimate of Average Weekly Part VII, ("CHCF") Each of the following individuals spends approximately 2 hours / week on CHCF business. Kevin Hours Devoted to Column B Lofton, Blackford Middleton, Mary Jo Potter, Phyllis Hughes, Maureen Comer, Andrea Lee, Mary Margaret Related Mooney, Bruce Siegel, Eleanor Martin, David Edwards, Patricia Smith Martha Walsh, Robert Smoldt, Organizations Antoinette Hardy-Waller, David Lincoln, Christopher Lowney, In their capacities as employees of Catholic Health Initiatives, the following individuals provided services to various CHI affiliates during the year ended June 30, 2010 Kevin Lofton, Dean Swindle, Colleen Blye, Susanna Laundy, Mitch Melfi, Joyce Ross, Michael Row an, Lynn Smith, John Dicola, Tom Kopfensteiner, Phillip Mears, Herbert Vallier, Mary Elizabeth O'Brien, David Vellinga, Joseph Wilczek, Stephen Moore, Michael O'Rourke, KATHLEEN SANFORD, David Goode, Leslie Hirsch Due to the nature of the work it is not possible to estimate the portion of time dedicated by each of these employees to related organizations. These individuals may also, in their capacities as CHI employees, sit on the boards of CHI direct affiliates and / or subsidiaries **Identifier Explanation** Return Reference Form 990. Explanation of An organization is not required to report compensation from a related organization to a person listed on Form Part VII, Reasonable 990, Part VII, Section A if the organization is unable to secure the information on compensation paid by a Column D & Efforts to Obtain related organization after making a reasonable effort to obtain it in that case, the organization shall report the Related efforts undertaken on Schedule O CHI believes that it has fully disclosed all compensation paid by related

Organization organizations to the individuals listed on Schedule J. However, in the event that any related party Comp compensation has been inadvertently excluded, CHI offers the following information concerning reasonable efforts CHI performed a comprehensive review of the compensation paid by each organization within the CHI family as follows Each CHI legal entity provided a list of its officers, directors, trustees, key employees and

> estimated top ten highest paid employees. This information was provided to various departments including, inter alia, CHI's centralized accounts payable service center, centralized payroll center and benefits coordinator Each department provided a report reflecting the amount paid to each reportable individual by payor-entity Each reportable individual received a report reflecting their compensation as it will be reported on the Form 990 (including compensation paid by related organizations) and were asked to verify the accuracy of

> > **Explanation**

As noted on certain portions of the Schedule K, certain described bonds are part of a composite issue for federal

Colorado, low a, New Jersey and Nebraska and current refunding of Colorado 1997B-1, 1997B-2, 1997B-3, 2004B-4

improvements and equipment acquisitions for affiliates in Kentucky County of Montgomery, Ohio 2009 A/B - Capital improvements and equipment acquisitions for affiliates in Ohio and current refunding of Ohio 1997B, 2006B-1 and 2006B-2 Bonds Part II line 1 Total Proceeds of issue \$1,110,677,587 line 2 Gross proceeds in reserve funds \$174 line 3 Proceeds in refunding or defeasance escrows 155,600,000 of proceeds of the Colorado Health Facilities Authority 2009 Bonds were used to redeem the Colorado Health Facilities Authority Series 1997B-1, 1997B-2, 1997B-3, 2004B-4 and 2004B-5 Bonds and the Polk County, low a 1997B Bonds on November 10, 2009

\$223,408,344 of proceeds of the County of Montgomery, Ohio 2009 Bonds were used to redeem the County of Montgomery, Ohio Series 1997B, Series 2006B-1 and Series 2006B-2 Bonds on November 10, 2009 line 4 Other unspent proceeds \$38,571,024 line 5 Issuance costs from proceeds \$10,176,161 line 6 Working capital expenditures from proceeds \$0 line 7 Capital expenditures from proceeds \$682,921,884 line 8 Year of substantial completion Colorado Health Facilities Authority 2009 A/B - 2011 Kentucky Economic Dev Finance Auth 2009 A/B - 2009 County of Montgomery, Ohio 2009 A/B - 2009 Part III line 1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? No line 2 Are there any lease arrangements with respect to the financed property which may result in private business use? Yes line 3 a Are there any management or service contracts with respect to the financed property which may result in private business use? Yes line 3 b Are there any research agreements with respect to the financed property which may result in private business use? Yes line 3 c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property? Yes Private use is computed for the composite issue as a whole, rather than based on its component parts. For presentation purposes on lines 4-6 of the schedule k table, private use percentages for the composite issue, as a whole, have been reported under the first component of the composite issue the remaining component parts of the composite issue were left blank line 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 25 line 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 501(c)(3) organization or a state or local government 0 01 line 6 Total of lines 4 and 5 0 26 line 7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? Yes PART IV line 5 Were any gross proceeds invested beyond an available temporary period? No - CHI reasonably expects that no proceeds will be invested beyond an available temporary period and that it w ill meet an available exception to rebate $\,$ line 6 Did the bond issue qualify for an exception to rebate? Yes -CHI reasonably expects that no proceeds will be invested beyond an available temporary period and that it will meet

Explanation

As noted on certain portions of the Schedule K, certain described bonds are part of a composite issue for federal

income tax purposes. All amounts reported below are for the composite issue rather than the component parts

Washington Health Care Facilities Authority 2008D - 2009 Part III line 1 Was the organization a partner in a

that the Series 2008D Composite Issue will not meet an available exception to rebate

partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? No line 2 Are there any lease arrangements with respect to the financed property which may result in private business use? Yes line 3 a Are there any management or service contracts with respect to the financed property which may result in private business use? Yes line 3 b Are there any research agreements with respect to the financed property which may result in private business use? Yes line 3 c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property? Yes Private use is computed for the composite issue as a whole, rather than based on its component parts. For presentation purposes on lines 4-6 of the schedule k table, private use percentages for the composite issue, as a whole, have been reported under the first component of the composite issue, the remaining component parts of the composite issue were left blank. line 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 0.19 line 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 501(c)(3) organization or a state or local government 0 01 line 6 Total of lines 4 and 5 0 2 line 7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? Yes PART IV line 5 Were any gross proceeds invested beyond an available temporary period? Yes - CHI expects that proceeds will be invested beyond an available temporary period and that the Series 2008D Composite Issue will not meet an available exception to rebate. line 6 Did the bond issue qualify for an exception to rebate? No - CHI expects that proceeds will be invested beyond an available temporary period and

Explanation

As noted on certain portions of the Schedule K, certain described bonds are part of a composite issue for federal income tax purposes. All amounts reported below are for the composite issue rather than the component parts

Below is certain information regarding the Series 2006/2008 Composite Issue which includes the following. County of Montgomery, Ohio 2006C, Colorado Health Facilities Authority 2006C, This Series 2006/2008 Composite issue information includes information relating to County of Montgomery, Ohio Variable Rate Revenue Bonds (Catholic Health Initiatives) Series 2006B, which were redeemed on November 10, 2009 and are no longer outstanding. Part I line d Date Issued 9-Nov-06 line e Issue Price \$750,000,000 line f Purpose County of Montgomery, Ohio 2006C -Capital improvements and equipment acquisitions for affiliates in Ohio Colorado Health Facilities Authority 2006C -Capital improvements and equipment acquisitions for affiliates in Colorado, Arkansas, low a, Missouri and Nebraska Part II line 1 Total Proceeds of issue \$769,015,563 line 2 Gross proceeds in reserve funds \$45.29 line 3 Proceeds in refunding or defeasance escrows \$0 line 4 Other unspent proceeds \$0 line 5 Issuance costs from proceeds \$8,264,326 All amounts shown for costs of issuance for the Series 2006/2008 Composite issue relate to proceeds used to pay fees for credit enhancement (bond insurance) line 6 Working capital expenditures from proceeds \$0 line 7 Capital expenditures from proceeds \$760,734,354 Part III line 1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? No line 2 Are there any lease arrangements with respect to the financed property which may result in private business use? Yes line 3 a Are there any management or service contracts with respect to the financed property which may result in private business use? Yes line 3 b Are there any research agreements with respect to the financed property which may result in private business use? Yes line 3 c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property? Yes Private use is computed for the composite issue as a whole, rather than based on its component parts. For presentation purposes on lines 4-6 of the schedule k table, private use percentages for the composite issue, as a whole, have been reported under the first component of the composite issue the remaining component parts of the composite issue were left blank. line 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 0.18 line 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 501(c)(3) organization or a state or local government 0 01 line 6 Total of lines 4 and 5 0 19 line 7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? Yes PART IV Part IV, Lines 3a-c CHI entered into separate Interest Rate Sw ap Agreements with UBS AG and with JPMorgan (collectively, the "Hedges") with respect to a portion (Series 2006C-5, C-6, C-7 and C-8) of the 2006C Bonds (the "Hedged Bonds") The interest rate on the 2006C Bonds was converted on various dates in 2008 pursuant to several conversion transactions or conversion and exchange transactions. Accordingly, on and after each respective conversion date, the notional amount of the Hedges

corresponding to the converted Hedged Bonds is no longer treated as a qualified hedge of the Hedged Bonds line 5 Were any gross proceeds invested beyond an available temporary period? No - CHI reasonably expects that no proceeds will be invested beyond an available temporary period and that it will meet an available exception to rebate line 6 Did the bond issue qualify for an exception to rebate? Yes - CHI reasonably expects that no proceeds will be

Explanation

As noted on certain portions of the Schedule K, certain described bonds are part of a composite issue for federal

