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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 07-01-2010 and ending 06-30-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
Catholic Health Initiatives

Doing Business As

Number and street (or P O box if mail is not delivered to street address) 198 Inverness Drive West | Room/suite

City or town, state or country, and ZIP + 4
Englewood, CO 80112

D Employer identification number
47-0617373

E Telephone number
(720) 874-1500

G Gross receipts $ 1,340,875,225

F Name and address of principal officer
KEVIN LOFTON
198 INVERNESS DRIVE WEST
ENGLEWOOD, CO 80112

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶ 0928

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW CATHOLICHEALTHINIT ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1996 | **M** State of legal domicile CO

Part I Summary

1 Briefly describe the organization's mission or most significant activities
Catholic Health Initiatives (CHI) is a national faith-based non-profit healthcare organization CHI serves as an integral part of ITS NATIONAL SYSTEM OF HOSPITALS AND OTHER HEALTHCARE PROVIDERS

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	15
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	3,743
6	Total number of volunteers (estimate if necessary)	**6**	15
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	33,401,236
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	1,803,446

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	845,437	27,141
	9 Program service revenue (Part VIII, line 2g)	1,122,543,219	1,120,672,936
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	146,275,286	218,471,487
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,939,609	1,703,661
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,272,603,551	1,340,875,225
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	13,580,997	3,900,207
	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)	227,317,766	235,752,028
	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)	962,727,378	969,581,461
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,203,626,141	1,209,233,696
	19 Revenue less expenses Subtract line 18 from line 12	68,977,410	131,641,529

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	4,998,138,277	5,206,692,632
	21 Total liabilities (Part X, line 26)	5,240,327,437	4,713,947,878
	22 Net assets or fund balances Subtract line 21 from line 20	-242,189,160	492,744,754

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 — Date: 2012-05-01

Dean Swindle EVP, BUS SVCS, CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
CINDY LEON	CINDY LEON			

Firm's name ▶ CATHOLIC HEALTH INITIATIVES — Firm's EIN ▶

Firm's address ▶ 198 INVERNESS DRIVE WEST
ENGLEWOOD, CO 80112 — Phone no ▶ (303) 298-9100

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

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

SEE SCHEDULE O

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 $ 787,387,478 including grants of $ 3,900,207) (Revenue $ 1,087,339,067)

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

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** ▶ $ 787,387,478

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	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, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b	Yes	
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		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**	Yes	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
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**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	**35**	Yes	
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* ☑ **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**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	6,528		
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		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	3,743		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		Yes	
	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		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Yes	
b	If "Yes," enter the name of the foreign country ▶ CJ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
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? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	16		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Does the organization have members or stockholders?		6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .		7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

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

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

DEAN SWINDLE
198 INVERNESS DRIVE WEST
ENGLEWOOD,CO 80112
(303) 298-9100

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 . . . . . ☑

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, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, 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			
See Additional Data Table										

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			
See Additional Data Table										
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								20,170,945	33,155	2,026,703

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 ▶ 370

			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**	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
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**		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Huron Consulting Services	CONSULTING SERVICES	13,612,793
QUANTIX CONSULTING INC	CONSULTING SERVICES	7,474,469
REVENUE CYCLE PARTNERS LLC	REVENUE CYCLE	6,083,478
ERNST YOUNG LLP	AUDITING/CONSULTING	4,541,607
EMC CORPORATION	CONSULTING SERVICES	4,429,876

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 ▶ 213

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns 1a					
	b Membership dues 1b					
	c Fundraising events 1c					
	d Related organizations 1d					
	e Government grants (contributions) 1e	11,000				
	f All other contributions, gifts, grants, and similar amounts not included above 1f	16,141				
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f		27,141			
Program Service Revenue		Business Code				
	2a Assessments	900099	1,008,977,137	977,283,952	31,693,185	
	b Interest Income	900099	96,475,603	96,475,603		
	c EQUITY CHANGES OF UNCONSOLIDATED ORGS	900099	10,863,600	9,222,916	1,582,949	
	d PREMIUMS	900099	3,743,451	3,743,451		
	e LEASED EMPLOYEES - AIMS & CMI	541610	247,236	247,236		
	f All other program service revenue		365,909	365,909		
	g **Total.** Add lines 2a–2f		1,120,672,936			
	3 Investment income (including dividends, interest and other similar amounts)		119,066,888		125,102	118,941,786
	4 Income from investment of tax-exempt bond proceeds		169,403			169,403
	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)					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	99,235,196				
	b Less cost or other basis and sales expenses					
	c Gain or (loss)	99,235,196				
	d Net gain or (loss)		99,235,196			99,235,196
Other Revenue	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 Intercompany Salary Reimbursements	900099	579,005			579,005
	b LAWSUIT PROCEEDS	900099	1,003,919			1,003,919
	c Tax Preparation Revenue	900099	120,436			120,436
	d All other revenue		301			301
	e **Total.** Add lines 11a–11d		1,703,661			
	12 **Total revenue.** See Instructions		1,340,875,225	1,087,339,067	33,401,236	220,050,046

