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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.

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 12/26, 2010, and ending 06/30, 20 11

B Check if applicable:
- [ ] Address change
- [ ] Name change
- [X] Initial return
- [ ] Terminated
- [ ] Amended return
- [ ] Application pending

C Name of organization: CHI HEALTH CONNECT AT HOME - FARGO

Doing Business As:

Number and street (or P O box if mail is not delivered to street address): 4816 AMBER VALLEY PARKWAY SOUTH

Room/suite:

City or town, state or country, and ZIP + 4: FARGO, ND 58104

D Employer identification number: 27-1966847

E Telephone number: (701) 237-8139

G Gross receipts $ 4,459,874.

F Name and address of principal officer: MARGARET NELSON
4816 AMBER VALLEY PARKWAY FARGO, ND 58104

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) Are all affiliates included? [ ] Yes [ ] No

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

H(c) Group exemption number ▶

I Tax-exempt status: [X] 501(c)(3) [ ] 501(c)( ) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ N/A

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation: 2010 M State of legal domicile: MN

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IRS-OSC

Part I Summary

1 Briefly describe the organization's mission or most significant activities.
PROVIDE HOME HEALTH AND HOSPICE SERVICES TO PATIENTS LOCATED IN VARIOUS COMMUNITIES IN NORTH DAKOTA, MINNESOTA AND SOUTH DAKOTA.

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	12.
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10.
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	0.
6	Total number of volunteers (estimate if necessary)	6	10.
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	0.	236,208.
9	Program service revenue (Part VIII, line 2g)	0.	4,221,107.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	2,559.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	4,459,874.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	2,959,937.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	0.	2,000,068.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	0.	4,960,005.
19	Revenue less expenses Subtract line 18 from line 12	0.	-500,131.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	0.	9,215,338.
21	Total liabilities (Part X, line 26)	0.	9,719,373.
22	Net assets or fund balances Subtract line 21 from line 20	0.	-504,035.

Part II Signature Block

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

Sign Here

▶ Signature of officer: Margaret A Nelson — Date: 4-17-12

▶ Type or print name and title: Margaret A. Nelson Executive Director — Date: 4-17-12

Paid Preparer Use Only

Print/Type preparer's name: MARK STOCKI	Preparer's signature	Date: 4/9/12	Check if self-employed ▶ [ ]	PTIN: P00642127
Firm's name ▶ CATHOLIC HEALTH INITIATIVES			Firm's EIN ▶ 47-0617373	
Firm's address ▶ 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112			Phone no. 720-874-1500	

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

For Paperwork Reduction Act Notice, see the separate Instructions. Form **990** (2010)

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Part III **Statement of Program Service Accomplishments**
Check if Schedule O contains a response to any question in this Part III X

1 Briefly describe the organization's mission
ATTACHMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O

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

4a (Code _____) (Expenses $ 4,239,948 including grants of $ _____) (Revenue $ 4,221,107.)
SEE SCHEDULE O

4b (Code _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4c (Code _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4d Other program services (Describe in Schedule O)
(Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4e **Total program service expenses** ▶ 4,239,948.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	X	
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		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
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		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments—othersecurities 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*	11b		X
c	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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, Parts I and IV*	14b		X
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 United States? *If "Yes," complete Schedule F, Parts II and IV*	15		X
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 United States? *If "Yes," complete Schedule F, Parts III and IV*	16		X
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 (see instructions)*	17		X
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		X
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		X
20 a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
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		X
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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 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	X	
24 a	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 lines 24b through 24d and complete Schedule K If "No," go to line 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	**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		X
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		X
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		X
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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
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		X
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		X
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	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	X	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* [X] Yes [ ] No			
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		X
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	**Section 501(c)(7) organizations.** Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	**Section 501(c)(12) organizations.** Enter			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b			
c	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	14b		

Part VI Governance, Management, and Disclosure *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions*

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	12		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	10		
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			X
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			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Does the organization have members or stockholders?	6		X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
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			X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c	X	
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ DEANNA KAINZ 4816 AMBER VALLEY PARKWAY SOUTH FARGO, ND 58104
701-237-8139

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any. 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, and 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RUEBEN WEIGELT BOARD MEMBER	1.00	X								
(2) AMY BALLARD BOARD MEMBER	1.00	X								
(3) WES WELL CHAIRPERSON	1.00	X		X						
(4) BRENDA LANGERUD SECRETARY	1.00	X		X						
(5) SR. STELLA OLSON VICE CHAIRPERSON	1.00	X		X						
(6) LAURIE FURSETH BOARD MEMBER	1.00	X								
(7) SIMONE SANDBERG BOARD MEMBER	1.00	X								
(8) THOMAS MILLER BOARD MEMBER	1.00	X								
(9) MIKE LEFOR TREASURER	1.00	X		X						
(10) ROBERT MILLER BOARD MEMBER	1.00	X								
(11) HARNATH HOLMES BOARD MEMBER	1.00	X						0.	248,962.	65,859.
(12) JEFFREY DROP BOARD MEMBER	1.00	X						0.	684,808.	74,336.
(13) DOUGLAS HARILDSTAD BOARD MEMBER	1.00	X								
(14) BRUCE BURTON BOARD MEMBER	1.00	X								
(15) JANA BERNDT BOARD MEMBER	1.00	X								
(16) RONALD TEDROW BOARD MEMBER	1.00	X								

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(17) SR. BERNICE EBNER BOARD MEMBER	1.00	X								
(18) MARGARET NELSON EXECUTIVE DIRECTOR	40.00			X				0.	241,198.	39,597.
(19) DEANNA KAINZ CONTROLLER	45.00			X				0.	47,827.	4,978.
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
1b Sub-total ▶								0.	1,222,795.	184,770.
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								0.	1,222,795.	184,770.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 0

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 0

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	126,147.				
	e Government grants (contributions)	1e	55,341				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	54,720				
	g Noncash contributions included in lines 1a-1f $ 25,074						
	h Total. Add lines 1a-1f			236,208			
Program Service Revenue		Business Code					
	2a PATIENT SERVICES	900099		4,002,683.	4,002,683		
	b INTERCOMPANY REVENUE	900099		196,076	196,076.		
	c OTHER PROGRAM SERVICE REVENUE	900099		22,348	22,348.		
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			4,221,107.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			0			
	4 Income from investment of tax-exempt bond proceeds			0.			
	5 Royalties			0.			
		(i) Real	(ii) Personal				
	6a Gross Rents						
	b Less rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)			0.			
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory						
	b Less cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)			0			
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 a						
	b Less direct expenses b						
	c Net income or (loss) from fundraising events			0			
	9a Gross income from gaming activities See Part IV, line 19 a						
	b Less direct expenses b						
	c Net income or (loss) from gaming activities			0.			
	10a Gross sales of inventory, less returns and allowances a						
	b Less cost of goods sold b						
	c Net income or (loss) from sales of inventory			0.			
	Miscellaneous Revenue	Business Code					
	11a MISCELLANEOUS REVENUE	900099		2,559			2,559.
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			2,559			
	12 Total revenue. See instructions			4,459,874.	4,221,107.		2,559.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0.			
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	0.			
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	2,340,848.	1,815,700.	525,148.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	87,042.	87,042.		
9 Other employee benefits	342,290.	266,986.	75,304.	
10 Payroll taxes	189,757.	178,095.	11,662.	
11 Fees for services (non-employees)				
a Management	0.			
b Legal	0.			
c Accounting	0.			
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17	0.			
f Investment management fees	0.			
g Other	1,190,435.	1,190,435.		
12 Advertising and promotion	0.			
13 Office expenses	232,021.	228,614.	3,407.	
14 Information technology	210.	210.		
15 Royalties	0.			
16 Occupancy	63,073.	63,073.		
17 Travel	138,552.	125,221.	13,331.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	1,130.	1,067.	63.	
20 Interest	7,531.	7,531.		
21 Payments to affiliates	78,000.		78,000.	
22 Depreciation, depletion, and amortization	225,634.	216,609.	9,025.	
23 Insurance	1,120.	1,120.		
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a EDUCATION	12,221.	8,793.	3,428.	
b DUES & SUBSCRIPTIONS	14,904.	14,734.	170.	
c RECRUITMENT AND RELOCATION	5,056.	5,056.		
d REPAIRS AND MAINTENANCE	10,950.	10,950.		
e MISCELLANEOUS EXPENSES	19,231.	18,712.	519.	
f All other expenses				
25 Total functional expenses Add lines 1 through 24f	4,960,005.	4,239,948.	720,057.	0.
26 Joint Costs. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments		0.	2	89,492.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		0.	4	8,422,384.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		0.	9	2,300.
	10a	Land, buildings, and equipment. cost or other basis Complete Part VI of Schedule D	10a 926,035.			
	b	Less accumulated depreciation	10b 225,634.	0.	10c	700,401.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities See Part IV, line 11			12	
	13	Investments - program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		0.	15	761.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		0.	16	9,215,338.
Liabilities	17	Accounts payable and accrued expenses		0.	17	775,491.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		0.	25	8,943,882.
	26	**Total liabilities.** Add lines 17 through 25		0.	26	9,719,373.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		0.	27	-577,745.
	28	Temporarily restricted net assets		0.	28	73,710.
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		0.	33	-504,035.
	34	Total liabilities and net assets/fund balances		0.	34	9,215,338.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,459,874.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,960,005.
3	Revenue less expenses Subtract line 2 from line 1	3	-500,131.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	0.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-3,904.
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	-504,035.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to line 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	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and 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		X
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		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization	**Employer identification number**
CHI HEALTH CONNECT AT HOME - FARGO	27-1966847

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

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

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

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

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

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

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

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

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

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

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

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

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

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

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

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

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

		Yes	No
(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 supported organization?	11g(i)		
(ii) A family member of a person described in (i) above?	11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		

h Provide the following information about the supported organization(s)

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) 12

13 **First five years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) . . . . . 14 %

15 Public support percentage from 2009 Schedule A, Part II, line 14 . . . . . 15 %

16a **33 1/3 % support test - 2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33 1/3 % support test - 2009.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test - 2010.** If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test - 2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization . . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ ☐

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")					236,208.	236,208.
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					4,025,031	4,025,031.
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					4,261,239.	4,261,239.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						4,261,239

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6					4,261,239.	4,261,239.
10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) ATCH 1					198,635.	198,635
13 **Total support.** (Add lines 9, 10c, 11, and 12)					4,459,874.	4,459,874

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ [X]

Section C. Computation of Public Support Percentage

15	Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2009** Schedule A, Part III, line 17	18	%

19 a **33 1/3 % support tests - 2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here** The organization qualifies as a publicly supported organization ▶ [ ]

b **33 1/3 % support tests - 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here** The organization qualifies as a publicly supported organization ▶ [ ]

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ [ ]

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

ATTACHMENT 1

SCHEDULE A, PART III - OTHER INCOME

DESCRIPTION	2006	2007	2008	2009	2010	TOTAL
INTERCOMPANY ALLOCATION					196,076.	196,076.
MISCELLANEOUS REVENUE					2,559.	2,559.
TOTAL					198,635.	198,635.