Below is certain information regarding the Series 2006A Composite Issue which includes the following Colorado Health Facilities Authority 2006A, Baltimore County, Maryland 2006A Part I line d Date Issued 9-Nov-06 line e Issue Price \$402,830,297 line f Purpose Colorado Health Facilities Authority 2006A - Capital improvements and equipment acquisitions for affiliates in Colorado, Arkansas, lowa, Missouri and Nebraska Baltimore County, Maryland 2006A -Capital improvements and equipment acquisitions for affiliates in Maryland Part II line 1 Total Proceeds of issue \$420,074,834 line 2 Gross proceeds in reserve funds \$11 line 3 Proceeds in refunding or defeasance escrows \$0 line 4 Other unspent proceeds \$0 line 5 Issuance costs from proceeds \$0 line 6 Working capital expenditures from proceeds \$0 line 7 Capital expenditures from proceeds \$420,072,470 line 8 Year of substantial completion Colorado Health Facilities Authority 2006A - 2009 Baltimore County, Maryland 2006A - 2008 Part III line 1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? No line 2 Are there any lease arrangements with respect to the financed property which may result in private business use? Yes line 3 a Are there any management or service contracts with respect to the financed property which may result in private business use? Yes line 3 b Are there any research agreements with respect to the financed property which may result in private business use? Yes line 3 c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property? Yes Private use is computed for the composite issue as a wihole, rather than based on its component parts. For presentation purposes on lines 4-6 of the schedule kitable, private use percentages for the composite issue, as a wihole, have been reported under the first component of the composite issue ithe remaining component parts of the composite issue wiere left blank. line 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 48 line 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 501(c)(3) organization or a state or local government 0 01 line 6 Total of lines 4 and 5 0 49 line 7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? Yes PART IV line 5 Were any gross proceeds invested beyond an available temporary period? No - CHI reasonably expects that no proceeds will be invested beyond an available temporary period and that it will meet an available exception to rebate line 6 Did the bond issue qualify for an exception to rebate? Yes - CHI reasonably expects that no proceeds will be invested beyond an available

Explanation

As noted on certain portions of the Schedule K, certain described bonds are part of a composite issue for federal

Below is certain information regarding the Series 2004B/C/D Composite Issue which includes the following Colorado Health Facilities Authority 2004B, County of Montgomery, Ohio 2004B, Kentucky Economic Dev Finance Authority 2004C/D, Chattanooga TN Health Ed & Housing Fac Bd 2004C, Saint Mary Hospital Authority (PA) 2004B/C Part I line d Date Issued 18-Nov-04 line e Issue Price \$626,675,000 line f Purpose Colorado Health Facilities Authority 2004B -Capital improvements and equipment acquisitions for affiliates in Colorado, low a and Nebraska and current refunding of Hosp Auth 2 Douglas Cty, NE 1994A Bonds and low a Fin Auth Series 1994A Bonds County of Montgomery, Ohio 2004B - Capital improvements and equipment acquisitions for affiliates in Ohio and current refunding of Hamilton Cty, OH 1994 Bonds and Mont Cty, OH 1994 Bonds Kentucky Economic Dev Finance Authority 2004C/D - Capital improvements and equipment acquisitions for affiliates in Kentucky. Chattanooga TN Health Ed & Housing Fac Bd 2004C - Capital improvements and equipment acquisitions for affiliates in Tennessee Saint Mary Hospital Authority (PA) 2004B/C - Capital improvements and equipment acquisitions for affiliates in Pennsylvania Part II line 1 Total Proceeds of issue \$637,168,526 line 2 Gross proceeds in reserve funds \$0 line 3 Proceeds in refunding or

defeasance escrows \$15,537,000 of proceeds of the Colorado Health Facilities Auth 2004B Bonds were used to provide for the redemption on December 17, 2004 of the Hospital Auth 2 Douglas Cty, Nebraska 1994A Bonds and the low a Finance Authority 1994A Bonds \$12,379,241 99 of proceeds of the County of Montgomery, Ohio 2004B Bonds were used to provide for the redemption on December 17, 2004 of the Hamilton Cty, Ohio 1994 Bonds and the

research agreements with respect to the financed property which may result in private business use? Yes line 3 c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property? Yes Private use is computed for the composite issue as a whole, rather than based on its component parts. For presentation purposes on lines 4-6 of the schedule k table, private use percentages for the composite issue, as a whole, have been reported under the first component of the composite issue the remaining component parts of the composite issue were left blank line 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 87 line 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 501(c)(3) organization or a state or local government 0 09 line 6 Total of lines 4 and 5 0 96 line 7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? Yes PART IV line 5 Were any gross proceeds invested beyond an available temporary period? No line 6 Did the bond

Explanation

As noted on certain portions of the Schedule K, certain described bonds are part of a composite issue for federal

income tax purposes. All amounts reported below are for the composite issue rather than the component parts

Below is certain information regarding the Series 2004A Composite Issue which includes the following City of Breckenridge, Minnesota 2004A, County of Montgomery, Ohio 2004A, Hosp Facilities Authority of Umatilla OR 2004A Part I line d Date Issued 18-Nov-04 line e Issue Price \$162,571,473 line f Purpose City of Breckenridge, Minnesota 2004A - Capital improvements and equipment acquisitions for affiliates in Minnesota County of Montgomery, Ohio 2004A - Capital improvements and equipment acquisitions for affiliates in Ohio Hosp Facilities Authority of Umatilla OR 2004A - Capital improvements and equipment acquisitions for affiliates in Oregon and current refunding of Hosp Auth 2 Douglas Cty 1994B Bonds Part II line 1 Total Proceeds of Issue \$164,653,281 line 2 Gross proceeds in reserve funds \$0 line 3 Proceeds in refunding or defeasance escrows \$7,701,309 of proceeds of the Hosp Facilities of Umatilla Oregon 2004A Bonds were used to redeem Hosp Auth 2 Douglas Cty Oregon Series 1994B Bonds on December 17, 2004 CHI has provided for the defeasance of \$14,575,000 of the Hosp Facilities of Umatilla Oregon 2004A Bonds to their earliest call date \$16,505,943 90 was on deposit in the defeasance escrow as of June 30, 2010 CHI has provided for the defeasance of \$125,000 of the City of Breckenridge, Minnesota 2004A Bonds to their earliest call date \$140,997 29 was on deposit in the defeasance escrow as of June 30, 2010 line 4 Other unspent proceeds \$0 line 5 Issuance costs from proceeds \$1,614,670 07 line 6 Working capital expenditures from proceeds \$0 line 7 Capital expenditures from proceeds \$155,337,302 Part III line 1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? No line 2 Are there any lease arrangements with respect to the financed property which may result in private business use? Yes line 3 a Are there any management or service contracts with respect to the financed property which may result in private business use? Yes line 3 b Are there any research agreements with respect to the financed property which may result in private business use? Yes line 3 c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property? Yes Private use is computed for the composite issue as a whole, rather than based on its component parts. For presentation purposes on lines 4-6 of the schedule k table, private use percentages for the composite issue, as a whole, have been reported under the first component of the composite issue the remaining component parts of the composite issue were left blank. line 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 05 line 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 501(c)(3) organization or a state or local government 0 03 line 6 Total of lines 4 and 5 0 08 line 7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? Yes PART IV line 5 Were any gross proceeds invested

beyond an available temporary period? No line 6 Did the bond issue qualify for an exception to rebate? Yes

Explanation

As noted on certain portions of the Schedule K, certain described bonds are part of a composite issue for federal

income tax purposes. All amounts reported below are for the composite issue rather than the component parts

period? No line 6 Did the bond issue qualify for an exception to rebate? Yes

Washington Health Care Facilities Auth Series 2007A4-6 Bonds

Below is certain information regarding the Series 2002B Composite Issue which includes the following Colorado Health Facilities Authority 2002B, Washington Health Care Facilities 2002B Part I line d Date Issued 1-Dec-04 line e Issue Price \$123,000,000 line f Purpose Colorado Health Facilities Authority 2002B - reissuance of Colorado 2002B Washington Health Care Facilities 2002B - reissuance of Washington 2002B Part II line 1 Total Proceeds of issue \$123,000,000 line 2 Gross proceeds in reserve funds \$0 line 3 Proceeds in refunding or defeasance escrows \$123,000,000 line 4 Other unspent proceeds \$0 line 5 Issuance costs from proceeds \$0 line 6 Working capital expenditures from proceeds \$0 line 7 Capital expenditures from proceeds \$0 Part III line 1 Was the organization a partner in a partnership, or a member of an LLC, w hich ow ned property financed by tax-exempt bonds? No line 2 Are there any lease arrangements with respect to the financed property which may result in private business use? Yes line 3 a Are there any management or service contracts with respect to the financed property which may result in private business use? Yes line 3 b Are there any research agreements with respect to the financed property which may result in private business use? Yes line 3 c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property? Yes line 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 line 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 501(c)(3) organization or a state or local government 0 line 6 Total of lines 4 and 5 0 line 7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its taxexempt bond liabilities? Yes PART IV line 5 Were any gross proceeds invested beyond an available temporary

Explanation

Supplemental Information for Schedule K, Part I, line f, Purpose for Colorado Health Facilities Authority 2002A/B

Explanation

Supplemental Information for Schedule K, Part I, line f, Purpose for Washington Health Care Facilities Auth

2008A4-6 Refund Wash HCF Auth 2007A4-6 Supplemental Information for Schedule K, Part II, Line 3 for

Facilities Auth Series 2008A4-6 Bonds were used to provide for the redemption on April 22, 2008 of the

Washington Health Care Facilities Auth 2008A4-6 \$119,700,000 of proceeds of the Washington Health Care

Explanation

CHI is a national nonprofit health organization with headquarters in Denver. The faith-based system operates