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	3,900,207	3,900,207		
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	11,986,654		11,986,654	
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	179,062,965	36,236,473	142,826,492	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	10,148,854	4,717,419	5,431,435	
9	Other employee benefits	22,003,788	5,000,562	17,003,226	
10	Payroll taxes	12,549,767	2,558,578	9,991,189	
a	Fees for services (non-employees) Management	0			
b	Legal	2,874,267		2,874,267	
c	Accounting	14,720,771		14,720,771	
d	Lobbying	0			
e	Professional fundraising services *See Part IV, line 17*	0			
f	Investment management fees	0			
g	Other	102,293,045	3,605,553	98,687,492	
12	Advertising and promotion	0			
13	Office expenses	19,560,755	1,417,231	18,143,524	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	8,009,108		8,009,108	
17	Travel	9,697,629	1,450,390	8,247,239	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	3,015,391	168,729	2,846,662	
20	Interest	168,578,252	168,578,252		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	26,771,590		26,771,590	
23	Insurance	103,708,887	103,458,325	250,562	
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	Unrelated Business Taxes	878,353		878,353	
b	Group Medical Plan	349,332,773	349,332,773		
c	Repairs and maintenance	141,828,717	95,610,484	46,218,233	
d	Dues & subscriptions	3,238,406	429,144	2,809,262	
e	Recruitment and relocation	2,735,878		2,735,878	
f	All other expenses	12,337,638	10,923,358	1,414,281	
25	**Total functional expenses.** Add lines 1 through 24f	1,209,233,696	787,387,478	421,846,218	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		1,950	1	115,342
	2	Savings and temporary cash investments		142,264,642	2	19,885,897
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		89,832,882	4	144,703,294
	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) Schedule L			6	
	7	Notes and loans receivable, net		2,492,827,224	7	2,546,207,826
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		20,286,743	9	22,917,433
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 432,246,252			
	b	Less accumulated depreciation	10b 202,933,861	155,017,945	10c	229,312,391
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		1,932,874,189	12	2,052,843,654
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		165,032,702	15	190,706,795
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		4,998,138,277	16	5,206,692,632
Liabilities	17	Accounts payable and accrued expenses		268,189,211	17	255,079,149
	18	Grants payable			18	
	19	Deferred revenue		11,025,028	19	13,706,976
	20	Tax-exempt bond liabilities		3,552,235,000	20	3,382,820,000
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*		9,818	21	10,429
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		550,625,000	23	617,400,000
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		858,243,380	25	444,931,324
	26	**Total liabilities.** Add lines 17 through 25		5,240,327,437	26	4,713,947,878
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		-244,658,581	27	490,259,356
	28	Temporarily restricted net assets		2,469,421	28	2,485,398
	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		-242,189,160	33	492,744,754
	34	Total liabilities and net assets/fund balances		4,998,138,277	34	5,206,692,632

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	1,340,875,225
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,209,233,696
3	Revenue less expenses Subtract line 2 from line 1	3	131,641,529
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	-242,189,160
5	Other changes in net assets or fund balances (explain in Schedule O)	5	603,292,385
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	492,744,754

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		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
Catholic Health Initiatives

Employer identification number
47-0617373

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

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

1 ☐ A church, convention of churches, or association of churches 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 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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

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

Section B. Total Support

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

12 Gross receipts from related activities, etc (See instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2009 Schedule A, Part II, line 14 **15**

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

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

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

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

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

Part 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 ")	18,798	7,136,559	2,409,585	845,437	27,141	10,437,520
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	529,993,743	929,100,420	994,629,193	1,121,777,652	1,087,339,067	4,662,840,075
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	530,012,541	936,236,979	997,038,778	1,122,623,089	1,087,366,208	4,673,277,595
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	267,615,900	344,266,284	598,849,588	642,927,453	664,110,246	2,517,769,471
c Add lines 7a and 7b	267,615,900	344,266,284	598,849,588	642,927,453	664,110,246	2,517,769,471
8 **Public Support** (Subtract line 7c from line 6)						2,155,508,124

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	530,012,541	936,236,979	997,038,778	1,122,623,089	1,087,366,208	4,673,277,595
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	53,179,068	61,337,363	65,227,627	121,504,449	118,941,786	420,190,293
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	1,113,055	7,297,328	924,903	680,968	1,803,446	11,819,700
c Add lines 10a and 10b	54,292,123	68,634,691	66,152,530	122,185,417	120,745,232	432,009,993
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)	22,861	2,534,051	294,982	43,155	1,703,661	4,598,710
13 **Total support** (Add lines 9, 10c, 11 and 12)	584,327,525	1,007,405,721	1,063,486,290	1,244,851,661	1,209,815,101	5,109,886,298