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

CHI HEALTH CONNECT AT HOME - FARGO

Employer identification number

27-1966847

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e g , recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

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

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

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

b Assets included in Form 990, Part X ▶ $

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

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

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ _____ %
c Term endowment ▶ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		180,662.	64,179.	116,483.
d Equipment		745,373.	161,455.	583,918.
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				700,401.

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	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) INTERCOMPANY PAYABLE	5,295,699.
(3) CHI CASH MANAGEMENT	3,646,493.
(4) FUNDSTRACT INTEREST	1,690.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	8,943,882.

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, 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

SEE PAGE 5

Part XIV Supplemental Information *(continued)*

FIN 48 (ASC 740) FOOTNOTE

SCH D, PART X, Q. 2

CHI HEALTH CONNECT AT HOME-FARGO'S FINANCIAL INFORMATION IS INCLUDED IN THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF CATHOLIC HEALTH INITIATIVES (CHI), A RELATED ORGANIZATION. CHI'S FIN 48 (ASC 740) FOOTNOTE FOR THE YEAR ENDED JUNE 30, 2011 READS AS FOLLOWS:

"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. AS OF JUNE 30, 2011, CHI HAS CURRENT NET DEFERRED TAX ASSETS OF $2.1 MILLION AND A NONCURRENT NET DEFERRED TAX LIABILITY OF $5.4 MILLION RELATED TO THESE TAXABLE ACTIVITIES.

MANAGEMENT REVIEWS ITS TAX POSITIONS ANNUALLY AND HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION IN THE CONSOLIDATED FINANCIAL STATEMENTS."

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.** ▶**See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

CHI HEALTH CONNECT AT HOME - FARGO

Employer identification number

27-1966847

Part I Questions Regarding Compensation

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

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 HARNATH HOLMES	(i)	0.	0.	0.	0.	0.	0.	
	(ii)	237,095.	11,059.	808.	20,228.	45,631.	314,821.	
2 JEFFREY DROP	(i)	0.	0.	0.	0.	0.	0.	
	(ii)	349,509.	146,330.	188,969.	53,996.	20,340.	759,144.	
3 MARGARET NELSON	(i)	0.	0.	0.	0.	0.	0.	
	(ii)	155,523.	40,820.	44,855.	21,284.	18,313.	280,795.	
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

METHODS USED TO ESTABLISH CEO COMPENSATION

SCH J, PART I, Q. 3

COMPENSATION FOR THE TOP MANAGEMENT OFFICIAL WAS ESTABLISHED AND PAID BY CATHOLIC HEALTH INITIATIVES (CHI), A RELATED ORGANIZATION. CHI USED THE FOLLOWING TO ESTABLISH THE TOP MANAGEMENT OFFICIAL'S COMPENSATION: (1) COMPENSATION COMMITTEE; (2) INDEPENDENT COMPENSATION CONSULTANT; (3) WRITTEN EMPLOYMENT CONTRACTS; (4) COMPENSATION SURVEY OR STUDY; (5) APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE.

POST-TERMINATION PAYMENTS

SCH J, PART I, Q. 4A

POST-TERMINATION PAYMENTS ARE ADDRESSED IN EXECUTIVE EMPLOYMENT AGREEMENTS FOR CATHOLIC HEALTH INITIATIVES ("CHI") AND RELATED ORGANIZATIONS' EMPLOYEES AT THE LEVEL OF VICE PRESIDENT AND ABOVE, INCLUDING THE MBO CEOS. THESE EMPLOYMENT AGREEMENTS REQUIRE THAT IN ORDER FOR THE EXECUTIVE TO RECEIVE POST-TERMINATION PAYMENTS, THESE INDIVIDUALS MUST EXECUTE A GENERAL RELEASE AND SETTLEMENT AGREEMENT. POST-TERMINATION PAYMENT ARRANGEMENTS ARE PERIODICALLY REVIEWED FOR OVERALL REASONABLENESS IN LIGHT OF THE EXECUTIVE'S OVERALL COMPENSATION

Part III Supplemental Information

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

PACKAGE.

SUPPLEMENTAL NON-QUALIFIED DEFERRED COMPENSATION

SCH J, PART I, Q. 4B

DURING THE 2010 CALENDAR YEAR CATHOLIC HEALTH INITIATIVES ("CHI"), A RELATED ORGANIZATION, MAINTAINED A SUPPLEMENTAL NON-QUALIFIED DEFERRED COMPENSATION PLAN FOR MBO CEOS AND OTHER CHI EMPLOYEES AT THE LEVEL OF SENIOR VICE PRESIDENT AND ABOVE. THE FOLLOWING REPORTABLE INDIVIDUALS WERE ELIGIBLE TO PARTICIPATE IN THAT PLAN: JEFFREY DROP AND MARGARET NELSON.

DURING 2010 THE FOLLOWING CONTRIBUTIONS WERE MADE BY CHI TO THE DEFERRED COMPENSATION PLAN:

JEFFREY DROP	$28,868
MARGARET NELSON	$14,821

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2010

Open To Public Inspection

Name of the organization
CHI HEALTH CONNECT AT HOME - FARGO

Employer identification number
27-1966847

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles	X	1.	12,713.	COST
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶(ATCH 1)		12.	12,361.	
26	Other ▶( )				
27	Other ▶( )				
28	Other ▶( )				

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29		0.

			Yes	No
30 a	During the year, did the organization receive by contribution any property reported in Part I, line 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		X
32 a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
FURNITURE & EQUIPMENT	X	9.	8,207.	COST
REFRIGERATOR	X	1.	2,127.	COST
COPIER MACHINE	X	1.	538.	COST
PRINTER	X	1.	1,489.	COST
TOTALS		12.	12,361.	

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
CHI HEALTH CONNECT AT HOME - FARGO

Employer identification number
27-1966847

STATEMENT OF PROGRAM SERVICES

FORM 990, PART III, Q. 4A

CHI HEALTH CONNECT AT HOME-FARGO, A MINNESOTA NONPROFIT CORPORATION, WAS CREATED TO PROVIDE HOME CARE SERVICES IN VARIOUS COMMUNITIES THROUGHOUT NORTH DAKOTA, MINNESOTA AND SOUTH DAKOTA BY CONSOLIDATING SEVERAL EXISTING HOME HEALTH PRACTICES INTO ONE ORGANIZATION IN ORDER TO PROVIDE BETTER COORDINATED CARE. THE BUSINESS IS STRUCTURED TO GAIN ECONOMIC EFFICIENCIES IN THEIR LOCAL COMMUNITIES BY RELIANCE ON A CENTRALIZED BUSINESS OFFICE LOCATED IN FARGO, ND THAT PROVIDES LEADERSHIP AND SUPPORT IN THE AREAS OF FINANCE, HUMAN RESOURCES, MARKETING, AND QUALITY.

CHI HEALTH CONNECT AT HOME-FARGO HAS LOCAL AGENCIES IN 10 COMMUNITIES ACROSS THE REGION, AND FY11 WAS PRIMARILY A TRANSITION YEAR FROM UNDER THE OPERATION AS DEPARTMENTS WITH CHI HOSPITALS, INTO A SEPARATE HOMECARE ENTITY. FY11 WAS AN ATYPICAL YEAR OF OPERATIONS, DUE TO THE GOVERNMENTAL AND ADMINISTRATIVE DELAYS ASSOCIATED WITH THE OFFICIAL CHANGE OF OWNERSHIP OF THE PROVIDER NUMBERS, AS WELL AS IMPLEMENTATION OF A NEW ELECTRONIC SYSTEM FOR CLINICAL DOCUMENTATION AND BILLING. ALL OF THIS, WHILE CONTINUING TO PRIORITIZE PATIENT SATISFACTION AND PROVIDE UNINTERRUPTED CARE AND SERVICES, WAS ESPECIALLY CHALLENGING.

ORGANIZATION'S CORPORATE MEMBERS/ STOCKHOLDERS

FORM 990, PART VI, Q. 6

ACCORDING TO THE BYLAWS OF CHI HEALTH CONNECT AT HOME-FARGO, THE ENTITY'S

Name of the organization: CHI HEALTH CONNECT AT HOME - FARGO
Employer identification number: 27-1966847

SOLE MEMBER IS CATHOLIC HEALTH INITIATIVES, A COLORADO NONPROFIT CORPORATION.

MEMBERS/STOCKHOLDERS ELECTING GOVERNING BODY

FORM 990, PART VI, Q. 7A

ACCORDING TO THE ORGANIZATION'S BYLAWS, DIRECTORS SHALL BE APPOINTED OR REFUSED BY THE CORPORATE MEMBER. THE CORPORATE MEMBER MAY APPOINT ONE OR MORE INDIVIDUALS TO THE BOARD OF DIRECTORS, AND MAY AT ANY TIME REMOVE, WITH OR WITHOUT CAUSE, ANY MEMBER OF THE BOARD OF DIRECTORS.