community health-services organizations, and home health agencies. In fiscal year 2010, CHI provided almost \$590 million in charity care and community benefit, including services for the poor, free clinics, education and research CHI's exempt purpose is to serve as an integral part of its national system of hospitals and other charitable entities, which are described as market-based organizations, or MBOs. An MBO is a direct provider of care or services within a defined market area that may be an integrated health system and/or a stand-alone hospital or other facility or service provider. To fulfill its mission, CHI, as a values-based organization, assures the integrity of the ministry in both current and developing organizations and activities. CHI fosters research and development of new ministries that integrate health, education, pastoral and social services, promotes leadership development and formation for the ministry throughout the entire organization, advocates for systemic changes with specific concern for persons who are poor, alienated and underserved, and stew ards resources by general oversight of the entire organization. To further the exempt purpose, CHI provides strategic planning and management services as well as centralized "shared services" for the MBOs The provision of centralized management and shared services - including areas such as accounting, human resources, payroll and supply chain -- provides economies of scale and purchasing power to the MBOs Cost savings associated with centralized services for the fiscal year ended June 30, 2010, include more than \$105 million in supply chain expense, approximately \$30 million for insurance costs and approximately \$3 9 million as the result of a system-wide effort to coordinate and negotiate technology and equipment purchases. The cost savings achieved through CHI's centralization enable MBOs to dedicate additional resources to high-quality health care and community outreach services to the most vulnerable members of our society Reporting Across the System The following examples of community benefit activities in 2009 represent only a small fraction of those taking place on a daily basis at these facilities and throughout the Catholic Health Initiatives health care system Saint Elizabeth Regional Medical Center Saint Elizabeth Regional Medical Center in Lincoln, Ne, supports the People's Health Center In 2010 Saint Elizabeth made an additional \$50,000 contribution in order to help PHC acquire an additional midlevel provider to see patients. The People's Health Center provides affordable, comprehensive, accessible, culturally appropriate, cost-effective primary health care. The Center serves the people of the Lincoln area, especially those individuals/families with limited resources or with other barriers to health care to improve their overall health status People's Health Center has been designated as a federally qualified health centeR by the Bureau of Primary Health Care In calendar 2009, PHC saw 9,220 individual patients for over 37,000 visits. The Center provided 23,614 medical visits, 7,667 dental visits, 263 behavioral health visits and 5,736 support service visits (case management, interpretation, medication assistance, and health education) The Lincoln Emergency Department Connections is a collaborative case management program through St Elizabeth Regional Medical Center and BryanLGH Medical Center It is designed to improve "safety net" services for individuals frequenting emergency departments for nonemergent reasons. The program is available for patients in need and may help them to find a doctor, coordinate existing medical and or mental health services, manage finances, determine if medication assistance is available, and arrange transportation services. The primary goal of the program is to improve health functioning and access to community resources for patients in need. Additionally, the program has helped reduce non-emergent ED visits and costs associated with them. The Lincoln ED Connections team is composed of nurse case managers and social workers available to access the medical, mental health, and socioeconomic needs of patients seeking assistance. Lincoln ED Connections is available to patients utilizing the emergency departments of all three hospitals in Lincoln, Nebraska. The program is absolutely free, and patients may enroll on a voluntary basis Catholic Health Initiatives Colorado Catholic Health Initiatives Colorado operates 8 hospital campuses St Anthony Central, St Anthony North, St Anthony Summit Medical Center, Penrose, St Francis Medical Center, St Francis Health Center, St Mary Corw in and St Thomas More Services provided to the broader community include the Nurse Family Partnership Program, which provides home visits to pregnant and parenting patients to ensure a good pregnancy and appropriate early childhood development through baby's third year, the Pastoral Nurse Program, which provides education and preventive care to low-income, uninsured and underserved populations, School Based Health Center Clinic within Denver Public Schools, providing physical and mental health care to the students of Lake Middle School and five feeder elementary schools. Diabetes Education, which provides diabetes education to patients of the Family Medicine Residency program, and the Doula program, which provides birth coaches for Spanish speaking w omen to facilitate the birth process in a culturally and linguistically appropriate manner, minimizing

complications Other programs of community outreach for the broader community include Ask a Nurse Calls, which provide free health information and physician referral service for our community. Nurses also assess health conditions from neck pain to a fever, and give free professional advice on what action to take next. This program provides information and registration for hospital classes and events, and a CPR Education Program

to prepare students for potential life threatening situations in public, home or baby sitting. St. Joseph Community Health St Joseph Community Health (SJCH) in Albuquerque, NM, works to ensure that children reach kindergarten with the health and family support necessary to support learning. St. Joseph achieves this goal through 3 primary programs. Home Visiting, Referral Services & Advocacy. During fiscal year FY 2010. SJCH provided benefits to the economically disadvantaged in the amount of \$946,889 and to the broader community in the amount of \$1,672,584 Those dollars represented 9,311 contacts with residents of the state of New Mexico Community outreach programs for those living in poverty include. Home Visiting, a flagship program of SJCH that provides home visits by trained professionals to expectant moms and families with first born children The benefits of early intervention and health promotion in maternal and child health are welldocumented and have a lifetime BENEFIT. The net benefit provided to the community in the start-up year of this program was \$290,419, the Rubin Eye Fund, which RECEIVES funding FROM SJCH SJCH provided funding to the New Mexico Lions Eye Foundation, an entity affiliated with the Lions Clubs, a volunteer organization, to fund several different programs including the operation of a 34 foot motor home specifically designed and compartmented for eye care, annual screening for children three to five years old and the provision of used

eye-wear to needy individuals. The net benefit provided to the community for the fiscal year was

that included prevention, early detection screening, monitoring of chronic conditions and medication, assistance with referrals and access to massage. The net benefit provided to the community for the fiscal year through those clinics was approximately \$47,498, encompassed 433 contacts and included 155 volunteer hours St Anthony Hospital St Anthony Hospital in Pendleton, Or, provides a wide variety of services to the broader community They include Pharmacy Indigent Care Program SAH provides prescription medications to persons who do not have the means to purchase them Provisions of these medications helps the recipients to recover more quickly from their illnesses, better manage chronic conditions and avoid costly hospitalizations In fiscal year, 2010 prescription drugs valued at \$6,222 63 were provided to 224 individuals

approximately \$90,454, SET Well Being Clinics SJCH provided prevention-based health screenings and education to underserved Medicaid-eligible elders in Bernalillo County SJCH served seniors at fourteen sites throughout the county, at senior resident centers, senior meal sites and local parishes. SJCH offered services

Explanation

Care Rides SAH collaborates with the City of Pendleton by paying \$2,000 for one quarter of the cost of

transportation for low-income patients in the community. This is to help ensure that this population has easy

access to health care. Without it over one thousand-five hundred rides would have not been provideD and

THESE PATIENTS may have hesitated IN HAVING Their needs addressed in a timely manner, increasing the cost of care for all Salvation Army Meals SAH helps provide meals weekly for the poor at the Salvation Army, with over 5,541 meals served this last year. This is at a cost of \$142,701. St. Anthony Hospital has faithfully provided this service to those in need in our community for many years. This year it went even further to make sure this service WAS NOT interrupted. The Salvation Army facilities will these services were normally provided had to shut down operations for a number of months because of building code safety issues. During this time the hospital opened its doors and provided the meal on site, IN keeping with its mission to serve the poor Tonya's House Tonya's House provides support to homeless teenage girls They provide food, shelter, clothing, mental health, tutoring, transport to appointments and health care. SAH supports this service through donations and volunteer hours valued at \$4,593. These girls would have now here else in this community to go if this service was not provided. Many TEENAGERS SERVED BY TONYA'S HOUSE Come from unhealthy home environments where their lives are at risk because of domestic violence and/or substance abuse. Over 600 girls' needs were served. Franciscan Health System. Franciscan Health System, Tacoma, Wa, provides dental care to low-income or unemployed adults without access to other low -cost dental services through the Lakew ood Community Dental Van The Dental Van is a partnership with CloverPark Technical College, Medical Teams International and St. Clare Hospital. The dental van also provides care for the underserved in the Federal Way community at St Francis Hospital Collectively 170 adults were served WITH in-kind dental services equaling over \$75,000. Other programs include The Sober Living House is a joint effort AMONG Franciscan Health System, Pierce County Metropolitan Development Council, Multicare Health System, Tacoma Police Dept, EMS, and the City of Tacoma to relieve the pressures in the local emergency rooms in caring for the chronic homeless inebriant AS soon as an individual is assessed, treated and discharged FROM THE HOSPITAL they are transferred to the Sober Living facility to "sober up" and receive the appropriate care including meals, counseling and opportunity for treatment. The Pharmacy Indigent Care Programs. FHS provides prescription medications to persons who do not have the means to purchase them Provision of these medications helps the recipients

to recover more quickly from their illnesses, better manage chronic conditions and avoid costly

volunteer physicians and nurses Hilltop Spring Cleanup Every spring, "St Joe's Neighbors", a subcommittee of Hilltop Action Coalition has a Spring Cleanup that teams Hilltop residents WITH SJMC employees and THEIR families THESE INDIV IDUALS go out into the neighborhood to pick up litter and clean up the streets This year FHS had 32 employees and 42 residents join THE SPRING CLEANUP Lisbon Area Health Services Community health improvement services have always been at the core of activities for Lisbon Area Health Services (LAHS) in Lisbon, ND Each year, services are expanded to promote a healthy community. The programs benefit and serve the community as a whole, but also greatly reduce the burdens on our local health department and government health programs. They include Community Health Education Education and teaching diabetic diets, glucose monitoring, and insulin administration is given to those w ho do not have others means to receive this education THIS PROGRAM Also includes community education presented by THE nursing staff, County Health Board MeetingS, Cardiac RehabiLITATION, Faith in Action and A New sletter Community Based Clinical Services Blood pressure screening and other services provided at the Ransom County Fair without a fee to fair goers. Health Care Support Services. Foot Care Clinics foot care and blood pressure checks are offered every 4-6 weeks at the assisted living centers LAHS Home Care ALSO offers Wellness Wednesday with a nurse AVAILABLE to provide free foot care, blood pressure and blood sugar checks as well as medication set-ups for anyone who needs these services Memorial Health Care System Memorial Health Care System (MHCS) in Chattanooga, Tn, provides a number of services as part of its outreach to the community, including Prescription Drug Program MHCS provides prescription drugs to those Chattanoogans who cannot afford to purchase them In FY 2010 MHCS provided \$102,630 in free prescription drugs to 844 people. Homeless Health Care Clinic. The Homeless Health Care Clinic provides comprehensive health care to homeless men, women, and children The clinic staff goes to abandoned buildings, campsites and shelters looking for homeless people who may

need medical attention. Many homeless people are afraid to talk to people or leave their familiar surroundings. The clinic provides them with blankets and warm clothes in the winter and water in the summer Memorial Hospital assists the homeless by providing free lab tests and funds a nursing position in the amount of \$40,000 Free Laboratory Tests MHCS provides free lab tests to the Samaritan Center, Homeless Health Care Clinic, Volunteers in Medicine, Project Access, Northshore Clinic, and Westside Clinic for those patients without insurance or adequate means to pay. Lab tests provided in FY 2010 totaled \$944,710 and served 7,882 people Catholic Charities MHCS provided \$33,000 in FY 2010 to Catholic Charities to help fund their Interfaith Senior Services, Family Support Services, and their Counseling Program These funds are used to help provide transportation services to frail and low income elderly individuals Project Access Project Access is a referral network that offers access to medical care for low-income residents of Hamilton County who do not have insurance Patients enrolled in this program must be below 150% of the poverty level and cannot be eligible for health insurance or other medical benefits such as Medicare or TennCare Project Access helps patients get specialty health care that primary clinics may not be able to provide individuals that qualify are eligible for specialty care for three months and primary care for six months. Patients are also provided a prescription card that will allow them to get their medication with a \$5,00 co-pay. Memorial Hospital participates as a provider in this network. Emergency Sitting Services MHCS provides emergency sitting services at no cost to families of patients who are unable to afford to have someone stay with the patient. This service is available when it has been determined that, FOR SAFETY REASONS, the patient SHOULD NOT be left alone. In FY2010 costs