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	42 183 %
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	45 095 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	17	8 454 %
18	Investment income percentage from **2009** Schedule A, Part III, line 17	18	7 896 %

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

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

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶☐

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

Additional Data

Software ID:
Software Version:
EIN: 47-0617373
Name: Catholic Health Initiatives

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Kevin Lofton FACHE President and CEO	60.0	X		X				2,750,773	5,385	240,691
Phyllis Hughes RSM DRPH Trustee/Board Chair	4.0	X		X						
Maureen Comer OP Trustee	2.0	X								
David Edwards Trustee	2.0	X							5,385	
Antoinette Hardy-Waller RN Trustee	2.0	X							3,500	
Andrea Lee IHM PHD Trustee	2.0	X								
David Lincoln FACHE Trustee/Vice Chair	2.0	X		X					3,500	
Christopher Lowney Trustee	2.0	X								
Eleanor Martin SCN ESQ Trustee	2.0	X								
Blackford Middleton MD Trustee	2.0	X							5,385	
Mary Margaret Mooney PBVM DNSC Trustee	2.0	X								
Mary Jo Potter Trustee	2.0	X								
Bruce Siegel MD Trustee	2.0	X							5,385	
Patricia Smith OSF JCD PHD Trustee	2.0	X								
Robert Smoldt Trustee	2.0	X							4,615	
Martha Walsh SC RN Trustee	2.0	X								
Mitch Melfi ESQ SVP LEGAL SRVC&GEN Counsel/Sec	60.0			X				790,760		122,111
Michael Rowan FACHE EVP & Chief Operating Officer	60.0			X				1,341,312		185,967
Dean Swindle CPA EVP BUS SRVC & CFO/Treasurer	60.0			X				847,147		80,978
Joyce Ross SVP Communications/Assist Sec	60.0			X				435,162		56,101
Lynn Smith Assistant Secretary	40.0			X				74,492		14,803
John DiCola SVP Strategy & BUS Development	60.0				X			777,628		135,638
Thomas Kopfensteiner STD SVP Mission	60.0				X			721,852		102,638
Stephen Moore MD SVP & Chief Medical Officer	60.0				X			788,343		125,584
Kathleen Sanford RN DBA FACHE SVP & Chief Nursing Officer	60.0				X			585,441		101,524

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Steven Kehrberg SVP Supply Chain Management	60 0				X			361,159		67,201
Herbert Vallier SVP & Chief HR Officer	60 0				X			632,764		38,034
Carol Keenan Interim SVP Human Resources	60 0				X			380,162		45,930
Philip Foster SVP & Chief Risk Officer	60 0				X			392,291		67,638
Michael O'Rourke SVP & Chief Information Office	60 0				X			664,663		84,519
Mary Elizabeth O'Brien SVP Group Executive Officer	60 0					X		953,385		83,485
David Vellinga MBO CEO	60 0					X		924,683		94,398
Leslie Hirsch MBO CEO	60 0					X		857,024		92,124
Joseph Wilczek MBO CEO	60 0					X		1,055,821		37,301
Joseph Messmer MBO CEO	60 0					X		954,002		44,996
Colleen Blye CPA Former EVP FIN/INTG SRVC & CFO							X	1,137,197		48,673
MICHAEL FORDYCE Former CAO							X	1,349,975		30,028
Susanna Laundy Former Interim SVP & CFO/Treas							X	475,580		32,510
Paul Neumann Former Gen Counsel/Secretary							X	248,366		26,575
John Newton Jr Former Gen Counsel/Secretary							X	397,416		38,550
John Anderson Former SVP & Chief Medical Off							X	273,547		28,706

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

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

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $

3 Volunteer hours

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ $

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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

A Check ☐ if the filing organization belongs to an affiliated group
B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		230,000
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		10,000
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			240,000
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

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

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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
Catholic Health Initiatives

Employer identification number
47-0617373

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

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

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ 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 pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

		Amount
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 the organization answered "Yes" to Form 990, Part IV, line 10.