ACCORDING TO THE ORGANIZATION'S BYLAWS, DIRECTORS OF THE CORPORATION SHALL BE APPOINTED BY THE CORPORATE MEMBER NO LATER THAN JUNE 30 OF EACH YEAR. THE NAMES AND QUALIFICATIONS OF EACH INDIVIDUAL ACCEPTED BY THE BOARD OF DIRECTORS SHALL BE SUBMITTED TO THE CORPORATE MEMBER, WHO SHALL APPOINT OR REFUSE EACH NOMINEE IN ACCORDANCE WITH THE CORPORATE MEMBER'S BYLAWS AND WITH ENDORSEMENT OF THE EXECUTIVE VICE PRESIDENT AND CHIEF OPERATING OFFICER.

THE CORPORATE MEMBER MAY UNILATERALLY APPOINT ONE OR MORE INDIVIDUALS TO THE BOARD OF DIRECTORS SHOULD THE BOARD FAIL TO FURNISH THE CORPORATE MEMBER WITH A LIST OF INDIVIDUALS QUALIFIED TO SERVE ON THE BOARD OF DIRECTORS OF THE CORPORATION.

APPROVAL OF GOVERNING BODY DECISIONS BY MEMBERS/STOCKHOLDERS

FORM 990, PART VI, Q. 7B

THE ORGANIZATION'S CORPORATE MEMBER IS CATHOLIC HEALTH INITIATIVES

Name of the organization	Employer identification number
CHI HEALTH CONNECT AT HOME - FARGO	27-1966847

("CHI"). PURSUANT TO SECTION 5.4.1 OF THE ORGANIZATION'S BYLAWS, THE CORPORATE MEMBER SHALL HAVE THE SPECIFIC RIGHTS SET FORTH IN THE GOVERNANCE MATRIX.

PURSUANT TO THE GOVERNANCE MATRIX THE FOLLOWING RIGHTS ARE RESERVED TO THE CHI BOARD DIRECTLY OR THROUGH POWERS DELEGATED TO THE CHI CHIEF EXECUTIVE OFFICER:

- SUBSTANTIAL CHANGE IN THE MISSION OR PHILOSOPHY OF CHI HEALTH CONNECT AT HOME-FARGO
- AMENDMENT OF THE CORPORATE DOCUMENTS OF CHI HEALTH CONNECT AT HOME-FARGO
- APPROVE MEMBERS OF THE CHI HEALTH CONNECT AT HOME-FARGO BOARD
- REMOVAL OF A MEMBER OF THE GOVERNING BODY OF CHI HEALTH CONNECT AT HOME-FARGO
- APPROVAL OF ISSUANCE OF DEBT BY CHI HEALTH CONNECT AT HOME-FARGO
- APPROVAL OF PARTICIPATION OF CHI HEALTH CONNECT AT HOME-FARGO IN A JOINT VENTURE
- APPROVAL OF FORMATION OF A NEW CORPORATION BY CHI HEALTH CONNECT AT HOME-FARGO
- APPROVAL OF A MERGER INVOLVING CHI HEALTH CONNECT AT HOME-FARGO
- APPROVAL OF THE SALE OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF CHI HEALTH CONNECT AT HOME-FARGO
- TO REQUIRE THE TRANSFER OF ASSETS BY CHI HEALTH CONNECT AT HOME-FARGO TO CHI TO ACCOMPLISH CHI'S GOALS AND OBJECTIVES, AND TO SATISFY CHI

Name of the organization: CHI HEALTH CONNECT AT HOME - FARGO

Employer identification number: 27-1966847

DEBTS.

- ADOPTION OF LONG RANGE AND STRATEGIC PLANS FOR CHI HEALTH CONNECT AT HOME-FARGO

PURSUANT TO SECTION 5.5.2 OF THE ORGANIZATION'S BYLAWS, CHI MAY, IN EXERCISE OF ITS APPROVAL POWERS, GRANT OR WITHHOLD APPROVAL IN WHOLE OR IN PART, OR MAY, IN ITS COMPLETE DISCRETION, AFTER CONSULTATION WITH THE BOARD AND THE EXECUTIVE DIRECTOR OF THE ORGANIZATION, RECOMMEND SUCH OTHER OR DIFFERENT ACTIONS AS IT DEEMS APPROPRIATE.

PROCESS ORGANIZATION USES TO REVIEW THE FORM 990

FORM 990, PART VI, Q. 11B

ONCE THE RETURN IS PREPARED, THE RETURN IS PRESENTED TO THE BOARD AT A BOARD MEETING OR AN ELECTRONIC COPY OF THE RETURN IS SENT TO EACH BOARD MEMBER BY EMAIL. SUBSEQUENTLY, THE TAX DEPARTMENT FILES THE RETURN WITH THE APPROPRIATE FEDERAL AND STATE AGENCIES, MAKING ANY NON-SUBSTANTIVE CHANGES NECESSARY TO EFFECT E-FILING. ANY SUCH CHANGES ARE NOT RE-SUBMITTED TO THE BOARD.

PROCEDURES FOR MONITORING AND ENFORCING THE COI POLICY

FORM 990, PART VI, Q. 12C

EACH EMPLOYEE MUST PROMPTLY AND FULLY REPORT TO THE EMPLOYEE'S DIRECT MANAGER OR SUPERVISOR ANY SITUATION OR CIRCUMSTANCE THAT MAY CREATE A CONFLICT OF INTEREST. THE EMPLOYEE MUST REPORT THE ACTUAL OR POTENTIAL CONFLICT AS SOON AS POSSIBLE AS THE EMPLOYEE BECOMES AWARE OF IT. IN ANY SITUATION WHERE THE EMPLOYEE MAY BE IN DOUBT, THE EMPLOYEE IS TO MAKE

Name of the organization: CHI HEALTH CONNECT AT HOME - FARGO
Employer identification number: 27-1966847

FULL DISCLOSURE SO AS TO PERMIT AN IMPARTIAL AND OBJECTIVE DETERMINATION TO BE MADE.

ANY QUESTION ABOUT AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST SHOULD FIRST BE PRESENTED BY THE EMPLOYEE TO THE EMPLOYEE'S DIRECT MANAGER OR SUPERVISOR FOR REVIEW AND DETERMINATION. IF THE EMPLOYEE DOES NOT IDENTIFY OR RECOGNIZE THE CONFLICT OR THE NEED TO REQUEST A REVIEW, THE MANAGER, WHO BECOMES AWARE OF A SITUATION THAT INVOLVES THE EMPLOYEE AND PRESENTS AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST, SHOULD MAKE A DETERMINATION AND ADVISE THE EMPLOYEE OF THE SAME.

AMONG THE FACTORS THAT SHOULD BE CONSIDERED IN DETERMINING WHETHER A CONFLICT EXISTS ARE THE NATURE AND MAGNITUDE OF THE OPPORTUNITY, TRANSACTION OR ARRANGEMENT, THE DEGREE TO WHICH IT IS RELATED TO CHI'S BUSINESS, WHETHER THE INDIVIDUAL WITH THE CONFLICT IS THE ULTIMATE DECISION MAKER OR HOLDS SIGNIFICANT INFLUENCE OVER THE ULTIMATE DECISION MAKER, THE UNIQUE NATURE OF THE OPPORTUNITY, TRANSACTION OR ARRANGEMENT, THE EXISTENCE OF OTHER VIABLE ALTERNATIVES AND THE QUALITY OF THOSE ALTERNATIVES, AND WHAT IS CUSTOMARY AND REASONABLE IN THE HEALTHCARE INDUSTRY.

WRITTEN WHISTLEBLOWER POLICY

FORM 990, PART VI, Q. 13

THE WHISTLEBLOWER POLICY FOR CHI HEALTH CONNECT AT HOME-FARGO HAS NOT BEEN FORMALLY ADOPTED BY THE BOARD OF DIRECTORS. HOWEVER, CATHOLIC HEALTH INITIATIVE'S, THE SOLE CORPORATE MEMBER, POSITION REGARDING

Name of the organization	Employer identification number
CHI HEALTH CONNECT AT HOME - FARGO	27-1966847

WHISTLEBLOWERS IS CONTAINED IN THE "OUR VALUES AND ETHICS AT WORK REFERENCE GUIDE."

THE WHISTLEBLOWER PROCESS IN THE REFERENCE GUIDE READS AS FOLLOWS:

"RIGHTS OF EMPLOYEES, CONTRACTORS AND AGENTS TO BE PROTECTED AS WHISTLEBLOWERS UNDER THE FALSE CLAIMS ACT - FEDERAL AND MANY STATE FALSE CLAIMS ACTS PROTECT EMPLOYEES FROM RETALIATION IF THEY, IN GOOD FAITH, REPORT FRAUD. EMPLOYEES ARE PROTECTED AGAINST RETALIATION SUCH AS BEING FIRED, DEMOTED, THREATENED OR HARASSED AS A RESULT OF FILING A FALSE CLAIMS ACT LAWSUIT. AN EMPLOYEE WHO SUFFERS RETALIATION CAN SUE, MAY RECEIVE UP TO TWICE HIS/HER BACK PAY, PLUS INTEREST; REINSTATEMENT AT THE SENIORITY LEVEL THEY WOULD HAVE HAD IF NOT FOR THE RETALIATION; AND COMPENSATION FOR COSTS OR DAMAGES.

AMENDMENTS TO THE FEDERAL FALSE CLAIMS ACT IN 2009 EXTEND WHISTLEBLOWER PROTECTIONS BEYOND EMPLOYEES BY ALSO SAFEGUARDING CONTRACTORS AND AGENTS FROM RETALIATION FOR INVESTIGATING OR PREVENTING A POTENTIAL FALSE CLAIM."

DOCUMENT RETENTION AND DESTRUCTION POLICY

FORM 990, PART VI, Q. 14

THE DOCUMENT RETENTION AND DESTRUCTION POLICY FOR CHI HEALTH CONNECT AT HOME-FARGO HAS NOT BEEN FORMALLY ADOPTED BY THE BOARD OF DIRECTORS. FORMAL ADOPTION PLANS WILL BE IMPLEMENTED IN THE FOLLOWING FILING YEAR.