Explanation

Mercy Medical Center Mercy Medical Center, Roseburg, Or, helps to alleviate hunger in the community by

donating excess food prepared by the hospital kitchen to the Roseburg Rescue Mission In FY 10, these

donations had an estimated community benefit of \$11,214 Other programs include Community Education

Mercy's Community Education Program is designed specifically to provide the community with preventive

and health education services Mercy's Community Education Programs are free to the public and designed to provide instruction to help achieve the healthiest possible lifestyles. In FY 2010, benefits of \$176,530 were provided in services to our community. Diabetes Education. The American Diabetes Association certifies Mercy's Diabetes Education Mercy's outpatient Diabetes Learning Center provideS information, resources and confidence to help people with diabetes control their condition and enjoy a full, healthy life. One-on-one education is provided by A diabetes certified registered nurse and A dietitian In addition, wie offer individual and group classes for diabetes education. Childbirth Education Mercy Medical Center's Family Birthplace provides classes that meet every week throughout the year, and include prenatal education, breastfeeding, Gift of Motherhood and Childbirth classes. These classes cover all kinds of issues surrounding childbirth and parenting. United Way Day of Caring. Each year, the United Way hosts a "Day of Caring" event. United Way agencies submit requests for volunteers to paint, plant, or clean at their facility. Each agency is assigned volunteers who help meet the needs of the different agencies Examples of past Day of Caring projects include sprucing up a United Way funded day care center, helping with the Kids on the Block festival, painting interior and exterior facilities,

associated with providing this service were \$159,973

hospitalizations In fiscal year 2010 prescription drugs valued at \$90,000 were provided to 1063 individuals This amount includes the pharmaceuticals provided for the free Neighborhood Clinic that is staffed by all

in 19 states and includes 73 hospitals, 40 long-term care, assisted- and residential-living facilities, two

Equipment for Penrose Hospital Supplemental Information for Schedule K, Part II, Line 3 for Colorado Health

Facilities Authority 2002A/B CHI has provided for the defeasance of the Colorado Health Facilities Authority Series 2002A Bonds to their earliest call date \$121,167,445 was on deposit in the defeasance escrow as of

Montgomery Cty, Ohio 1994 Bonds line 4 Other unspent proceeds \$0 line 5 Issuance costs from proceeds \$1,452,719,287 line 6 Working capital expenditures from proceeds \$0 line 7 Capital expenditures from proceeds \$604,911,792 Part III line 1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? No line 2 Are there any lease arrangements with respect to the financed property which may result in private business use? Yes line 3 a Are there any management or service contracts with respect to the financed property which may result in private business use? Yes line 3 b Are there any

income tax purposes. All amounts reported below are for the composite issue rather than the component parts

income tax purposes. All amounts reported below are for the composite issue rather than the component parts

invested beyond an available temporary period and that it will meet an available exception to rebate

temporary period and that it will meet an available exception to rebate

issue qualify for an exception to rebate? Yes

Below is certain information regarding the Series 2008D Composite Issue which includes the following Colorado Health Facilities Authority 2008D, County of Montgomery, Ohio 2008D, Chattanooga TN Health Ed & Housing Fac Bd 2008D, Washington Health Care Facilities Authority 2008D Part I line d Date Issued 20-Nov-08 line e Issue Price \$468,483,279 line f Purpose Colorado Health Facilities Authority 2008D - Capital improvements and equipment acquisitions for affiliates in Colorado, low a, Minnesota, Nebraska, New Jersey and Oregon County of Montgomery, Ohio 2008D - Capital improvements and equipment acquisitions for affiliates in Ohio Chattanooga TN Health Ed & Housing Fac Bd 2008D - Capital improvements and equipment acquisitions for affiliates in Tennessee Washington Health Care Facilities Authority 2008D - Refund WA Auth Bonds 2007A1-3 Part II line 1 Total Proceeds of issue \$468,486,399 line 2 Gross proceeds in reserve funds \$2 line 3 Proceeds in refunding or defeasance escrows \$169,725,000 of proceeds of the Washington Health Care Facilities Auth. Series 2008D Bonds were used to redeem the Washington Health Care Facilities Auth. Series 2007A1-3 Bonds on December 9, 2008. CHI has provided for the defeasance of \$3,155,000 of the Colorado Health Facilities Auth Series 2008D-2 Bonds to their earliest call date \$3,604,898 44 was on deposit in the defeasance escrow as of June 30, 2010 line 4 Other unspent proceeds \$0 line 5 Issuance costs from proceeds \$6,135,034 line 6 Working capital expenditures from proceeds \$0 line 7 Capital expenditures from proceeds \$287,624,779 line 8 Year of substantial completion. Colorado Health Facilities Authority 2008D - 2008 County of Montgomery, Ohio 2008D - 2013 Chattanooga TN Health Ed & Housing Fac Bd 2008D - 2008

income tax purposes. All amounts reported below are for the composite issue rather than the component parts

Below is certain information regarding the Series 2009 Composite Issue which includes the following Colorado Health Facilities Authority 2009 A/B, Kentucky Economic Dev Finance Auth 2009 A/B, County of Montgomery, Ohio 2009 A/B Part I line d Date Issued 10-Nov-09 line e Issue Price \$1,110,643,019 line f Purpose Colorado Health Facilities Authority 2009 A/B - Capital improvements, acquisitions and equipment acquisitions for affiliates in

and 2004B-5 Bonds and low a 1997B Bonds Kentucky Economic Dev Finance Auth 2009 A/B - Capital

the information

an available exception to rebate

Identifier

Form 990

Schedule

K, Part A

Identifier

Form 990

Schedule

K, Part B

Identifier

Form 990

Schedule K, Part C

Identifier

Form 990

Schedule

K, Part D

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K, Part F

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Form 990

Schedule

K, Part G

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Form 990

Part ı

Schedule K,

Identifier

FORM 990

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FORM 990

PART III PSR

(CONTINUED)

Identifier

FORM 990

PART III PSR

(CONTINUED)

Return

Reference

Statement of

(CONTINUED)

Program Service

Accomplishments

Return Reference

Statement of

Program Service

Accomplishments (CONTINUED)

PART III

PSR

Form 990 Schedule K,

Part h

Return

Reference

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Reference

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Reference

Program Service

Accomplishments

Statement of

June 30, 2010

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Reference

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Reference

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DLN: 93493136046141

OMB No 1545-0047

Open to Public

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.

Inspection

Name of the Catholic Health	e organizat ion n Initiatives					ification number
Part I	Identification of Disregarded Entities (Com	plete ıf the organization	answered "Yes" or	n Form 990, Part	47-0617373 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 Id N See Additional Data	Identification of Related Tax-Exempt Organor more related tax-exempt organizations during	nizations (Complete if the tax year.)	the organization ai	nswered "Yes" o	n Form 990, Part	IV, line 34 because it had one
	(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 stat (if section 501(c)(us Direct controlling 3)) entity
See Additional	Data Table					
For Privacy	Act and Panerwork Reduction Act Notice, see the Instruc	tions for Form 990.	Cat No 5013	:5Y		Schedule R (Form 990) 2009

Part III Identification because it	ation of Related had one or more	Organiz related o	z ations Taxable a organizations treate	s a Partnership (C d as a partnership d	Complete if the org uring the tax year	anızatıon ans .)	wered '	'Yes" c	on For	m 990, I	Part IV, line	34	
(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 asset	-of-year	(h Disprop allocat	rtionate	Code amount ir Sched	i) V—UBI n box 20 of ule K-1 n 1065)	(j Gener mana partr	ral or iging
								Yes	No			Yes	No
See Additional Data Table													-
												1	
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				s a Corporation or s treated as a corpor			ar.)		ed "Y	es" on Fo	orm 990, Pa	art IV,	
(a) Name, address, and EIN of	related organization	(b) Primary ad		(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share o Incol	of total	Sh end-	(g) nare of -of-year ssets	(h) Percentage ownership		
See Additional Data Table													

Part V	Transactions With Related Organizations (Complete of the organization answered "Yes" on Form 990, Part IV, I	ine 34, 35, or 36.)			
Note	Complete line 1 if any entity is listed in Parts II, III or IV			Yes	No
1 During	the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV	'?			
a Rec	eipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a	Yes	
b Gift	grant, or capital contribution to other organization(s)		1b	Yes	
c Gıft,	grant, or capital contribution from other organization(s)		1 c		No
d Loa	ns or loan guarantees to or for other organization(s)		1d	Yes	
e Loa	ns or loan guarantees by other organization(s)		1e		No
f Sale	of assets to other organization(s)		1f		No
g Puro	chase of assets from other organization(s)		1g		No
	hange of assets		1h		No
	e of facilities, equipment, or other assets to other organization(s)		1 i		No
i Leas	e of facilities, equipment, or other assets from other organization(s)		1j		No
	ormance of services or membership or fundraising solicitations for other organization(s)		1k	Yes	
	ormance of services or membership or fundraising solicitations by other organization(s)		11		No
	ring of facilities, equipment, mailing lists, or other assets		1m		No
	ring of paid employees		1n		No
o Reir	nbursement paid to other organization for expenses		10		No
p Rein	nbursement paid by other organization for expenses		1р	Yes	
q Oth	er transfer of cash or property to other organization(s)		1q		No
r Othe	er transfer of cash or property from other organization(s)		1r	Yes	
	e answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationship		sholds		
	(a) Name of other organization	(b) Transaction type(a-r)	Amour	(c) nt involv	ed
	itional Data Table				
(2)					
(3)					
(4)					
(5)					
(3)					
(6)					

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d Are parti sect 501(d organiz	ners ion :)(3) :ations?	(e) Share of end-of-year assets		r) ortionate tions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	agın tner?
			Yes	No		Yes	No		Yes	N
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Additional Data