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

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

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

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	7,009,072			7,009,072
b Buildings	22,340,727		3,192,955	19,147,772
c Leasehold improvements	13,193,346		4,181,940	9,011,406
d Equipment	250,588,542		195,558,966	55,029,576
e Other	139,114,565			139,114,565
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				229,312,391

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) CHI OPERATING INVESTMENT PROG	2,043,322,668	F
(B) INVESTMENT IN CHV II, LP	9,520,986	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	2,052,843,654	

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
Total. *(Column (b) should 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
Total. *(Column (b) should 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
Federal Income Taxes	0
INTEREST PAYABLE	2,657,305
PENSION LIABILITY	309,236,862
SELF-INSURANCE RESERVES AND CLAIMS	17,445,880
INTEREST RATE SWAPS	69,600,501
LOSSES INCURRED BUT NOT REPORTED	45,229,742
MISCELLANEOUS LIABILITIES	761,034
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	444,931,324

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 (ASC740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
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 - 8	9	
10	Excess or (deficit) for the year per 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 should equal Form 990, Part I, line 12)			5	

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

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

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
Part X	FIN 48 (ASC 740) FOOTNOTE	CHI is a tax-exempt Colorado corporation and has been granted an exemption from federal income tax under Section 501(c)(3) of the Internal Revenue Code CHI owns certain taxable subsidiaries and engages in certain activities that are unrelated to its exempt purpose and therefore subject to income tax 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 D, Part IV, Line 2b	TRUST, ESCROW AND CUSTODIAL ARRANGEMENTS	Catholic Health Initiatives acts as agent for the Employee Financial Assistance Fund, an employee funded program

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
Catholic Health Initiatives

Employer identification number
47-0617373

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☐ No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Part V if additional space is needed)

	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
	Europe (Including Iceland and Greenland)		1	Program Services	Independent Contractor	85,000
	North America		1	Program Services	Independent Contractor	39,968
	Central America and the Caribbean			Conduct board meetings		52,127
	Europe (Including Iceland and Greenland)			Conduct meetings		120,160
	North America			Conduct board meetings		52,127
	Central America and the Caribbean			Investments		173,535
	Central America and the Caribbean	1	1	Maintaining offices		316,532
3a	Sub-total	1	3			839,449
b	Total from continuation sheets to Part I					
c	**Totals** (add lines 3a and 3b)	1	3			839,449

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Use Part V if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ _____

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*	☑ Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*	☑ Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*	☑ Yes	☐ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*	☑ Yes	☐ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*	☐ Yes	☑ No

Part V Supplemental Information

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Identifier	Return Reference	Explanation
Schedule F, Part I, Line 3(f)	DESCRIPTION OF ACCOUNTING METHOD FOR COSTS IN REGION	(1-2) CHI pays various foreign independent contractors for program related services (3 & 5) There are a few CHI employees that serve on the boards of offshore captives of CHI CHI allocated a portion of the salaries of these individuals to line 3(f) Travel costs for these individuals were not paid by CHI (4) CHI allocated a portion of the salaries of individuals who attended a pilgrimage in Rome, Italy (6) CHI's investments in Captive Management Initiatives, First Initiatives Insurance Limited, and Nazareth Assurance Company are reflected in line 3(f) (7) CHI had one employee located in the Central America / Caribbean area This individual performs Offshore Self-Insurance Captive Management services on behalf of CHI CHI's expense associated with that location is the individual's salary and associated benefits The individual's compensation was estimated to equal $316,532 (US) using the same methodology as is required for individuals reportable on Schedule J

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
Catholic Health Initiatives

Employer identification number
47-0617373

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☐ Yes ☑ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed. . . . ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 36

3 Enter total number of other organizations . . . ▶ 1

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
Schedule I Part I Q2	Procedures for monitoring the use of grants	CHI's mission and ministry fund provides grants to CHI organizations and participating religious congregations to be used for the planning, development and implementation of initiatives to promote healthy communities Most grants MADE BY CHI COME FROM THE MISSION AND MINISTRY FUND Facilities and groups associated with CHI are eligible to apply for grant funding for healthy community coalitions and projects Grants from the mission and ministry fund are awarded based upon a review of grant applications submitted A committee of the Board of Stewardship Trustees is charged with grantee selection Funds awarded through the mission and ministry fund are identified in the Catholic Health Initiatives general ledger system CHI ensures that grants to United States recipients are properly used for their intended purpose by ensuring that the grant recipients are primarily IRC 501(c)(3) organizations IN MOST CIRCUMSTANCES THE RECIPIENT IS A CHI AFFILIATE That CHI-related entity supervises the grant initiative, including the expenditure of funds in furtherance of that initiative Mission and Ministry Fund grant recipients also provide an annual progress report including a financial report WHERE THE RECIPIENT IS NOT A CHI AFFILIATE, CHI DOES NOT REQUIRE ACCOUNTING FOR THE GRANT MONIES, SINCE THE RECIPIENT ORGANIZATIONS ARE REQUIRED, AS IRC 501(c)(3) ORGANIZATIONS TO USE The FUNDS IN FURTHERANCE OF EXEMPT PURPOSES

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 47-0617373
Name: Catholic Health Initiatives