Name of the organization	Employer identification number
CHI HEALTH CONNECT AT HOME - FARGO	27-1966847

PROCESS FOR DETERMINING TOP MANAGEMENT OFFICIAL'S COMPENSATION

FORM 990, PART VI, Q. 15A

THE ORGANIZATION'S TOP MANAGEMENT OFFICIAL'S COMPENSATION IS PAID BY CHI. CHI HAS A DEFINED COMPENSATION PHILOSOPHY. BOTH THE EXECUTIVE AND NON-EXECUTIVE COMPENSATION STRUCTURES AND RANGES ARE REVIEWED ANNUALLY IN COMPARISON TO MARKET DATA.

CHI USES THE HAY GROUP AS THE INDEPENDENT THIRD PARTY TO ASSESS EXECUTIVE COMPENSATION PROGRAMS AND TO ENSURE THE REASONABLENESS OF ACTUAL SALARIES AND TOTAL COMPENSATION PACKAGES. COMPENSATION OF THE SENIOR 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 STEWARDSHIP TRUSTEES ANNUALLY AT THEIR SEPTEMBER MEETING AND MINUTES ARE SHARED WITH THE FULL BOARD AT THE DECEMBER MEETING. THE LAST REVIEW WAS SEPTEMBER, 2011.

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.

PROCESS FOR DETERMINING COMPENSATION - OFFICERS/KEY EMPLOYEES

FORM 990, PART VI, Q. 15B

DURING THE TAX YEAR ENDED 6/30/11, NO OFFICERS, DIRECTORS, OR TRUSTEES RECEIVED COMPENSATION FROM THE ORGANIZATION. ANY EXECUTIVE COMPENSATION

Name of the organization	Employer identification number
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PAID TO OFFICERS, DIRECTORS OR TRUSTEES BY RELATED ORGANIZATIONS WAS SET BY A COMPENSATION COMMITTEE UTILIZING AN INDEPENDENT CONSULTANT AND COMPARABILITY STUDIES AND THE APPROPRIATE OVERSIGHT TO DETERMINE COMPENSATION.

PUBLIC INSPECTION OF DOCUMENTS

FORM 990, PART VI, Q. 19

THE ORGANIZATION'S FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. THE ORGANIZATION'S FINANCIAL STATEMENTS ARE INCLUDED IN CATHOLIC HEALTH INITIATIVES' CONSOLIDATED AUDITED FINANCIAL STATEMENTS THAT ARE AVAILABLE AT WWW.CATHOLICHEALTHINIT.ORG OR AT WWW.DACBOND.ORG.

ESTIMATE OF HOURS

FORM 990, PART VII

COMPENSATION REPORTED ON FORM 990, PART VII WAS PAID TO THESE INDIVIDUALS BY RELATED OGANIZATIONS IN EXCHANGE FOR THE FULFILLMENT OF THEIR DUTIES AS FULL-TIME, 60 HOUR PER WEEK EMPLOYEES.

OTHER CHANGES IN NET ASSETS

FORM 990, PART XI, Q. 5

ASSETS RELEASED FROM RESTRICTION (3,904)

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE ORGANIZATION'S MISSION IS TO NURTURE THE HEALING MINISTRY OF THE CHURCH BY BRINGING IT NEW LIFE, ENERGY AND VIABILITY IN THE 21ST CENTURY. FIDELITY TO THE GOSPEL URGES US TO EMPHASIZE HUMAN DIGNITY

Name of the organization: CHI HEALTH CONNECT AT HOME - FARGO

Employer identification number: 27-1966847

ATTACHMENT 1 (CONT'D)

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

AND SOCIAL JUSTICE AS WE MOVE TOWARD THE CREATION OF HEALTHIER

COMMUNITIES.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2010

Open to Public Inspection

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Employer identification number
27-1966847

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) CATHOLIC HEALTH INITIATIVES 47-0617373 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112	HEALTHCARE	CO	501(C)(3)	9	CHI	X	
(2) BORNEMANN HEALTH CORPORATION 23-2187242 2500 BERNVILLE ROAD, PO BOX 31 READING, PA 19603	HEALTHCARE	PA	501(C)(3)	11A	CHI	X	
(3) CHI INSTITUTE FOR RESEARCH AND INNOVATIO 27-1050565 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112	HEALTHCARE	CO	501(C)(3)	11A	CHI	X	
(4) CHI NATIONAL FOUNDATION 27-0930004 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112	FUNDRAISING	CO	501(C)(3)	11A	CHI	X	
(5) CHI NATIONAL SERVICES 45-2532084 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112	HEALTHCARE	CO	501(C)(3)	9	CHI	X	
(6) CHI NATIONAL HOME CARE 45-1261716 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112	HEALTHCARE	CO	501(C)(3)	11A	CHI	X	
(7) GLOBAL HEALTH INITIATIVES 20-1536108 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112	MINISTRIES	CO	501(C)(3)	11A	CHI	X	

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

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(1) ST. JOSEPH PHYSICIAN ENTERPRISES 52-1311775 7601 OSLER DRIVE TOWSON, MD 21204	PHYSICIANS	MD	501(C)(3)	11A	CHI	X	
(2) ST VINCENT INFIRMARY MEDICAL CENTER 71-0236917 #2 ST. VINCENT CIRCLE LITTLE ROCK, AR 72205	HEALTHCARE	AR	501(C)(3)	3	CHI	X	
(3) ST ANTHONY'S HOSPITAL ASSOCIATION 71-0245507 4 HOSPITAL DRIVE MORRILTON, AR 72110	HEALTHCARE	AR	501(C)(3)	3	SVIMC	X	
(4) ST. VINCENT FOUNDATION 51-0169537 TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205	FUNDRAISING	AR	501(C)(3)	11A	SVIMC	X	
(5) ST. VINCENT MEDICAL GROUP 71-0830696 #2 ST. VINCENT CIRCLE LITTLE ROCK, AR 72205	HEALTHCARE	AR	501(C)(3)	9	SVIMC	X	
(6) CHI COLORADO 84-0405257 188 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112	HEALTHCARE	CO	501(C)(3)	3	CHI	X	
(7) MERCY REGIONAL MEDICAL CENTER OF DURANGO 84-0405515 1010 THREE SPRINGS BLVD DURANGO, CO 81301	HEALTHCARE	CO	501(C)(3)	3	CHI	X	

SCHEDULE R (Form 990)

Department of the Treasury
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Related Organizations and Unrelated Partnerships

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(1) CATHOLIC HEALTH INITIATIVES COLORADO FOU 84-0902211 961 EAST COLORADO AVENUE COLORADO SPRINGS, CO 80903	FUNDRAISING	CO	501(C)(3)	7	CHI COLORADO	X	
(2) HEALTH S E.T 84-1102943 4200 WEST CONEJOS PLACE, #436 DENVER, CO 80204	LOW INC.CARE	CO	501(C)(3)	7	CHI COLORADO	X	
(3) PUEBLO STEPUP 84-1234295 1925 EAST ORMAN AVENUE, SUITE PUEBLO, CO 81004	COMMUNITY	CO	501(C)(3)	7	CHI	X	
(4) S.E.T. OF COLORADO SPRINGS, INC. 84-1183335 825 E. PIKES PEAK AVENUE, BLDG COLORADO SPRINGS, CO 80903	LTERM CARE	CO	501(C)(3)	7	CHI COLORADO	X	
(5) TOTAL HEALTHCARE 84-0927232 P O. BOX 7021 COLORADO SPRINGS, CO 80933	HEALTHCARE	CO	501(C)(3)	3	CHI COLORADO	X	
(6) CHI-IOWA, CORP 42-0680448 1111 6TH AVENUE DES MOINES, IA 50314	HEALTHCARE	IA	501(C)(3)	3	MHN	X	
(7) BISHOP DRUMM RETIREMENT CENTER 42-0725196 1111 6TH AVENUE DES MOINES, IA 50314	LTERM CARE	IA	501(C)(3)	9	CHI-IA CORP	X	

SCHEDULE R (Form 990)

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Related Organizations and Unrelated Partnerships

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(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) HOUSE OF MERCY 42-1323808 1111 6TH AVENUE DES MOINES, IA 50314	SHELTER	IA	501(C)(3)	7	CHI-IA CORP	X	
(2) MERCY CLINICS, INC. 42-1193699 1111 6TH AVENUE DES MOINES, IA 50314	PHYSICIAN	IA	501(C)(3)	9	CHI-IA CORP	X	
(3) MERCY COLLEGE OF HEALTH SCIENCES 42-1511682 1111 6TH AVENUE DES MOINES, IA 50314	EDUCATION	IA	501(C)(3)	2	CHI-IA CORP	X	
(4) MERCY FOUNDATION OF DES MOINES, IA 23-7358794 1111 6TH AVENUE DES MOINES, IA 50314	FUNDRAISING	IA	501(C)(3)	7	CHI-IA CORP	X	
(5) MERCY AUXILIARY OF CENTRAL IOWA 42-6076069 1111 6TH AVENUE DES MOINES, IA 50314	AUXILIARY	IA	501(C)(3)	11A	CHI-IA CORP	X	
(6) MERCY PROFESSIONAL PRACTICE ASSOCIATES, 42-1470935 1111 6TH AVENUE DES MOINES, IA 50314	PHYSICIAN	IA	501(C)(3)	9	CHI-IA CORP	X	
(7) MERCY MEDICAL CENTER - CENTERVILLE F/K/A 42-0680308 1 ST. JOSEPH'S DRIVE CENTERVILLE, IA 52544	HEALTHCARE	IA	501(C)(3)	3	CHI-IA CORP	X	

SCHEDULE R (Form 990)

Department of the Treasury
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Related Organizations and Unrelated Partnerships