93-0412495

94-3164869

56-2351341

3325 Pocahontas Road Baker City, OR97814

Bardstown, KY40004

Bardstown, KY40004 61-1345363

Lakewood Health Center

600 Main Avenue South Baudette, MN56623 41-0758434 Appletree Court

Breckenridge, MN56520

2400 St Francis Drive Breckenridge, MN56520

2400 St Francis Drive Breckenridge, MN56520

2400 St Francis Drive Breckenridge, MN56520

Carrington Health Center

Saint Clare's Community Care

Saint Clare's Foundation Inc

Colorado Springs, CO80933

2525 De Sales Avenue Chattanooga, TN37404

2525 De Sales Avenue Chattanooga, TN37404

6028 Shallowford Road Chattanooga, TN37421

Cincinnati, OH45206

Cincinnati, OH45206

Cincinnati, OH45206

Saint Clare's Hospital

Memorial Health Care System Inc

Memorial Health Care System Foundation

Memorial Health Partners Foundation Inc

The Community Limited Care Dialysis Cent

619 Oak Street Accounting-3 West

619 Oak Street Accounting-3 West

619 Oak Street Accounting-3 West

St Francis Life Care Corporation

TrıHealth Physician Institute

961 East Colorado Avenue Colorado Springs, CO80903

SET of Colorado Springs Inc

Catholic Health Initiatives

1999 Broadway Suite 4000

1999 Broadway Suite 4000 Denver, CO80202 20-8473567

1999 Broadway Suite 4000

Global Health Initiatives

Denver, CO80202 20-1536108

Catholic Health Care Federation

825 E Pikes Peak Avenue Bldg 29 Colorado Springs, CO80903

Cincinnati, OH45206

31-1074519

84-0902211

84-1183335

Denver, CO80202 47-0617373

619 Oak Street Accounting-3 West

Catholic Health Initiatives Colorado Fou

Good Samaritan Foundation of Cincinnati

The Good Samarıtan Hospital of Cincinnat

Good Samaritan College of Nursing & Heal

800 North 4th Street Carrington, ND58421

St Francis Medical Center

Healthcare and Wellness Foundation

601 Oak Street

41-1850500

76-0761782 St Francis Home

41-0729978

41-0695598

45-0227311

66 Ford Road Denville, NJ07834 22-2876836

66 Ford Road Denville, NJ07834 22-2502997

375 Dixmyth Ave Cincinnati, OH45220 31-1778403

Total Healthcare

PO Box 7021

84-0927232

62-0532345

62-1839548

03-0417049

23-7419853

31-1206047

31-0537486

66 Ford Road Denville, NJ07834 22-3319886

19 Pocono Road Denville, NJ07834 22-2536017

St Elizabeth Health Care Foundation

Flaget Memorial Hospital Foundation Inc

Flaget Healthcare DBA Flaget Memorial

4305 New Shepherdsville Road

4305 New Shepherdsville Road

Return to Form

Direct Controlling

Entity

Software ID:

Name, address, and EIN of related organization

Software Version: **EIN:** 47-0617373

Name: Catholic Health Initiatives

(b)

Primary Activity

(c)

Legal Domicile

(State

or Foreign Country)

NM

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Exempt Code

section

501(c)(3)

501(c)(2)

501(c)(3)

(e)

Public charity

status

(if 501(c)(3))

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

300 Central SW Suite 300 Albuquerque, NM87102 71-0897107				
St Joseph Community Health Foundation	Foundation	N M	501(c)(3)	
300 Central SW Suite 300 Albuquerque, NM87102 85-0253087				
St Francis of Baker City	Hospital	OR	501(c)(3)	
3325 Pocahontas Road Baker City, OR97814				

St Joseph Community Health Services Community

Foundation

Fundraising

Hospital

LTerm Care

Senior Homes

Foundation

LTerm Care

Healthcare

Healthcare

Healthcare

Fundraising

Education

Healthcare

Hospital

Foundation

Healthcare

Dialysis

Foundation

Hospital

Hospital

Elderly Care

Physicians

Foundation

LTerm Care

Healthcare

Jurdic Person

Ministries

3 СНІ 7 SEHS 11a lғн 3 СНІ

SFH SFMC CHI

CHI 11a 7 SJCHS

CHI

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CHI Colorado

CHI Colorado

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CHI

СНІ

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11a

11a

TRI-HEALTH

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none

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11a

CHI Colorado

2

Form 990, Schedule R, Part II - Identification of Related T	ax-Exempt Organiz				
(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
Health SET 4200 West Conejos Place 436 Denver, CO80204 84-1102943	Low Inc Care	СО	501(c)(3)	7	CHI Colorado
Bishop Drumm Retirement Center 1111 6th Avenue Des Moines, IA 50 314 42-07 25 196	LTerm Care	IA	501(c)(3)	9	CHI-IA Corp
	Hospital	IA	501(c)(3)	3	CHI-IA Corp
	Shelter	IA	501(c)(3)	7	CHI-IA Corp
	Auxiliary	IA	501(c)(3)	11a	CHI-IA Corp
	Physician	IA	501(c)(3)	9	CHI-IA Corp
	Education	IA	501(c)(3)	2	CHI-IA Corp
Mercy Foundation of Des Moines IA 1111 6th Avenue Des Moines, IA 50 31 4 23-7358794	Foundation	IA	501(c)(3)	7	CHI-IA Corp
	Hospital	IA	501(c)(3)	3	CHI-IA Corp
1111 6th Avenue Des Moines, IA 50314 42-1470935	Physician	IA	501(c)(3)		CHI-IA Corp
1031 East Seventh Street Devils Lake, ND58301 45-0227012	Healthcare	ND	501(c)(3)		CHI
Saint Joseph's Hospital Foundation 30 West 7th Street Dickinson, ND58601 36-3418207	Foundation	ND	501(c)(3)		SJHHC
30 West 7th Street Dickinson, ND58601 45-0226429	Healthcare	N D	501(c)(3)		СНІ
1010 Three Springs Blvd Durango, CO81301 84-0405515	Hospital	со	501(c)(3)		СНІ
3900 Olympic Blvd Suite 400 Erlanger, KY41018 20-2741651	Healthcare	KY	501(c)(3)		СНІ
801 Page Drive Fargo, ND58103 45-0226714	LT Care	N D	501(c)(3)		СНІ
401 East Spruce Street Garden City, KS67846 48-0543721	Hospital	KS	501(c)(3)		СНІ
St Catherine Hospital Development Found 401 East Spruce Street Garden City, KS67846 20-0598702 Saint Francis Medical Center Foundation	Foundation Foundation	KS NE	501(c)(3) 501(c)(3)		SCH SFMC
PO Box 9804 Grand Island, NE68802 47-0630267	HealthCare	N E	501(c)(3)		CHI Nebraska
PO Box 9804 Grand Island, NE68802 47-0376601	Hospital	KS	501(c)(3)		СНІ
3515 Broadway Great Bend, KS67530 48-0543724	Hospital	KS	501(c)(3)		СКМС
923 Carroll Ave Larned, KS67550 48-1253246	Hospital	KS	501(c)(3)		SJRMC
220 North Pennsylvania Columbus, KS66725 48-1216238 Mercy Lifecare Systems	Property Mgmt	МО	501(c)(3)	11a	SJRMC
2727 McClelland Blvd Joplin, MO64804 43-1305163 St John's Medical Group	Phys Practice	МО	501(c)(3)	9	SJRMC
2727 McClelland Blvd Joplin, MO 64804 43-1882377 St John's Mercy Regional Foundation	Foundation	МО	501(c)(3)	7	SJRMC
2727 McClelland Blvd Joplin, MO 64804 43-1308084 St John's Regional Medical Center	Hospital	мо	501(c)(3)	3	СНІ
2727 McClelland Blvd Joplin, MO 64804 44-0545809 Good Samaritan Hospital	HealthCare	NE	501(c)(3)	3	CHI Nebraska
PO Box 1990 Kearney, NE68848 47-0379755 Good Samaritan Hospital Foundation	Foundation	NE	501(c)(3)	7	GSН
PO Box 1810 Kearney, NE68848 47-0659443 St Joseph Health Ministries	Health	PA	501(c)(3)	11a	SJHM
2135 Noll Drive Suite C Lancaster, PA17603 23-2342997					

Form 990, Schedule R, Part II - Identification of Related 1	Tax-Exempt Organiz	ations			
(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 Health Ministries Foundation 2135 Noll Drive Suite C Lancaster, PA 17603 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
	Hospital	КҮ	501(c)(3)	3	СНІ
St Joseph Hospital Foundation Inc One St Joseph Drive Lexington, KY40504 61-1159649	Foundation	КҮ	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
	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	СНІ
Alverna Apartments 300 SE 8th Avenue Little Falls, MN 56 34 5 41-1351177	Lterm Care	MN	501(c)(3)	9	СНІ
	Healthcare	MN	501(c)(3)	3	СНІ
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	СНІ
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	ОН	501(c)(3)	9	SHP
Saint Joseph London Foundation Inc 310 East Ninth Street London, KY40741 26-0438748	Foundation	КҮ	501(c)(3)	11a	SJHS
	Hospital	ОН	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	СНІ
Oakes Community Hospital Foundation 314 South 8th Street Oakes, ND58474 71-0966606	Foundation	ND	501(c)(3)	11a	осн
St Dominic at Ontario 351 SW 9th Street Ontario, OR97914 93-0433692	Hospital	O R	501(c)(3)	3	CHI
93-U433092 	I	1	l	l	I