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Alegent HealthP O Box 642150 Omaha,NE 68154	42-0782518	501(c)(3)	44,655				
Alegent HealthP O Box 642150 Omaha,NE 68154	42-0782518	501(c)(3)	141,785				

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Faithful Fools Street Ministry 234 Hyde Street San Francisco, CA 94102	94-3348396	501(c)(3)	75,125				
Jewish Hospital & St Mary's Healthcare200 Abraham Flexner Way Louisville, KY 40202	61-1029768	501(c)(3)	184,651				

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Jewish Hospital & St Mary's Healthcare200 Abraham Flexner Way Louisville, KY 40202	61-1029768	501(c)(3)	86,051				
Intercommunity Mercy Housing1216 NE 65th Street Seattle, WA 98115	91-1546525	501(c)(3)	45,800				

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Sister of Charity of Nazareth P O Box 9 Nazareth, KY 40048	31-0537158	501(c)(3)	118,250				
Mercy Housing Colorado 1999 Broadway Suite 1000 Denver, CO 80202	84-1262403	501(c)(3)	50,000				

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Franciscan Sisters of Little Falls116 8th Avenue SE Little Falls, MN 56345	41-0695518	501(c)(3)	25,700				
Archdiocese of New York 1011 First Avenue 7th Floor New York, NY 10022	13-3089351	501(c)(3)	40,000				

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SET of Colorado Springs825 E Pikes Peak Ave Ste 29 Colorado Springs, CO 80903	84-1183335	501(c)(3)	7,000				
Feeding America35 East Wacker Dr Suite 2000 Chicago, IL 60601	36-3673599	501(c)(3)	10,000				

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Arrupe Corp Work Study Program4343 Utica Street Denver,CO 80212	46-0508814	501(c)(3)	51,450				
St Joseph Community Health 904 A Las Lomas Albuquerque,NM 87102	71-0897107	501(c)(3)	275,000				

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Flaget Healthcare Inc4305 New Shepherdsville Road Bardstown, MN 40004	61-1345363	501(c)(3)	28,190				
St Joseph Berea Hospital Foundation305 Estill Street Berea, KY 40403	26-0152877	501(c)(3)	177,160				

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Memorial Healthcare System 2525 Desales Ave Chattanooga,TN 37404	62-0532345	501(c)(3)	53,000				
Memorial Healthcare System 2525 Desales Ave Chattanooga,TN 37404	62-0532345	501(c)(3)	64,180				

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Good Samaritan Hospital Foundation619 Oak Street Cincinnati, OH 45206	31-1206047	501(c)(3)	29,881				
Good Samaritan Hospital Foundation619 Oak Street Cincinnati, OH 45206	31-1206047	501(c)(3)	50,000				

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SET of Colorado Springs825 E Pikes Peak Ave Ste 29 Colorado Springs, CO 80903	84-1183335	501(c)(3)	125,000				
Samaritan Behavioral Health 2222 Philadelphia Dr Dayton, OH 45406	02-0633634	501(c)(3)	137,368				

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Centura Home Care LLC188 Inverness Drive West Suite 500 Englewood, CO 80112	84-1577151		50,000				
CHI Colorado188 Inverness Drive West Suite 500 Englewood, CO 80112	84-0405257	501(c)(3)	200,000				

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
St Clare's Hospital25 Pocono Road Denville, NJ 07834	22-3319886	501(c)(3)	107,329				
Mercy Regional Medical dba CHI CO Foundation1010 Three Springs Blvd Durango, CO 81301	84-0405515	501(c)(3)	95,368				

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
St Catherine Hospital401 East Spruce Garden City, KS 67846	48-0543721	501(c)(3)	66,965				
St Francis Medical Center 2620 W Faidley Grand Island, NE 68803	47-0376601	501(c)(3)	24,809				

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
St Francis Medical Center 2620 W Faidley Grand Island, NE 68803	47-0376601	501(c)(3)	65,872				
St Elizabeth Foundation555 South 70th Street Lincoln, NE 68510	47-0625523	501(c)(3)	103,214				

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
St Elizabeth Foundation555 South 70th Street Lincoln, NE 68510	47-0625523	501(c)(3)	100,034				
Unity Family Healthcare300 Third Avenue Little Falls, MN 56307	41-0721642	501(c)(3)	36,703				

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Unity Family Healthcare300 Third Avenue Little Falls, MN 56307	41-0721642	501(c)(3)	38,175				
St Vincent Infirmary Medical Center2 St Vincent Circle Little Rock, AR 72205	71-0236917	501(c)(3)	23,384				

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
St Joseph Health System 310 East Ninth St London, KY 40740	61-1334601	501(c)(3)	47,933				
St Joseph Health System 310 East Ninth St London, KY 40740	61-1334601	501(c)(3)	40,257				