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(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) ST. ROSE AMBULATORY AND SURGERY CENTER F 48-0543724 3515 BROADWAY GREAT BEND, KS 67530	SURGERY CNTR	KS	501(C)(3)	3	CHI	X	
(2) ST. CATHERINE HOSPITAL 48-0543721 401 EAST SPRUCE STREET GARDEN CITY, KS 67846	HEALTHCARE	KS	501(C)(3)	3	CHI	X	
(3) ST. CATHERINE HOSPITAL DEVELOPMENT FOUND 20-0598702 401 EAST SPRUCE STREET GARDEN CITY, KS 67846	FUNDRAISING	KS	501(C)(3)	11A	SCH	X	
(4) CHI KENTUCKY, INC 20-2741651 3900 OLYMPIC BLVD., SUITE 400 ERLANGER, KY 41018	HEALTHCARE	KY	501(C)(3)	11A	CHI	X	
(5) SAINT JOSEPH HEALTH SYSTEM, INC. 61-1334601 150 N. EAGLE CREEK DR. LEXINGTON, KY 40509	HEALTHCARE	KY	501(C)(3)	3	CHI	X	
(6) CONTINUING CARE HOSPITAL 61-1400619 150 NORTH EAGLE CREEK DRIVE LEXINGTON, KY 40509	LTACH	KY	501(C)(3)	3	SJHS	X	
(7) FLAGET HEALTHCARE, D/B/A FLAGET MEMORIAL 61-1345363 4305 NEW SHEPHERDSVILLE ROAD BARDSTOWN, KY 40004	HEALTHCARE	KY	501(C)(3)	3	CHI	X	

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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OMB No. 1545-0047

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(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) FLAGET MEMORIAL HOSPITAL FOUNDATION, INC 56-2351341 4305 NEW SHEPHERDSVILLE ROAD BARDSTOWN, KY 40004	FUNDRAISING	KY	501(C)(3)	11A	FH	X	
(2) SAINT JOSEPH LONDON FOUNDATION, INC. 26-0438748 310 EAST NINTH STREET LONDON, KY 40741	FUNDRAISING	KY	501(C)(3)	11A	SJHS	X	
(3) SAINT JOSEPH BEREA HOSPITAL FOUNDATION, 26-0152877 305 ESTILL STREET BEREA, KY 40403	FUNDRAISING	KY	501(C)(3)	7	SJHS	X	
(4) ST. JOSEPH HOSPITAL FOUNDATION, INC. 61-1159649 305 ESTILL STREET LEXINGTON, KY 40504	FUNDRAISING	KY	501(C)(3)	11A	SJHS	X	
(5) SAINT JOSEPH MEDICAL FOUNDATION, INC. 31-1539059 ONE ST JOSEPH DRIVE LEXINGTON, KY 40504	PHY PRACTICES	KY	501(C)(3)	3	SJHS	X	
(6) SAINT JOSEPH MOUNT STERLING FOUNDATION, 27-2884584 50 STERLING AVENUE MOUNT STERLING, KY 40353	FUNDRAISING	KY	501(C)(3)	7	SJHS	X	
(7) ST. JOSEPH MEDICAL CENTER, INC. 52-0591461 7601 OSLER DRIVE TOWSON, MD 21204	HEALTHCARE	MD	501(C)(3)	3	CHI	X	

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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(1) ST. JOSEPH MEDICAL CENTER FOUNDATION, IN 52-1681044 7601 OSLER DRIVE TOWSON, MD 21204	FUNDRAISING	MD	501(C)(3)	7	SJMC	X	
(2) ALVERNA APARTMENTS 41-1351177 300 SE 8TH AVENUE LITTLE FALLS, MN 56345	LTERM CARE	MN	501(C)(3)	9	CHI	X	
(3) LAKEWOOD HEALTH CENTER 41-0758434 600 MAIN AVENUE SOUTH BAUDETTE, MN 56623	LTERM CARE	MN	501(C)(3)	3	CHI	X	
(4) ST FRANCIS HOME 41-0729978 2400 ST. FRANCIS DRIVE BRECKENRIDGE, MN 56520	LTERM CARE	MN	501(C)(3)	9	CHI	X	
(5) APPLETREE COURT 41-1850500 601 OAK STREET BRECKENRIDGE, MN 56520	SENIOR HOMES	MN	501(C)(3)	9	SFH	X	
(6) ST. FRANCIS MEDICAL CENTER 41-0695598 2400 ST. FRANCIS DRIVE BRECKENRIDGE, MN 56520	HEALTHCARE	MN	501(C)(3)	3	CHI	X	
(7) HEALTHCARE AND WELLNESS FOUNDATION 76-0761782 2400 ST FRANCIS DRIVE BRECKENRIDGE, MN 56520	FUNDRAISING	MN	501(C)(3)	11A	SFMC	X	

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(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
(1)					
(2)					
(3)					
(4)					
(5)					
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Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) ST. JOSEPH'S AREA HEALTH SERVICES 41-0695603 600 PLEASANT AVENUE PARK RAPIDS, MN 56470	HEALTHCARE	MN	501(C)(3)	3	CHI	X	
(2) UNITY FAMILY HEALTHCARE 41-0721642 815 2ND STREET SE LITTLE FALLS, MN 56345	HEALTHCARE	MN	501(C)(3)	3	CHI	X	
(3) ST. JOHN'S REGIONAL MEDICAL CENTER 44-0545809 2727 MCCLELLAND BLVD JOPLIN, MO 64804	HEALTHCARE	MO	501(C)(3)	3	CHI	X	
(4) MERCY LIFECARE SYSTEMS 43-1305163 2727 MCCLELLAND BLVD JOPLIN, MO 64804	PROPERTY MGMT	MO	501(C)(3)	11A	SJRMC	X	
(5) MNMCH, INC. 48-1216238 220 NORTH PENNSYLVANIA COLUMBUS, KS 66725	HEALTHCARE	KS	501(C)(3)	3	SJRMC	X	
(6) ST. JOHN'S MEDICAL GROUP 43-1882377 2727 MCCLELLAND BLVD JOPLIN, MO 64804	PHYS PRACTICE	MO	501(C)(3)	9	SJRMC	X	
(7) ST. JOHN'S MERCY REGIONAL FOUNDATION 43-1308084 2727 MCCLELLAND BLVD JOPLIN, MO 64804	FUNDRAISING	MO	501(C)(3)	7	SJRMC	X	

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
CHI HEALTH CONNECT AT HOME - FARGO

Employer identification number
27-1966847

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(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) ALEGENT HEALTH - BERGAN MERCY HEALTH SYS 47-0484764 7500 MERCY ROAD OMAHA, NE 68124	HEALTHCARE	NE	501(C)(3)	3	CHI	X	
(2) ALEGENT HEALTH - MERCY HOSPITAL, CORNING 42-0782518 P.O. BOX 368 CORNING, IA 50841	HEALTHCARE	IA	501(C)(3)	3	AHBMHS	X	
(3) MERCY HEALTH CARE FOUNDATION 42-1461064 P O. BOX 368 CORNING, IA 50841	FUNDRAISING	NE	501(C)(3)	11A	AHMH	X	
(4) MERCY HOSPITAL FOUNDATION, COUNCIL BLUFF 42-1178204 800 MERCY DRIVE COUNCIL BLUFFS, IA 51503	FUNDRAISING	IA	501(C)(3)	11A	AHBMHS	X	
(5) CHI NEBRASKA 36-3233121 555 SOUTH 70TH STREET LINCOLN, NE 68510	HEALTHCARE	NE	501(C)(3)	11A	CHI	X	
(6) THE PHYSICIAN NETWORK 47-0780857 8055 O STREET, SUITE 300 LINCOLN, NE 68510	PHYS PRACTICE	NE	501(C)(3)	11A	CHI NEBRASKA	X	
(7) GOOD SAMARITAN HOSPITAL 47-0379755 P.O BOX 1990 KEARNEY, NE 68848	HEALTHCARE	NE	501(C)(3)	3	CHI NEBRASKA	X	

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(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) GOOD SAMARITAN HOSPITAL FOUNDATION 47-0659443 P.O BOX 1810 KEARNEY, NE 68848	FUNDRAISING	NE	501(C)(3)	7	GSH	X	
(2) CATHOLIC HEALTH CARE FEDERATION 20-8473567 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112	JURDIC PERSON	CO	501(C)(3)	11A	CHI	X	
(3) SAINT ELIZABETH REGIONAL MEDICAL CENTER 47-0379836 555 SOUTH 70TH STREET LINCOLN, NE 68510	HEALTHCARE	NE	501(C)(3)	3	CHI NEBRASKA	X	
(4) SAINT ELIZABETH FOUNDATION 47-0625523 555 SOUTH 70TH STREET LINCOLN, NE 68510	FUNDRAISING	NE	501(C)(3)	7	SERMC	X	
(5) SAINT ELIZABETH HEALTH SERVICES 36-3233120 555 SOUTH 70TH STREET LINCOLN, NE 68510	HEALTHCARE	NE	501(C)(3)	3	SERMC	X	
(6) SAINT FRANCIS MEDICAL CENTER 47-0376601 P O. BOX 9804 GRAND ISLAND, NE 68802	HEALTHCARE	NE	501(C)(3)	3	CHI NEBRASKA	X	
(7) SAINT FRANCIS MEDICAL CENTER FOUNDATION 47-0630267 P.O. BOX 9804 GRAND ISLAND, NE 68802	FUNDRAISING	NE	501(C)(3)	7	SFMC	X	

SCHEDULE R (Form 990)