Form 990, Schedule R, Part II - Identification of Related 1	「ax-Exempt Organiz 				
(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
Holy Rosary Medical Center Foundation 351 SW 9th Street Ontario, OR97914 20-2683560	Foundation	O R	501(c)(3)		HRMC
600 Pleasant Avenue Park Rapıds, MN56470 41-0695603	Hospital	MN	501(c)(3)		СНІ
St Anthony Hospital 1601 SE Court Avenue Pendleton, OR97801 93-0391614	Hospital	O R	501(c)(3)		СНІ
St Anthony Hospital Foundation 1601 SE Court Avenue Pendleton, OR97801 93-0992727	Foundation	O R	501(c)(3)		SA Hospital
606 East Garfield Avenue Gettysburg, SD57442 46-0234354	Hospital	SD	501(c)(3)		SMHC
801 East Sioux Avenue Pierre, SD57501 46-0230199	Healthcare	SD	501(c)(3)	3	СНІ
Mt St Joseph Inc 3060 SE Stark Street Portland, OR97214 93-0386870	Nursing Care	O R	501(c)(3)		CHI
Pueblo Stepup 1925 East Orman Avenue Suite G52 Pueblo, C081004 84-1234295	Community	со	501(c)(3)		СНІ
Bornemann Healthcare Corporation 2500 Bernville Road PO Box 316 Reading, PA 19603 23-2187242	Healthcare	PA	501(c)(3)		СНІ
St Joseph Medical Center Foundation 2500 Bernville Road PO Box 316 Reading, PA 19603 23-2649362	Foundation	PA	501(c)(3)		SJRHN
St Joseph Medical Group 2500 Bernville Road PO Box 316 Reading, PA 19603 20-8544021	Healthcare	PA	501(c)(3)		ВНС
2500 Bernville Road PO Box 316 Reading, PA19603 23-1352211	Healthcare	PA	501(c)(3)		СНІ ММС
Linus Oakes Inc 2700 Stewart Parkway Roseburg, OR97470 93-0821381	Senior Living	O R	501(c)(3)		ммс
Mercy Foundation Inc 2700 Stewart Parkway Roseburg, OR97470 93-6088946 Mercy Medical Center	Foundation Hospital	O R	501(c)(3) 501(c)(3)		CHI
2700 Stewart Parkway Roseburg, OR97470 93-0386868	Healthcare	WI	501(c)(3)		СНІ
3601 South Chicago Avenue South Milwaukee, WI53172 39-1093829 Enumclaw Community Hospital	Hospital	WA	501(c)(3)		FHS
1450 Battersby Avenue Enumclaw, WA 98022 91-0715805 Franciscan Foundation	Fundraising	WA	501(c)(3)		FHS
1717 South J Street Tacoma, WA 98405 91-1145592 Franciscan Health System FKA Franciscan	Healthcare	WA	501(c)(3)		СНІ
1717 South J Street Tacoma, WA 98405 91-0564491 Franciscan Medical Group	Healthcare	WA	501(c)(3)		FHS
1708 South Yakıma Avenue Tacoma, WA 98405 91-1939739 St Joseph Medical Center Foundation In	Fundraising	MD	501(c)(3)		SJMC
7601 Osler Drive Towson, MD21204 52-1681044	Hospital	MD	501(c)(3)		CHI
7601 Osler Drive Towson, MD21204 52-0591461	Physicians	MD	501(c)(3)		СНІ
7601 Osler Drive Towson, MD21204 52-1311775 Samaritan Health Foundation	Foundation	он	501(c)(3)		SHP
2222 Philadelphia Drive Dayton, OH45406 23-7296923 Mercy Hospital of Valley City	Hospital	ND	501(c)(3)		СНІ
570 Chautauqua Boulevard Valley City, ND58072 45-0226553	Healthcare	ND	501(c)(3)		СНІ
1301 15th Avenue West Williston, ND58801 45-0231183 Mercy Medical Foundation	Foundation	ND	501(c)(3)		ммс
1301 15th Avenue West Williston, ND58801 45-0381803 Samaritan Health Partners	Healthcare	ОН	501(c)(3) 501(c)(3)		CHI
2222 Philadelphia Drive Dayton, OH45406 31-1107411 St Vincent Foundation	Fundraising	AR	501(c)(3)		SVIMC
Two St Vincent Circle Little Rock, AR72205 51-0169537 Auxiliary of Holy Rosary Hospital Inc	Hospital	O R	501(c)(3)		HRMC
351 SW 9th Street Ontario, OR97914 94-3059469		j.,		, , , , , , , , , , , , , , , , , , ,	

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

Form 990, Schedule R, Part II - Identification of Related	ication 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			
The Mercy Hospital of Devils Lake Fdn	Foundation	ND	501(c)(3)	11a	MHDL			
1031 East Seventh Street Devils Lake, ND58301 35-2367360								
Alegent Health - Bergan Mercy Health Sys	Hospital	NE	501(c)(3)	3	CHI			
7500 Mercy Road O maha, NE68124 47-0484764								
A legent Health - Mercy Hospital Corning	Hospital	IA	501(c)(3)	3	AHBMHS			
PO Box 368 Corning, IA 50841 42-0782518								
Mercy Health Care Foundation	Foundation	NE	501(c)(3)	11a	АНМН			
PO Box 368 Corning, IA 50841 42-1461064								
Mercy Hospital Foundation Council Bluff	Foundation	IA	501(c)(3)	11a	AHBMHS			
800 Mercy Drive Council Bluffs, IA51503 42-1178204								
CHI Institute For Research and Innovatio	Healthcare	со	501(c)(3)	11a	СНІ			
198 Inverness Drive West Englewood, CO80112 27-1050565								
CHI Colorado	Healthcare	со	501(c)(3)	3	СНІ			
188 Inverness Drive West Englewood, CO80112 84-0405257								
Saint Joseph Mount Sterling Foundation	Foundation	KY	501(c)(3)	7	SJHS			
50 Sterling Avenue Mount Sterling, KY40353 27-2884584								
Centennial Medical Group Inc	Physicians	OR	501(c)(3)	9	ммс			
2700 Stewart Parkway Roseburg, OR97470 90-0433062								
CHI National Foundation	Foundation	СО	501(c)(3)	11a	CHI			
198 Inverness Drive West Englewood, C080112 27-0930004								
Saint Clare's Health Services Inc	Management	NJ	501(c)(3)	7	CHI			
25 Pocono Road Denville, NJ07834 22-3639733								
Good Samaritan Hospital	Hospital	ОН	501(c)(3)	3	SHP			
2222 Philadelphia Drive Dayton, OH45406 31-0536981			I					

Form 990, Schedule R,	Part III - Identi		of Related C)rganizations	Taxable as a Partr	nership	1	1		
(a)	(b)	(c) Legal	(d)	(e) Predominant	(f)	(g)	(h) Disproprtionate	(i)	Gei	j) neral
Name, address, and EIN of related organization	Primary activity	Domicile (State or Foreign Country)	Controlling Entity	income(related, unrelated, excluded from tax under sections		Share of end-of-year assets (\$)	allocations?	Code V-UBI amount or Box 20 of K-1 (\$)	¹ Man	or aging tner?
	0.0.0		GERM C	512-514)	455.405	000.400	Yes No		Yes	+
Superior Medical Imaging LLC	OP Diagnostics	NE	SERMC	Related	-155,495	993,429	No	272		No
5000 North 26th Street Lincoln, NE68521 26-2884555 Central Nebraska Rehab	Physical Therapy	N E	СНІ	Related	1,816,979	2,933,623	No	5,050		No
Services	, mysteur rherupy			l l l l l l l l l l l l l l l l l l l	2,010,373	2,555,625		3,000		
3004 W Faidley Ave Grand Island, NE68802 81-0653461 Mercy West Endoscopy LLC	A mbulatory Surg	IA	CHI-IA Corp	Related	1,917,716	1,695,121	No			No
1601 NW 114th St Suite 244 Clive, IA50325 90-0129077	Amburatory Surg		CHI-IA COIP	Related	1,917,710	1,093,121	No			
Audubon Land Company LLC	Real Estate	СО	тнс	Related	67,577	9,001,605	No			No
5390 N Academy Blvd Suite 300 Colorado Springs, CO80918 84-1513085										
Breckenridge Medical Clinic LLC	Medical Clinic	СО	ТНС	Related			No			No
555 South Park Avenue Plaza 11										
Breckenridge, CO80424 65-1295958	Madical Imagina	60	THE	Related	1 022 441	9 249 402	No			Νο
Penrad Imaging 1390 Kelly Johnson Blvd Colorado Springs, CO80920 84-1072619	Medical Imaging	СО	ТНС	Related	1,922,441	8,248,492	IN O			IN O
St Anthony Regional Mtn Cancer Center	Cancer Center	со	тнс	Related	60,513	318,803	No			No
4231 W 16th Avenue Denver, CO80112 37-1568013										
St Francis Land Company	Real Estate	СО	тнс	Related	-180,979	14,886,022	No			No
5390 N Academy Blvd Suite 300 Colorado Springs, CO80918 26-3134100										
OrthoColorado LLC	Ortho Hospital	СО	ТНС	Related	-5,375,165	15,265,510	No			Νo
11650 West 2nd Place Lakewood, CO 80255 37-1577105										
	Surgery Center	ID	ммс	Related	-812,036	949,357	No	4,620	Yes	
1512 12th Avenue Road Nampa, ID83686 84-1380439										
Peninsula Radiation Oncology	Healthcare Srvc	WA	FHS	Related	-516,076	3,860,362	No			No
314 Martin Luther King Jr Way 11 Tacoma, WA 98405 87-0808610										
Healthcare Support Services LLC	Laundry	NE	СНІ	Related	199,968	3,913,481	No	58,436		No
PO Box 9804 Grand Island, NE688029804 72-1546196										
Bluegrass Regional Imaging Center	Diagnostic	KY	SJ HospitalLex	Related	242,456	3,773,725	No			Νο
1218 South Broadway Suite 310 Lexington, KY40504										
61-1386736 North River Surgery Center LLC	Ambul Surg Ctr	AR	SVIMC	Related	213,989	1,696,001	No			No
2209 Wildwood Avenue Sherwood, AR72120 71-0799771										
CHI Operating Investment Program LP	Investments	СО	СНІ	Investment	58,022	4,069,968	No	14,031	Yes	
198 Inverness Drive West Englewood, CO80112 47-0727942										
Ruxton Surgicenter LLC 8322 Bellona Avenue Suite	Surgery Center	MD	SJMC	Related	-75,716	3,421,084	No		Yes	
201 Baltımore, MD21204 52-2095835										
Central Nebraska Home Care Services	Healthcare Srvc	NE	HSEINC	Related	-102,982	1,021,500	No		Yes	
PO Box 1146-4510 Second Avenue Kearney, NE68848 47-0692112										