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
St Mary's Community Hospital1314 Third Avenue Nebraska City, NE 68410	47-0443636	501(c)(3)	19,817				
St Joseph Area Health600 Pleasant Avenue Park Rapids, MN 56470	41-0695603	501(c)(3)	60,823				

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
St Joseph Area Health600 Pleasant Avenue Park Rapids, MN 56470	41-0695603	501(c)(3)	58,000				
St Joseph Medical Center Foundation2500 Bernville Road Reading, PA 19603	23-2349362	501(c)(3)	90,693				

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
St Joseph Medical Center Foundation2500 Bernville Road Reading,PA 19603	23-2649362	501(c)(3)	148,000				
Mercy Foundation2700 Stewart Parkway Roseburg,OR 97470	93-6088946	501(c)(3)	63,000				

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Franciscan Foundation1717 South J Street Tacoma,WA 98405	91-1145592	501(c)(3)	92,288				
Franciscan Foundation1717 South J Street Tacoma,WA 98405	91-1145592	501(c)(3)	29,060				

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
St Joseph Medical Center Foundation7601 Osler Drive Towson,MD 21204	52-1681044	501(c)(3)	77,962				
Mercy Hospital570 Chautauqua Boulevard Valley City,ND 58072	45-0226553	501(c)(3)	79,539				

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Catholic Health Care Federation198 Inverness Drive West Englewood,CO 80112	20-8473567	501(c)(3)	348,364				Program Support

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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, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
Catholic Health Initiatives

Employer identification number
47-0617373

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 idemnification 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 in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ 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**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	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**	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

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

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
Sch J Part I Q 1a	RELEVANT INFORMATION REGARDING LISTED BENEFITS	For each benefit provided in line 1a, the organization must disclose relevant information which may include the type of benefit, the listed person who received the benefit (or class of individuals for whom the benefit was provided i e all directors), and whether or not the benefit was included in the individual's compensation The CHI travel policy #5, which is applicable to all employees, states that first-class airfare is generally not permitted, but may be utilized if approved in advance by the individual's supervisor and warranted based upon the facts and circumstances, which may include amount of travel involved, nature of specific trip, duration of travel and cost differentiation between first class and coach Kevin Lofton, CEO, utilizes first class travel on occasion only when other ticketing options are not logistically suitable CHI provides employees at the level of manager and above with PDAs The value of the employer-provided cell phone service is included in the employees' income and is grossed-up for tax pursuant to HR Policy #7 CHI provides the tax indemnification because CHI believes that the provision of cell phones to its employees is business related, and that the costs associated with documentation of the business relationship of all calls and emails made on the PDA exceeds the costs of tax indemnification
Sch J Part I Q 4		4a Post-termination payments are addressed in executive employment agreements for employees at the level of Vice President and above These employment agreements require that in order for the executive to receive a post-termination payment, these executives 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 package The following reportable individuals received severance payments from CHI during the 2010 calendar year, and these severance payments were included in the individuals' W-2 income and reportable compensation on Schedule J John Anderson $275,709, Mike Fordyce $408,091, Paul Neumann $248,754, Colleen Blye $704,372, Joseph Messmer $326,093 4b During the 2010 calendar year Catholic Health Initiatives 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 Kevin Lofton, Mitch Melfi, Joyce Ross, Michael Rowan, Dean Swindle, John Dicola, Philip Foster, Steven Kehrberg, Tom Kopfensteiner, Stephen Moore, Michael O'Rourke, KATHLEEN SANFORD, Leslie Hirsch, Mary Beth O'Brien, David Vellinga, Joseph Wilczek, Joseph Messmer During 2010 the following contributions were made by CHI to the deferred compensation plan Kevin Lofton $197,149, Mitch Melfi $73,277, Joyce Ross $21,211, Michael Rowan $143,959, Dean Swindle $70,000, John Dicola $84,564, Philip Foster $26,163, Steven Kehrberg $20,473, Tom Kopfensteiner $72,514, Stephen Moore $91,200, Michael O'Rourke $44,523, KATHLEEN SANFORD $64,000, Leslie Hirsch $57,678, Mary Beth O'Brien $52,785, David Vellinga $49,474 During 2010 the following distributions were made by CHI from the deferred compensation plan Kevin Lofton $501,152, Joyce Ross $67,162, Tom Kopfensteiner $44,570, Joseph Wilczek $75,108, Joseph Messmer $419,309, Colleen Blye $386,448, Michael Fordyce $941,884 Colleen Blye and Michael Fordyce are no longer employed by Catholic Health Initiatives However, they are still receiving deferred compensation distributions that previously vested Due to the "super" vesting rules under the CHI deferred compensation plan, participants who have met certain requirements such as termination, age, or years of service are eligible to receive their 2010 contributions in cash These cash payouts are included in the participant's reportable compensation in column (iii) Other Reportable Compensation on Schedule J Part II During 2010, the following contributions that would have been made by CHI to the deferred compensation plan were paid in cash Joseph Messmer $9,223 and Joseph Wilczek $60,850
Sch J Part I Q 7		CHI maintains a variable pay program for managers and above that puts a certain amount of compensation at risk Awards of incentive compensation under the variable pay program are made based upon achievement of organizational objectives including financial outcomes, quality improvement, and other measures as determined annually by the Board of Stewardship Trustees However, no award is payable under this program unless operating margin and charity care levels are achieved at a designated percent of budget