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(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) ST MARY'S HOSPITAL 47-0443636 1314 3RD AVENUE NEBRASKA CITY, NE 68410	HEALTHCARE	NE	501(C)(3)	3	CHI NEBRASKA	X	
(2) ST MARY'S HOSPITAL FOUNDATION 47-0707604 1314 3RD AVENUE NEBRASKA CITY, NE 68410	FUNDRAISING	NE	501(C)(3)	7	SMH	X	
(3) SAINT CLARE'S HEALTH SERVICES, INC. 22-3639733 25 POCONO ROAD DENVILLE, NJ 07834	MANAGEMENT	NJ	501(C)(3)	7	CHI	X	
(4) SAINT CLARE'S COMMUNITY CARE 22-2876836 66 FORD ROAD DENVILLE, NJ 07834	HEALTHCARE	NJ	501(C)(3)	11B	SCHS	X	
(5) SAINT CLARE'S FOUNDATION, INC. 22-2502997 66 FORD ROAD DENVILLE, NJ 07834	FUNDRAISING	NJ	501(C)(3)	7	SCHS	X	
(6) SAINT CLARE'S HOSPITAL 22-3319886 66 FORD ROAD DENVILLE, NJ 07834	HEALTHCARE	NJ	501(C)(3)	3	CHI	X	
(7) ST FRANCIS LIFE CARE CORPORATION 22-2536017 19 POCONO ROAD DENVILLE, NJ 07834	ELDERLY CARE	NJ	501(C)(3)	9	SCHS	X	

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(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) VISITING NURSE ASSOCIATION OF SAINT CLAR 22-1768334 191 WOODPORT ROAD SPARTA, NJ 07871	HOME HEALTH	NJ	501(C)(3)	9	SCHS	X	
(2) ST JOSEPH COMMUNITY HEALTH SERVICES 71-0897107 300 CENTRAL AVE. SW SUITE 3000 ALBUQUERQUE, NM 87102	COMMUNITY	NM	501(C)(3)	11A	CHI	X	
(3) CHI HEALTH CONNECT AT HOME - FARGO 27-1966847 4816 AMBER VALLEY PARKWAY SOUT FARGO, ND 58104	HEALTHCARE	ND	501(C)(3)	3	CHI	X	
(4) CARRINGTON HEALTH CENTER 45-0227311 800 NORTH 4TH STREET CARRINGTON, ND 58421	HEALTHCARE	ND	501(C)(3)	3	CHI	X	
(5) LISBON AREA HEALTH SERVICES 82-0558836 905 MAIN STREET LISBON, ND 58054	HEALTHCARE	ND	501(C)(3)	3	CHI	X	
(6) MERCY HOSPITAL OF DEVILS LAKE 45-0227012 1031 EAST SEVENTH STREET DEVILS LAKE, ND 58301	HEALTHCARE	ND	501(C)(3)	3	CHI	X	
(7) THE MERCY HOSPITAL OF DEVILS LAKE FDN 35-2367360 1031 EAST SEVENTH STREET DEVILS LAKE, ND 58301	FUNDRAISING	ND	501(C)(3)	11A	MHDL	X	

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(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) MERCY HOSPITAL OF VALLEY CITY 45-0226553 570 CHAUTAUQUA BOULEVARD VALLEY CITY, ND 58072	HEALTHCARE	ND	501(C)(3)	3	CHI	X	
(2) MERCY MEDICAL CENTER 45-0231183 1301 15TH AVENUE WEST WILLISTON, ND 58801	HEALTHCARE	ND	501(C)(3)	3	CHI	X	
(3) MERCY MEDICAL FOUNDATION 45-0381803 1301 15TH AVENUE WEST WILLISTON, ND 58801	FUNDRAISING	ND	501(C)(3)	11A	MMC	X	
(4) OAKES COMMUNITY HOSPITAL 45-0231675 314 SOUTH 8TH STREET OAKES, ND 58474	HEALTHCARE	ND	501(C)(3)	3	CHI	X	
(5) OAKES COMMUNITY HOSPITAL FOUNDATION 71-0966606 314 SOUTH 8TH STREET OAKES, ND 58474	FUNDRAISING	ND	501(C)(3)	11A	OCH	X	
(6) ST. JOSEPH'S HOSPITAL AND HEALTH CENTER 45-0226429 30 WEST 7TH STREET DICKINSON, ND 58601	HEALTHCARE	ND	501(C)(3)	3	CHI	X	
(7) SAINT JOSEPH'S HOSPITAL FOUNDATION 36-3418207 30 WEST 7TH STREET DICKINSON, ND 58601	FUNDRAISING	ND	501(C)(3)	11A	SJHHC	X	

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(1) VILLA NAZARETH, INC. 45-0226714 801 PAGE DRIVE FARGO, ND 58103	LT CARE	ND	501(C)(3)	9	CHI	X	
(2) SAMARITAN HEALTH PARTNERS 31-1107411 2222 PHILADELPHIA DRIVE DAYTON, OH 45406	HEALTHCARE	OH	501(C)(3)	11A	CHI	X	
(3) SAMARITAN BEHAVIORAL HEALTH 02-0633634 601 S. EDWIN C. MOSES BLVD DAYTON, OH 45408	HEALTHCARE	OH	501(C)(3)	3	SHP	X	
(4) SAMARITAN HEALTH FOUNDATION 23-7296923 2222 PHILADELPHIA DRIVE DAYTON, OH 45406	FUNDRAISING	OH	501(C)(3)	7	SHP	X	
(5) THE GOOD SAMARITAN HOSPITAL OF CINCINNAT 31-0537486 619 OAK STREET, ACCOUNTING-3 W CINCINNATI, OH 45206	HEALTHCARE	OH	501(C)(3)	3	TRI-HEALTH	X	
(6) THE COMMUNITY LIMITED CARE DIALYSIS CENT 23-7419853 619 OAK STREET, ACCOUNTING-3 W CINCINNATI, OH 45206	DIALYSIS	OH	501(C)(2)	NONE	GSH	X	
(7) GOOD SAMARITAN COLLEGE OF NURSING & HEAL 31-1778403 375 DIXMYTH AVE CINCINNATI, OH 45220	EDUCATION	KY	501(C)(3)	2	GHS	X	

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(1) GOOD SAMARITAN FOUNDATION OF CINCINNATI, 31-1206047 619 OAK STREET, ACCOUNTING-3 W CINCINNATI, OH 45206	FUNDRAISING	OH	501(C)(3)	11A	GSH	X	
(2) HOSPITAL ASSOCIATION FOR ST. JOSEPH HOSP 52-6050777 7601 OSLER DRIVE TOWSON, MD 21204	HEALTHCARE	MD	501(C)(3)	9	SJMC	X	
(3) MERCY MEDICAL CENTER 93-0386868 2700 STEWART PARKWAY ROSEBURG, OR 97470	HEALTHCARE	OR	501(C)(3)	3	CHI	X	
(4) CENTENNIAL MEDICAL GROUP, INC. 90-0433062 2700 STEWART PARKWAY ROSEBURG, OR 97470	PHYSICIANS	OR	501(C)(3)	9	MMC	X	
(5) LINUS OAKES, INC. 93-0821381 2700 STEWART PARKWAY ROSEBURG, OR 97470	SENIOR LIVING	OR	501(C)(3)	9	MMC	X	
(6) MERCY FOUNDATION, INC 93-6088946 2700 STEWART PARKWAY ROSEBURG, OR 97470	FUNDRAISING	OR	501(C)(3)	7	MMC	X	
(7) MT. ST. JOSEPH, INC 93-0386870 3060 SE STARK STREET PORTLAND, OR 97214	NURSING CARE	OR	501(C)(3)	9	CHI	X	

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(1) ST. ANTHONY HOSPITAL 93-0391614 1601 S E. COURT AVENUE PENDLETON, OR 97801	HEALTHCARE	OR	501(C)(3)	3	CHI	X	
(2) ST ANTHONY HOSPITAL FOUNDATION 93-0992727 1601 S.E. COURT AVENUE PENDLETON, OR 97801	FUNDRAISING	OR	501(C)(3)	11A	SA HOSPITAL	X	
(3) ST. DOMINIC AT ONTARIO 93-0433692 351 S.W. 9TH STREET ONTARIO, OR 97914	HEALTHCARE	OR	501(C)(3)	3	CHI	X	
(4) ST FRANCIS OF BAKER CITY 93-0412495 3325 POCAHONTAS ROAD BAKER CITY, OR 97814	HEALTHCARE	OR	501(C)(3)	3	CHI	X	
(5) ST JOSEPH HEALTH MINISTRIES 23-2342997 1929 LINCOLN HWY E, STE 150 LANCASTER, PA 17602	HEALTH	PA	501(C)(3)	11A	CHI	X	
(6) ST JOSEPH HEALTH MINISTRIES FOUNDATION 23-2605579 1929 LINCOLN HWY E, STE 150 LANCASTER, PA 17602	FUNDRAISING	PA	501(C)(3)	11A	SJHM	X	
(7) ST. JOSEPH HEALTH SERVICES, INC. 20-1425375 1929 LINCOLN HWY E, STE 150 LANCASTER, PA 17602	DENTAL CARE	PA	501(C)(3)	11A	SJHM	X	

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(1) ST. JOSEPH REGIONAL HEALTH NETWORK 23-1352211 2500 BERNVILLE ROAD, PO BOX 31 READING, PA 19603	HEALTHCARE	PA	501(C)(3)	3	CHI	X	
(2) ST. JOSEPH MEDICAL GROUP 20-8544021 2500 BERNVILLE ROAD, PO BOX 31 READING, PA 19603	HEALTHCARE	PA	501(C)(3)	9	BHC	X	
(3) ST. JOSEPH MEDICAL CENTER FOUNDATION 23-2649362 2500 BERNVILLE ROAD, PO BOX 31 READING, PA 19603	FUNDRAISING	PA	501(C)(3)	11A	SJRHN	X	
(4) ST MARY'S HEALTHCARE CENTER 46-0230199 801 EAST SIOUX AVENUE PIERRE, SD 57501	HEALTHCARE	SD	501(C)(3)	3	CHI	X	
(5) GETTYSBURG MEDICAL CENTER 46-0234354 606 EAST GARFIELD AVENUE GETTYSBURG, SD 57442	HEALTHCARE	SD	501(C)(3)	3	SMHC	X	
(6) MEMORIAL HEALTH CARE SYSTEM, INC 62-0532345 2525 DE SALES AVENUE CHATTANOOGA, TN 37404	HEALTHCARE	TN	501(C)(3)	3	CHI	X	
(7) MEMORIAL HEALTH CARE SYSTEM FOUNDATION 62-1839548 2525 DE SALES AVENUE CHATTANOOGA, TN 37404	FUNDRAISING	TN	501(C)(3)	7	MHCS	X	