Form 990, Schedule R, Part IV - Ide (a) Name, address, and EIN of related organization Mercy Health Services Corporation	ntification of (b) Primary activity	(c)	cations Taxable (d) Direct Controlling Entity St John's RMC	(e) Type of entity (C corp, S corp, or trust)	on or Trust (f) Share of total income (\$) -1,033,832	end-of-year assets (\$)	(h) Percentage ownership
Mercy Health Services Corporation 2727 McClelland Blvd Joplin, MO 64804 43-1457881 Mountain Management Services Inc 6028D Shallowford Road Chattanooga, TN37422 62-1570739 MedQuest 1301 15th Avenue West Williston, ND58801 45-0392137	mgmt svc org Sale of DME	T N N D	MHCS MHof Williston	C Corp C Corp	-1,033,832 348,642 -16,794	4,530,84	5 100 000 %
St Anthony Development Company 1415 Southgate Pendleton, OR97801 93-1216943 GOOD SAMARITAN OUTREACH SERVICES PO BOX 1990 KEARNEY, NE68848 47-0659440 HEALTH SYSTEMS ENTERPRISES INC PO BOX 1990 KEARNEY, NE68848	Athletic Club MEDICAL CLINIC MANAGEMENT	O R NE	GSHS	C Corp C Corp	41,861 -2,491,623 10,957	840,23	2 100 000 %
Mercy Park Apartments Ltd 1111 6th Avenue Des Moines, IA50314 42-1202422 Des Moines Medical Center Inc 1111 6th Avenue Des Moines, IA50314 42-0837382 Comcare Services 4231 W 16th Avenue	Housing Real Estate Inactive	IA IA	CHI-IA Corp CHI-IA Corp	C Corp C Corp	227,244	1,806,19	
Denver, CO80204 84-0904813 Mednow Inc 1512 12th Avenue Road Nampa, ID83686 82-0389927 Saint Clare's Primary Care Inc 66 Ford Road Denville, NJ07834 22-2441202	O utpat Pharmacy Billing Services	ID NJ	Mercy Med Ctr SCCC	C Corp	-672,954 -350,630		7 100 000 %
Healthcare Mgmt Services Org Inc 1149 Market St Tacoma, WA 98402 91-1865474 Physician Health System Network 1149 Market St Tacoma, WA 98402 91-1746721 Mercy Services Corp 2700 Stewart Parkway Roseburg, OR97470	Health Org Health Org Retail Sales	WA WA	FHS FHS Mercy Medical	C Corp C Corp	-499,409	1,403,00	100 000 %
Roseburg, OR97470 93-0824308 Caduceus Medical Associates Inc 6028 Shallowford Road Suite D Chattanooga, TN37422 62-1570736 CENTRAL KANSAS HEALTH SERVICES ASSOCIATI 3515 Broadway Great Bend, KS67530 48-1042853	Healthcare MEDICAL EQUIPMENT	TN KS	MHCS CKMC	C Corp		1,00	
St Vincent Community Health Services In Two St Vincent Circle Little Rock, AR72205 71-0710785 Alternative Insurance Management Service 3900 Olympic Boulevard Suite 400 Erlanger, KY41018 84-1112049 Nazareth Assurance Company 76 St Paul Street Suite 500	Healthcare Management Servic Insurance	A R C O V T	CHI CHI	C Corp C Corp	2,404,944	3,272,17	
Burlington, VT05401 03-0304831 Franciscan Services Inc 198 Inverness Drive West Englewood, CO80112 23-2487967 SJH Services Corporation 198 Inverness Drive West Englewood, CO80112 23-2307408 St Joseph Development Company Inc	Healthcare Healthcare	CO CO	CHI FSI	C Corp C Corp	194,756 314,346 1,677,122	3,423,01	2 100 000 %
1717 South J Street Tacoma, WA 98405 91-1480569 Towson Management Inc 7601 Osler Drive Towson, MD21204 52-1710750 Captive Management Initiatives PO Box 10073 APO GeorgeTown, GR KY1-1001	Management Servic Captive Managemen	M D C J	FSI	C Corp	99,315		
CJ 98-0663022 First Initiatives Insurance Ltd PO Box 10073 APO GeorgeTown, GR KY1-1001 CJ 98-0203038 Center for Translational Research 198 Inverness Drive West Englewood, CO80112 27-2269511	Insurance Healthcare	CO	СНІ	C Corp	-840,949	1,746,20	100 000 %
Samaritan Family Care Inc 40 W Fourth St 1700 Dayton, OH45402 31-1299450 SJL Physician Management Services Inc 424 Lewis Hargett Cr 160 Lexington, KY40503 99-9999999 CGH Realty Company Inc 215 N 12th St	Healthcare Management Real Estate	O H KY	SJHS SJHM	C Corp	1,007		100 000 %
Reading, PA19603 23-2326801 St Joseph Office Park Association 1401 HarrodsBurg Road Bldg B70 Lexington, KY40504 61-1079899 Form 990, Schedule R, Part V - Trans		KY Related Organi (a) fother organization	sjhs izations	C Corp	10,217	(b) Transaction type(a-r)	(c) A mount Involved (\$)
(1) A legent Health-Bergan Mercy Health (2) Bishop Drumm Retirement Center (3) Bluegrass I maging (4) Carrington Health Center (5) Central Kansas Medical Center	ı System					k	1,054,012 8,205 421,180 1,851,450 6,657,864
(6) Central Nebraska Home Care (7) CHI Colorado Foundation (8) CHI Colorado (9) CHI Iowa Corp (10) CHI CENTER FOR TRANSLATION	AL RESEARCH					k k k k	63,839 24,290 11,608,791 95,959,942 2,686
(11) Continuing Care (12) Dayton Heart & Vascular Hospital (13) Enumclaw Hospital (14) Flaget Healthcare Inc (15) Franciscan Health Services						k k k	1,220,130 71,226 3,832,847 7,184,842 110,427,952
(16) Franciscan Villa (17) Fransician Medical Group (18) Gettysburg Medical Center (19) Good Samaritan Hospital						k k k	1,901,490 55,858 39,161 26,489,668
(20) The Good Samaritan Hospital of Cir (21) Health SET (22) Good Samaritan Outreach Services (23) Good Samaritan Hospital (24) Holy Rosary Medical Center						k k k k k	9,900,898 226 73,104 7,669,480 6,381,830
(25) HSS Grand Island (26) Jewish Hospital & St Mary's (27) Lakewood Health Centers (28) Lisbon Area Health (29) Memorial Health Care System (30) Mercy Healthcare Inc						k	39,888 559,374 2,724,212 1,234,276 65,770,464 21,925,489
(30) Mercy Healthcare Inc (31) Mercy Hospital of Devils Lake (32) Mercy Hospital-Valley City (33) St John's Mercy Clinics (34) Mercy Medical Center - Centerville (35) Mercy Regional Medical Center						k	21,925,489 2,869,342 1,675,910 84,506 235,027
(35) Mercy Regional Medical Center (36) Mercy Medical Center-Nampa (37) Mercy Medical Center-Wiliston (38) Mercy Physicians Group (39) MNMCH Inc (40) Nebraska Surgery Center						k	13,812,783 10,067,349 6,177,800 8,633 9,617
(40) Nebraska Surgery Center (41) Oakes Community Hospital (42) Samaritan Family Care (43) St Anthony Regional Cancer Center (44) St Clare Hospital (45) St Anthony Hospital Association						k k k k k	7,749 1,187,657 442 88,156 41,299,266
(46) St Anthony Hospital (47) St Catherine Hospital (48) St Elizabeth Health Services (49) St Elizabeth Foundation	ento-					k k k	6,549,935 10,612,493 2,513,028 3,402
(50) Saint Elizabeth Regional Medical Ce (51) St Francis Medical Center-Brecken (52) St Francis Medical Center-Grand Is (53) St John's Regional Medical Center (54) St Joseph Community Health (55) St Joseph Health Ministries-Lancas	ridge land					k k k k k	41,590,493 4,586,381 18,373,109 15,069,915 466,426
(55) St Joseph Health Ministries-Lancas (56) St Joseph Health System - Lexingto (57) St Joseph Medical Center-Towson (58) St Joseph Memorial Hospital (59) St Joseph Regional Health Network (60) St Joseph's Area Health Services	on					k k k k k	48,978 75,843,965 35,917,406 107,808 26,141,913
(60) St Joseph's Area Health Services (61) St Joseph's Hospital and Health Ce (62) St Mary's Healthcare Center (63) St Mary's Community Hospital (64) St Vincent Health System	nter					k k k k	6,028,070 5,765,660 7,375,714 2,371,929 39,507,008
(65) Unity Family Healthcare (66) Villa Nazareth (67) CHI Operating Partnership (68) Bishop Drumm Retirement Center (69) Carrington Health Center						k k k p p	8,310,570 1,922,959 1,010,370 306,873 203,917
(70) Central Kansas Medical Center (71) Central Nebraska Home Care (72) Central NE Rehabilitaion Services (73) St Elizabeth Physican Network (74) CHI Iowa Corp						р Р Р Р	1,111,968 25,731 80,478 29,959 8,542,324
(75) Continuing Care (76) Enumclaw Hospital (77) Flaget Healthcare Inc (78) Franciscan Health Services (79) Franciscan Villa						р Р Р Р	62,765 566,165 665,717 17,335,364 489,403
(80) Fransician Medical Group (81) Gettysburg Medical Center (82) Good Samaritan Hospital (83) The Good Samaritan Hospital of Cir (84) Health SET	ıcınnatı					р Р Р	932,257 99,729 2,033,884 7,110,744 3,224
(85) Holy Rosary Medical Center (86) Lakewood Health Centers (87) Lisbon Area Health (88) Mednow (89) Memorial Health Care System						р Р Р	729,749 212,272 91,649 1,766 8,203,982
(90) Mercy Healthcare Inc (91) Mercy Hospital of Devils Lake (92) Mercy Hospital-Valley City (93) Mercy Medical Center - Centerville (94) Mercy Regional Medical Center						р Р Р	4,103,405 232,339 109,595 233,016 1,879,508
(95) Mercy Medical Center-Nampa (96) Mercy Medical Center-Wiliston (97) MNMCH Inc (98) Oakes Community Hospital (99) St Clare Hospital						р р Р р	1,070,457 667,348 10,847 89,321 5,342,832
(100) SET of Colorado (101) SET of Pueblo (102) St Anthony Hospital Association (103) St Anthony Hospital (104) St Catherine Hospital						p p p p	4,492 2,442 201,522 693,822 1,251,304
(105) St Elizabeth Health Services (106) Saint Elizabeth Regional Medical C (107) St Francis Medical Center-Brecke (108) St Francis Medical Center-Grand I (109) St John's Regional Medical Center	nrıdge sland					р р р р	595,796 2,925,679 429,311 1,545,559 1,319,744
(110) St Joseph Community Health (111) St Joseph Development Co (112) St Joseph Health Ministries-Lanca (113) St Joseph Health System - Lexing (114) St Joseph Medical Center-Towson	ton					p p p p	5,848 75,543 8,298 12,996,802 5,860,542
(115) St Joseph Memorial Hospital (116) St Joseph Regional Health Network (117) St Joseph's Area Health Services (118) St Joseph's Hospital and Health C (119) St Mary's Healthcare Center						р р р р	113,340 4,131,660 475,087 635,252 509,629
(120) St Mary's Community Hospital (121) St Vincent Health System (122) Franciscan Foundation (123) Unity Family Healthcare (124) Villa Nazareth	like Curaka wa					p p p p	152,897 4,890,283 3,467 471,987 225,068
(125) A legent Health-Bergan Mercy Health (126) A lyerna Apartments (127) Carrington Health Center (128) Central Kansas Medical Center (129) CHI Colorado (130) CHI Iowa Corp	itii systeiii					a a a a	7,841,633 84,351 55,638 507,990 4,894,078 8,900,709
(131) Enumclaw Hospital (132) Flaget Healthcare Inc (133) Franciscan Health Services (134) Franciscan Villa						a a a	33,334 1,084,825 9,700,267 248,223
(135) Good Samaritan Hospital (136) The Good Samaritan Hospital of C (137) Good Samaritan Hospital (138) Holy Rosary Medical Center (139) Jewish Hospital & St Mary's (140) Lakewood Health Centers	incinnati					a a a a	1,917,452 7,094,793 7,494,651 809,464 1,635,103
(140) Lakewood Health Centers (141) Lisbon Area Health (142) Memorial Health Care System (143) Mercy Healthcare Inc (144) Mercy Lifecare Systems (145) Mercy Medical Center - Centervill	e					a a a a a	192,058 84,651 2,176,136 2,301,109 71,182 81,252
(146) Mercy Medical Center - Centervill (147) Mercy Regional Medical Center (147) Mercy Medical Center-Nampa (148) Mercy Medical Center-Wiliston (149) Oakes Community Hospital (150) St Clare Hospital						a a a a	3,785,534 53,626 171,339 309,630 4,299,019
(151) St Anthony Hospital (152) St Catherine Hospital (153) St Elizabeth Health Services (154) Saint Elizabeth Regional Medical C (155) St Francis Medical Center-Brecke						a a a a	569,380 986,302 569,047 4,002,760
(156) St Francis Medical Center-Grand I (157) St John's Regional Medical Center (158) St Joseph Health System - Lexing (159) St Joseph Medical Center-Towson (160) St Joseph Regional Health Network	sland					a a a a	41,134 976,967 11,063,488 5,028,069 6,867,938
(161) St Joseph's Area Health Services (162) St Joseph's Hospital and Health C (163) St Mary's Healthcare Center (164) St Mary's Community Hospital (165) St Vincent Health System						a a a a	172,497 327,834 30,265 62,951 4,142,839
(166) Unity Family Healthcare (167) Universal Health Corp (168) Villa Nazareth (169) CHI Colorado (170) CHI Iowa Corp						a a b	1,034,043 21,002 275,600 150,020 26,500
(171) Flaget Healthcare Inc (172) Good Samaritan Foundation (173) Holy Rosary Medical Center (174) Memorial Health Care System (175) Mercy Hospital-Valley City						b b b b	35,915 132,654 16,220 18,188 106,433
(176) Mercy Regional Medical Center (177) Mercy Medical Center-Nampa (178) Samaritan Behavioral Health (179) St Clare Hospital (180) SET of Colorado						b b b b	110,031 102,027 88,940 47,530
(181) St Catherine Hospital (182) St Elizabeth Foundation (183) St Francis Medical Center-Brecke (184) St Francis Medical Center-Grand I (185) St John's Regional Medical Center	sland					b b b b	66,965 25,671 30,395 62,801 54,929
(186) St Joseph Community Health (187) St Joseph Health System - Lexing (188) St Joseph Medical Center-Towson (189) St Joseph Regional Health Network (190) St Joseph's Area Health Services	ton					b b b b	223,855 72,820 400,750 113,420 79,441
(191) St Mary's Community Hospital (192) Franciscan Foundation (193) Unity Family Healthcare (194) Alegent Health-Bergan Mercy Healthcare (195) Alverna Apartments	lth System					b b r r	101,033 127,135 52,000 10,663,272 82,149
(196) Carrington Health Center (197) Central Kansas Medical Center (198) CHI Colorado (199) CHI Iowa Corp (200) Flaget Healthcare Inc						r r r	338,133 1,434,785 16,751,787 9,212,257 1,665,001
(201) Franciscan Health Services (202) Franciscan Villa (203) Good Samaritan Hospital (204) The Good Samaritan Hospital of C (205) Good Samaritan Hospital	incinnati					r r r r	16,737,931 539,568 4,996,246 9,533,749 30,206,062
(206) Holy Rosary Medical Center (207) Jewish Hospital & St Mary's (208) Lakewood Health Centers (209) Lisbon Area Health (210) Memorial Health Care System						r r r	21,620,339 4,388,490 409,166 146,766 6,617,120
(211) Mercy Healthcare Inc (212) Mercy Lifecare Systems (213) Mercy Medical Center - Centervill (214) Mercy Regional Medical Center (215) Mercy Medical Center-Nampa	e					r r r	3,999,858 2,561,752 140,875 1,797,184 1,640,829
(216) Mercy Medical Center-Wiliston (217) Oakes Community Hospital (218) St Clare Hospital (219) St Anthony Hospital (220) St Catherine Hospital						r r r	1,616,817 153,330 2,570,232 894,758 668,760
(221) St Elizabeth Health Services (222) Saint Elizabeth Regional Medical C (223) St Francis Medical Center-Brecke (224) St Francis Medical Center-Grand I (225) St John's Regional Medical Center	nrıdge					r r r r	15,155,297 2,308,623 1,259,359 1,323,107 34,122,498
(225) St John's Regional Medical Center (226) St Joseph Health System - Lexing (227) St Joseph Medical Center-Towson (228) St Joseph Regional Health Network (229) St Joseph's Area Health Services (230) St Joseph's Hospital and Health C	ton					r r r r r	34,122,498 4,756,251 6,262,079 1,215,002 618,582 1,009,630
(230) St Joseph's Hospital and Health C (231) St Mary's Healthcare Center (232) St Mary's Community Hospital (233) St Vincent Health System (234) Unity Family Healthcare (235) Universal Health Corp						r r r r r	1,009,630 599,830 90,178 11,396,225 1,814,737
(235) Universal Health Corp (236) Villa Nazareth (237) Alegent Health-Bergan Mercy Health Colorado (238) CHI Colorado (239) Enumclaw Hospital (240) St Joseph Health System - Lexing						r d d d	127,639 475,345 244,032,641 45,000,000 4,000,000
(241) St Joseph Health System - Lexing (241) St Joseph's Area Health Services (242) St Joseph's Hospital and Health C (243) St Vincent Health System						d d d	78,500,000 500,000 19,547,293 35,628,269