Additional Data

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Software Version:
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Name: Catholic Health Initiatives

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Kevin Lofton FACHE	(I) (II)	1,298,121	908,358	544,294 5,385	222,277	18,414	2,991,464 5,385	501,152
Colleen Blye CPA	(I) (II)	14,337		1,122,860	27,578	21,095	1,185,870	386,448
MICHAEL FORDYCE	(I) (II)			1,349,975	30,028		1,380,003	941,884
Susanna Laundy	(I) (II)	350,579	102,297	22,704	22,678	9,832	508,090	
Paul Neumann	(I) (II)			248,366	25,128	1,447	274,941	
John Newton Jr	(I) (II)	297,317	78,118	21,981	30,028	8,522	435,966	
Mitch Melfi ESQ	(I) (II)	478,350	188,564	123,846	100,855	21,256	912,871	
Michael Rowan FACHE	(I) (II)	912,104	405,340	23,868	166,637	19,330	1,527,279	
Dean Swindle CPA	(I) (II)	456,591	125,000	265,556	70,000	10,978	928,125	
Joyce Ross	(I) (II)	257,563	86,376	91,223	46,339	9,762	491,263	67,162
John DiCola	(I) (II)	526,918	225,584	25,126	114,592	21,046	913,266	
Thomas Kopfensteiner STD	(I) (II)	458,128	193,982	69,742	92,742	9,896	824,490	44,570
Stephen Moore MD	(I) (II)	566,211	197,006	25,126	111,428	14,156	913,927	
Kathleen Sanford RN DBA FACHE	(I) (II)	406,180	156,544	22,717	84,228	17,296	686,965	
Steven Kehrberg	(I) (II)	275,988	63,440	21,731	52,951	14,250	428,360	
Herbert Vallier	(I) (II)	390,021	212,741	30,002	20,228	17,806	670,798	
John Anderson	(I) (II)			273,547	20,228	8,478	302,253	
Carol Keenan	(I) (II)	292,662	67,580	19,920	27,578	18,352	426,092	
Philip Foster	(I) (II)	286,954	82,972	22,365	48,841	18,797	459,929	
Michael O'Rourke	(I) (II)	460,963	149,220	54,480	64,751	19,768	749,182	
Mary Elizabeth O'Brien	(I) (II)	590,267	334,408	28,710	73,013	10,472	1,036,870	
David Vellinga	(I) (II)	609,695	288,044	26,944	81,952	12,446	1,019,081	
Leslie Hirsch	(I) (II)	639,284	192,728	25,012	77,906	14,218	949,148	
Joseph Wilczek	(I) (II)	637,541	216,372	201,908	25,128	12,173	1,093,122	75,108
Joseph Messmer	(I) (II)	115,424	73,914	764,664	32,478	12,518	998,998	419,309

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

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Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	Washington Health Care Facilities Auth 2008A4-6	91-1108929	93978EJ60	07-29-2010	120,260,000	SEE SCH O - (Wash 2008A4-6)		X		X		X
B	Colorado Health Facilities Authority 2009 AB	84-0752932	19648ARL1	11-10-2009	713,972,398	SEE SCH O - (2009AB Comp Issue)		X		X		X
C	Kentucky Economic Dev Finance Auth 2009 AB	61-0600439	49126PDF4	11-10-2009	133,269,543	SEE SCH O - (2009AB Comp Issue)		X		X		X
D	County of Montgomery Ohio 2009 AB	31-6000172	613549HX5	11-20-2009	263,401,078	SEE SCH O - (2009AB Comp Issue)		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	17,010,000	17,010,000	4,465,000	8,800,000
2	Amount of bonds legally defeased				
3	Total proceeds of issue	120,260,000	714,047,470	133,269,639	263,401,373
4	Gross proceeds in reserve funds	39	39	5	22
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrow	120,260,000	155,600,000		223,408,344
7	Issuance costs from proceeds	6,264,973	6,264,973	1,380,211	2,530,978
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	552,182,497	552,182,497	131,889,379	37,461,940
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2009	2011	2009	2009
		Yes / No	Yes / No	Yes / No	Yes / No
14	Were the bonds issued as part of a current refunding issue?	X /	X /	/ X	X /
15	Were the bonds issued as part of an advance refunding issue?	/ X	/ X	/ X	/ X
16	Has the final allocation of proceeds been made?	/ X	/ X	/ X	/ X
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X /	X /	X /	X /