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2010

Open to Public Inspection

Name of the organization
CHI HEALTH CONNECT AT HOME - FARGO

Employer identification number
27-1966847

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
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Part II **Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) MEMORIAL HEALTH PARTNERS FOUNDATION, INC 03-0417049 6028 SHALLOWFORD ROAD CHATTANOOGA, TN 37421	HEALTHCARE	TN	501(C)(3)	9	MHCS	X	
(2) FRANCISCAN HEALTH SYSTEM FKA FRANCISCAN 91-0564491 1717 SOUTH J STREET TACOMA, WA 98405	HEALTHCARE	WA	501(C)(3)	3	CHI	X	
(3) ENUMCLAW REGIONAL HOSPITAL ASSOCIATION 91-0715805 1450 BATTERSBY AVENUE ENUMCLAW, WA 98022	HEALTHCARE	WA	501(C)(3)	3	FHS	X	
(4) FRANCISCAN FOUNDATION 91-1145592 1717 SOUTH J STREET TACOMA, WA 98405	FUNDRAISING	WA	501(C)(3)	9	FHS	X	
(5) FRANCISCAN MEDICAL GROUP 91-1939739 1708 SOUTH YAKIMA AVENUE TACOMA, WA 98405	HEALTHCARE	WA	501(C)(3)	9	FHS	X	
(6) FRANCISCAN VILLA OF SOUTH MILWAUKEE, INC 39-1093829 3601 SOUTH CHICAGO AVENUE SOUTH MILWAUKEE, WI 53172	HEALTHCARE	WI	501(C)(3)	9	CHI	X	
(7)							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) CHI OPERATING INVESTMENT PROGR 198 INVERNESS DRIVE WEST	INVESTMENTS	CO	CHI	INVESTMENT	139,679,805.	2,069,974,790		X	371,292.	X		100.0000
(2) NORTH RIVER SURGERY CENTER, LL 2209 WILDWOOD AVENUE	AMBUL SURG CTR	AR	SVIMC	RELATED	198,313.	1,758,688		X			X	57.4500
(3) AUDUBON LAND COMPANY LLC 84-15 5390 N ACADEMY BLVD SUITE 300	REAL ESTATE	CO	THC	RELATED	-157,673.	14,390,550.		X			X	50.1000
(4) ORTHOCOLORADO, LLC 37-1577105 11650 WEST 2ND PLACE	ORTHO HOSPITAL	CO	THC	RELATED	-3,249,314.	10,905,384		X			X	60.0000
(5) PENRAD IMAGING 84-1072619 1390 KELLY JOHNSON BLVD	MEDICAL IMAGING	CO	THC	RELATED	1,857,228	5,457,224		X			X	70 0000
(6) ST ANTHONY REGIONAL MTN CANCER 4231 W 16TH AVENUE	CANCER CENTER	CO	THC	RELATED	-290,552.			X			X	51.0000
(7) ST FRANCIS LAND COMPANY 26-313 5390 N ACADEMY BLVD SUITE 300	REAL ESTATE	CO	THC	RELATED	-180,979.	14,886,022.		X			X	51.0000

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) ALTERNATIVE INSURANCE MANAGEMENT SERVICE 84-1112049 3900 OLYMPIC BOULEVARD, SUITE 400 ERLANGER, KY 41018	MANAGEMENT SERVIC	CO	CHI	C CORP		3,267,441	100.0000
(2) CAPTIVE MANAGEMENT INITIATIVES 98-0663022 PO BOX 10073, APO KY1-1001 GEORGETOWN, GRAND CAYMAN CJ	CAPTIVE MANAGEMEN	CJ	CHI	C CORP			100.0000
(3) CENTER FOR TRANSLATIONAL RESEARCH 27-2269511 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112	HEALTHCARE	CO	CHI	C CORP	-2,247,962.	1,668,589.	100 0000
(4) FIRST INITIATIVES INSURANCE, LTD. 98-0203038 PO BOX 10073, APO KY1-1001 GEORGETOWN, GRAND CAYMAN CJ	INSURANCE	CJ	CHI	C CORP			100.0000
(5) FRANCISCAN SERVICES, INC. 23-2487967 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112	HEALTHCARE	CO	CHI	C CORP	-507,578	11,914,284.	100.0000
(6) SJH SERVICES CORPORATION 23-2307408 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112	HEALTHCARE	CO	FSI	C CORP	-518,360.	3,180,100.	100.0000
(7) ST. JOSEPH DEVELOPMENT COMPANY, INC. 91-1480569 1717 SOUTH J STREET TACOMA, WA 98405	RENTAL	WA	FSI	C CORP	-36,395.	12,168,022.	100.0000

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) BLUEGRASS REGIONAL IMAGING CEN 1218 SOUTH BROADWAY, SUITE 310	DIAGNOSTIC	KY	SJ HOSPITAL,LEX	RELATED				X			X	65.0000
(2) ST. JOSEPH-PAML, LLC 45-211673 424 LEWIS HARGETT CIRCLE, STE	MGMT SVCS	KY	SJHS	RELATED				X		X		62 5000
(3) SAINT JOSEPH - SCA HOLDINGS, L 424 LEWIS HARGETT CIRCLE, STE	OP SURGERY	DE	SJHS	RELATED				X		X		51 0000
(4) SURGERY CENTER OF LEXINGTON, L 1451 HARRODSBURG ROAD	SURGERY CENTER	DE	SJHS	RELATED	808,840	4,236,901.		X		X		51.0000
(5) RUXTON SURGICENTER, LLC 52-209 8322 BELLONA AVENUE, SUITE 201	SURGERY CENTER	MD	SJMC	RELATED				X		X		51.0000
(6) AVANTAS, LLC 39-2045003 1207 SOUTH 13 STREET	HEALTHCARE	NE	AHMH	UNRELATED				X			X	95.0000
(7) HEALTHCARE SUPPORT SERVICES, L P.O BOX 9804	LAUNDRY	NE	CHI	RELATED	196,124.	3,913,481.		X	-58,436		X	100 0000

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) TOWSON MANAGEMENT, INC 52-1710750 7601 OSLER DRIVE TOWSON, MD 21204	MANAGEMENT SERVIC	MD	FSI	C CORP	-469,016.	498,393.	100.0000
(2) NAZARETH ASSURANCE COMPANY 03-0304831 76 ST. PAUL STREET, SUITE 500 BURLINGTON, VT 05401	INSURANCE	VT	CHI	C CORP	-379.	123,535	100.0000
(3) ST VINCENT COMMUNITY HEALTH SERVICES, IN 71-0710785 TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205	HEALTHCARE	AR	SVIMC	C CORP	2,309,129	14,049,375	100.0000
(4) COMCARE SERVICES 84-0904813 4231 W 16TH AVENUE DENVER, CO 80204	INACTIVE	CO	CHIC	C CORP			100.0000
(5) DES MOINES MEDICAL CENTER INC 42-0837382 1111 6TH AVENUE DES MOINES, IA 50314	REAL ESTATE	IA	CHI-IA CORP	C CORP		1,253,452.	92.9800
(6) MERCY PARK APARTMENTS, LTD 42-1202422 1111 6TH AVENUE DES MOINES, IA 50314	HOUSING	IA	CHI-IA CORP	C CORP	264,489	1,796,053.	100.0000
(7) CENTRAL KANSAS HEALTH SERVICES ASSOCIATI 48-1042853 3515 BROADWAY GREAT BEND, KS 67530	MEDICAL EQUIPMENT	KS	CKMC	C CORP			100 0000

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(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) CENTRAL NEBRASKA HOME CARE SER P.O BOX 1146-4510 SECOND AVEN	HEALTHCARE SRVC	NE	HSE, INC	RELATED	-99,941.	1,021,498		X	-48,712	X		100.0000
(2) SUPERIOR MEDICAL IMAGING, LLC 5000 NORTH 26TH STREET	OP DIAGNOSTICS	NE	SERMC	RELATED				X			X	51.0000
(3) CENTRAL NEBRASKA REHAB SERVICE 3004 W FAIDLEY AVE	PHYSICAL THERAPY	NE	CHI	RELATED	1,857,991.	2,262,775.		X			X	51.0000
(4) ST. FRANCIS MEDICAL CENTER AS 1717 SOUTH J STREET	MED. OFFICE	WA	FHS	RELATED	116,948.	1,652,280		X			X	54.2100
(5) PENINSULA RADIATION ONCOLOGY 314 MARTIN LUTHER KING JR WAY	HEALTHCARE SRVC	WA	FHS	RELATED	131,195.	3,052,504		X			X	60.0000
(6) BERYWOOD OFFICE PROPERTIES LLC 400 BERYWOOD TRAIL	PHYS OFFICE	TN	MHCS	RELATED				X		X		63.0000
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) SJL PHYSICIAN MANAGEMENT SERVICES, INC. 27-0164198 424 LEWIS HARGETT CR, # 160 LEXINGTON, KY 40503	MANAGEMENT	KY	SJHS	C CORP			100.0000
(2) ST JOSEPH OFFICE PARK ASSOCIATION 61-1079899 1401 HARRODSBURG ROAD, BLDG B70 LEXINGTON, KY 40504	MANAGEMENT	KY	SJHS	C CORP	16,644.	882,139.	85.0000
(3) MERCY HEALTH SERVICES CORPORATION 43-1457881 2727 MCCLELLAND BLVD JOPLIN, MO 64804	DME	MO	ST JOHN'S RMC	C CORP	-1,533,371.	1,369,083.	100.0000
(4) GOOD SAMARITAN OUTREACH SERVICES 47-0659440 PO BOX 1990 KEARNEY, NE 68848	MEDICAL CLINIC	NE	CHI NEBRASKA	C CORP	-2,921,063.	355,110.	100.0000
(5) HEALTH SYSTEMS ENTERPRISES, INC. 47-0664558 PO BOX 1990 KEARNEY, NE 68848	MANAGEMENT	NE	GSH	C CORP	25,289.	1,443,049	100 0000
(6) SAINT CLARE'S PRIMARY CARE, INC. 22-2441202 66 FORD ROAD DENVILLE, NJ 07834	BILLING SERVICES	NJ	SCCC	C CORP	-342,970.	2,177,166.	100.0000
(7) MEDQUEST 45-0392137 1301 15TH AVENUE WEST WILLISTON, ND 58801	SALE OF DME	ND	MHOF WILLISTON	C CORP	9,852	962,554.	100.0000