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Name: Catholic Health Initiatives

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

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours		tion :		′)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
Maureen Comer OP Trustee	2 0	х								
Davıd Edwards	2 0	х								
Trustee Antoinette Hardy-Waller RN	2 0	V								
Trustee Phyllis Hughes RSM DRPH		X								
Board Chair	4 0	Х		Х						
Andrea Lee IHM PHD Trustee	2 0	×								
David Lincoln fache Vice Chair	2 0	х		х						
Kevın Lofton FA CHE	60 0	×		х				2,100,818	0	0
PRESIDENT AND CEO Christopher Lowney										
Trustee Eleanor Martin SCN ESQ	2 0	X								
Trustee	2 0	Х								
Blackford Middleton MD mpg MSC Trustee	2 0	×								
Mary Margaret Mooney PBVM DNSC Trustee	2 0	х								
Mary Jo Potter Trustee	2 0	х								
Bruce Siegel MD Trustee	2 0	х								
Patricia Smith OSF JCD PHD Trustee	2 0	Х								
Robert Smoldt Trustee	2 0	x								
Martha Walsh SC RN Trustee	2 0	х								
Colleen Blye CPA EVP FIN/INTG SRVC & CFO/TREAS	60 0			х				1,034,338		154,237
Susanna Laundy INTERIM SVP & CFO/TREASURER	60 0			x				440,480		31,811
Mitch Melfi ESQ SVP LEGAL SRVC&GEN COUNSEL/SEC	60 0			х				745,997		116,217
Joyce Ross SVP COMMUNICATIONS/ASST SEC	60 0			х				433,621		54,667
Michael Rowan FA CHE EVP & CHIEF OPERATING OFFICER	60 0			Х				1,315,743		184,636
Lynn Smith Assistant Secretary	400			х				78,032		15,186
DEAN Swindle CPA EVP BUS SRVC AND CFO/TREAS	60 0			х						
John DiCola SVP STRATEGY & BUS DEVELOPMENT	60 0				х			730,610		135,191
Philip Foster SVP & CHIEF RISK OFFICER	60 0				х			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	A verage Position (check all hours that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Thomas Kopfensteiner STD SVP MISSION	60 0				х			634,672		102,921
Phillip Mears JD SVP SUPPLY CHAIN	60 0				х			382,367		47,873
Stephen Moore MD SVP AND CHIEF MEDICAL OFFICER	60 0				х			586,402		98,346
Michael O'Rourke SVP& CHIEF INFORMATION OFFICER	60 0				х			634,671		72,839
Herbert Vallier SVP AND CHIEF HR OFFICER	60 0				х			797,285		40,973
KATHLEEN SANFORD RN DBA FACHE SVP AND CHIEF NURSING OFFICER	60 0				х			528,039		86,034
DAVID GOODE FACHE SVP GROUP EXECUTIVE OFFICER	60 0					Х		1,033,054		43,467
LESLIE HIRSCH MBO CEO	60 0					х		1,551,904		96,019
Mary Elizabeth O'Brien SVP GROUP EXECUTIVE OFFICER	60 0					Х		721,669		78,185
DAVID VELLINGA MBO CEO	60 0					Х		794,758		86,636
Joseph Wilczek MBO CEO	60 0					х		1,008,685		97,641
Michael Fordyce FORMER CAO							х	622,417		62,983
Paul Neumann FORMER GEN COUNSEL/SECRETARY							х	403,538		41,389
John NEWTON JR FORMER GEN COUNSEL/SECRETARY							х	362,742		38,596
John Anderson FORMER SVP & CHIEF MED OFFICER							Х	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

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(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	