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(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)												
(2)												
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Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) CONSOLIDATED HEALTH SERVICES 31-1378212 1700 EDISON DRIVE MILFORD, OH 45150	HOME HEALTH	OH	CHI	C CORP		11,595,125.	100.0000
(2) AMERICAN NURSING CARE 31-1085414 1700 EDISON DRIVE MILFORD, OH 45150	HOME HEALTH	OH	CHS	C CORP	1,778,617.	44,470,358.	100.0000
(3) AMERIMED, INC. 31-1158699 1700 EDISON DRIVE MILFORD, OH 45150	HOME HEALTH	OH	ANC	C CORP	2,395,230.	11,869,657.	100.0000
(4) PATIENT TRANSPORT SERVICES, INC. 31-1100798 1700 EDISON DRIVE MILFORD, OH 45150	HOME HEALTH	OH	ANC	C CORP	662,425	5,325,941.	100 0000
(5) SAMARITAN FAMILY CARE, INC 31-1299450 40 W FOURTH ST, #1700 DAYTON, OH 45402	HEALTHCARE	OH	SHP	C CORP			100.0000
(6) MERCY SERVICES CORP 93-0824308 2700 STEWART PARKWAY ROSEBURG, OR 97470	RETAIL SALES	OR	MMC	C CORP	-690,267.	954,798.	100.0000
(7) ST ANTHONY DEVELOPMENT COMPANY 93-1216943 1415 SOUTHGATE PENDLETON, OR 97801	ATHLETIC CLUB	OR	ST ANTHONY H	C CORP	53,891	3,007,554.	100.0000

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(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)												
(2)												
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Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) CGH REALTY COMPANY, INC. 23-2326801 215 N 12TH ST READING, PA 19603	REAL ESTATE	PA	SJHM	C CORP	1,007	42,415.	100.0000
(2) CADUCEUS MEDICAL ASSOCIATES, INC. 62-1570736 6028 SHALLOWFORD ROAD, SUITE D CHATTANOOGA, TN 37422	HEALTHCARE	TN	MHCS	C CORP		1,008	100.0000
(3) MOUNTAIN MANAGEMENT SERVICES INC 62-1570739 6028D SHALLOWFORD ROAD CHATTANOOGA, TN 37422	MGMT SVC ORG	TN	MHCS	C CORP	-386,020.	4,667,998.	100 0000
(4) PHYSICIAN HEALTH SYSTEM NETWORK 91-1746721 1149 MARKET ST. TACOMA, WA 98402	HEALTH ORG.	WA	FHS	C CORP			100.0000
(5) HEALTHCARE MGMT. SERVICES ORG. INC 91-1865474 1149 MARKET ST. TACOMA, WA 98402	HEALTH ORG.	WA	FHS	C CORP			100.0000
(6) HAROLD W. RASE 1995 CHARITABLE UNITTRUST 45-6090420 30 WEST 7TH STREET DICKINSON, ND 58601	INVESTMENTS	ND	SJHHC	TRUST	1,240.	21,533.	100.0000
(7) HAROLD W. RASE 1996 CHARITABLE UNITTRUST 20-6037112 30 WEST 7TH STREET DICKINSON, ND 58601	INVESTMENTS	ND	SJHHC	TRUST	900.	15,495.	100 0000

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)												
(2)												
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Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) HAROLD W RASE 1997 CHARITABLE UNITTRUST 20-6037104 30 WEST 7TH STREET DICKINSON, ND 58601	INVESTMENTS	ND	SJHHC	TRUST	1,025.	20,261.	100.0000
(2) HAROLD W. RASE 1999 CHARITABLE UNITTRUST 20-6037099 30 WEST 7TH STREET DICKINSON, ND 58601	INVESTMENTS	ND	SJHHC	TRUST	1,313	25,027.	100.0000
(3) JAMES & HENRIETTA NISTLER UNITRUST 20-6021899 30 WEST 7TH STREET DICKINSON, ND 58601	INVESTMENTS	ND	SJHHC	TRUST	-16,708.	41,455.	100.0000
(4) JOSEPH A. SCHUSTER ANNUITY TRUST #1 42-1195122 400 UNIVERITY AVENUE DES MOINES, IA 50314	INVESTMENTS	IA	MFDM	TRUST	18,924	441,488.	100 0000
(5) RAY & SHIRLEY DAVID 1999 UNITRUST 20-6037077 30 WEST 7TH STREET DICKINSON, ND 58601	INVESTMENTS	ND	SJHHC	TRUST	1,250.	24,194	100.0000
(6) TOM DEYLE CHARITABLE REMAINDER UNITRUST 47-6192393 PO BOX 1810 KEARNEY, NE 68848	INVESTMENTS	NE	GSHF	TRUST	4,884.	166,321	100.0000
(7) DAVID DEYLE CHARITABLE REMAINDER UNITRUS 47-6192395 PO BOX 1810 KEARNEY, NE 68848	INVESTMENTS	NE	GSHF	TRUST	4,880	166,425	100.0000

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)												
(2)												
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Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) JEANNE DEYLE CHARITABLE REMAINDER UNITRU 47-6192398 PO BOX 1810 KEARNEY, NE 68848	INVESTMENTS	NE	GSHF	TRUST	4,880.	166,320	100.0000
(2) LODESCA MILLER CHARITABLE REMAINDER UNIT 47-6186933 PO BOX 1810 KEARNEY, NE 68848	INVESTMENTS	NE	GSHF	TRUST	3,387.	86,367	100.0000
(3) ROBERT & WANDA CHARITABLE REMAINDER UNIT 26-6191916 PO BOX 1810 KEARNEY, NE 68848	INVESTMENTS	NE	GSHF	TRUST	13,030.	537,775.	100.0000
(4)							
(5)							
(6)							
(7)							

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

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

			Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?			
a	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a		X
b	Gift, grant, or capital contribution to other organization(s)	1b		X
c	Gift, grant, or capital contribution from other organization(s)	1c		X
d	Loans or loan guarantees to or for other organization(s)	1d		X
e	Loans or loan guarantees by other organization(s)	1e		X
f	Sale of assets to other organization(s)	1f		X
g	Purchase of assets from other organization(s)	1g		X
h	Exchange of assets	1h	X	
i	Lease of facilities, equipment, or other assets to other organization(s)	1i	X	
j	Lease of facilities, equipment, or other assets from other organization(s)	1j	X	
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		X
l	Performance of services or membership or fundraising solicitations by other organization(s)	1l		X
m	Sharing of facilities, equipment, mailing lists, or other assets	1m	X	
n	Sharing of paid employees	1n		X
o	Reimbursement paid to other organization for expenses	1o	X	
p	Reimbursement paid by other organization for expenses	1p	X	
q	Other transfer of cash or property to other organization(s)	1q		X
r	Other transfer of cash or property from other organization(s)	1r		X

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

	(a) Name of other organization	(b) Transaction type (a–r)	(c) Amount involved	(d) Method of determining amount involved
(1)	CATHOLIC HEALTH INITIATIVES	I	466,159.	FMV
(2)				
(3)				
(4)				
(5)				
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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 all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										

Part VII **Supplemental Information**

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

Form **8868**
(Rev January 2011)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing *(e-file)*. You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www irs gov/efile* and click on *e-file for Charities & Nonprofits.*

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

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only . . . . . ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return See instructions	Name of exempt organization	Employer identification number
	CHI HEALTH CONNECT AT HOME	27-1966847
	Number, street, and room or suite no If a P.O box, see instructions	
	4816 AMBER VALLEY PARKWAY	
	City, town or post office, state, and ZIP code For a foreign address, see instructions	
	FARGO, ND 58104	

Enter the Return code for the return that this application is for (file a separate application for each return) . . . . . [0 1]

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ DEANNA KAINZ

Telephone No. ▶ 701 237-8139 FAX No. ▶ 701 231-8195

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/15 , 20 12 , to file the exempt organization return for the organization named above. The extension is for the organization's return for.
▶ [ ] calendar year 20 ____ or
▶ [X] tax year beginning 07/01 , 2010 , and ending 06/30 , 20 11 .

2 If the tax year entered in line 1 is for less than 12 months, check reason [X] Initial return [ ] Final return [ ] Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	$ 0.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit.	3b	$
c	**Balance Due.** Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	3c	$ 0.

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

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box . . . . . ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1)

Part II **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print	Name of exempt organization	Employer identification number
File by the extended due date for filing your return See Instructions.	CHI HEALTH CONNECT AT HOME	27-1966847
	Number, street, and room or suite no. If a P O box, see instructions.	
	4816 AMBER VALLEY PARKWAY	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	FARGO, ND 58104	

Enter the Return code for the return that this application is for (file a separate application for each return) . . . . . [0][1]

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

- The books are in the care of ▶ DEANNA KAINZ
  Telephone No. ▶ 701 237-8139 FAX No ▶ 701 231-8195
- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . . . . . ▶ [ ]. If it is for part of the group, check this box . . . . . ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 05/15, 20 12.

5 For calendar year _____, or other tax year beginning 12/26 20 10, and ending 06/30, 20 11.

6 If the tax year entered in line 5 is for less than 12 months, check reason: [X] Initial return [ ] Final return
[ ] Change in accounting period

7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO FILE A COMPLETE AND ACCURATE RETURN.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	$ 0.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$
c	**Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	$ 0.

Signature and Verification

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

Signature ▶ Kimberly Steenhoek Title ▶ Tax Supervisor Date ▶ 2/12/12