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?	X		X		X		X	
b	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X		X		X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 330 %		0 330 %					
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 010 %		0 010 %					
6	Total of lines 4 and 5	0 340 %		0 340 %					
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		X
2	Is the bond issue a variable rate issue?	X		X		X		X	
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?	X			X		X		X
b	Name of provider	JP MORGAN							
c	Term of hedge		28						
d	Was the hedge superintegrated?		X						
e	Was a hedge terminated?		X						
4a	Were gross proceeds invested in a GIC?		X		X		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
6	Did the bond issue qualify for an exception to rebate?	X		X		X		X	

Part V Supplemental Information

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

Identifier	Return Reference	Explanation
Schedule K - Supplemental Information		Due to Software limitations, please see Schedule K Supplemental Information contained in Schedule O

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

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

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

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefitting Interested Persons.

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

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

Part IV **Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Preferred Professional Insurance Co	Dual Board Member	15,000,000	Comm Excess & Prim Malprac Ins		No

Part V **Supplemental Information**

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

Identifier	Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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Identifier	Return Reference	Explanation
Form 990 Part III	Organizational Mission continued	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 and social justice as we move toward the creation of healthier communities

Identifier	Return Reference	Explanation
Form 990 Part III PSR	Statement of Program Service Accomplishments	CHI is a national nonprofit health organization with headquarters in Denver The faith-based system operates in 19 states and includes 73 hospitals, 40 long-term care, assisted- and residential-living facilities, two community health-services organizations, and home health agencies In fiscal year 2011, CHI provided almost $612 million in charity care and community benefit, including services for the poor, free clinics, education and research CHI's exempt purpose is to serve as an integral part of its national system of hospitals and other charitable entities, which are described as market-based organizations, or MBOs An MBO is a direct provider of care or services within a defined market area that may be an integrated health system and/or a stand-alone hospital or other facility or service provider To fulfill its mission, CHI, as a values-driven organization, assures the integrity of the ministry in both current and developing organizations and activities CHI fosters research and development of new ministries that integrate health, education, pastoral and social services, promotes leadership development and formation for the ministry throughout the entire organization, advocates for systemic changes with specific concern for persons who are poor, alienated and underserved, and stewards resources by general oversight of the entire organization To further the exempt purpose, CHI provides strategic planning and management services as well as centralized "shared services" for the MBOs The provision of centralized management and shared services - including areas such as accounting, human resources, payroll and supply chain -- provides economies of scale and purchasing power to the MBOs Cost savings associated with centralized services for the fiscal year ended June 30, 2011, include more than $118 million in supply chain expense, approximately $28 million for insurance costs and approximately $3 9 million as the result of a system-wide effort to coordinate and negotiate technology and equipment purchases The cost savings achieved through CHI's centralization enable MBOs to dedicate additional resources to high-quality health care and community outreach services to the most vulnerable members of our society Reporting Across the System The following examples of community benefit activities in 2010 represent only a small fraction of those taking place on a daily basis at these facilities and throughout the Catholic Health Initiatives health care system

Identifier	Return Reference	Explanation
Form 990 Part III PSR (Continued)	Statement of Program Service Accomplishments (CONTINUED)	Denville, New Jersey St Clare's Health System, with hospitals in Denville, Dover, Boonton and Sussex, serves more than 60 towns in the northwest region of New Jersey and northeast ern Pennsylvania The system's Sister Catherine Community Health Center Clinic has been se rving the community for more than 20 years, providing high quality, compassionate care to the vulnerable, poor, underserved and uninsured The clinic offers comprehensive services for all family health needs, including internal medicine, obstetrics, gynecology and pedia trics, all in a single location The center is staffed with board-certified physicians who specialize in internal medicine, pediatrics and obstetrics, nurses, social workers, dieti cians, financial counselors and support staff In addition, it collaborates with The Morri s County Office of Temporary Assistance to provide an out-station Medicaid worker to assis t current clinic clients in applying for Medicaid programs About 95% of non-clinical staf f is bilingual For fiscal year 2011, the Adult Medical Clinic provided care to 3,879 pati ents and 3,365 prenatal clinic visits, with approximately 264 deliveries by clinic patient s St Clare's has also developed a prenatal HealthStart Clinic called "Hablando de Mujer a Mujer" (Talking Woman to Woman) It is run once a week from March through July and focus es on topics related to pregnancy, birth, and expectations related to motherhood, post-par tum depression and the impact of post-partum depression in the family Also, the system's pediatric neurology clinical provides services on the fourth Tuesday of every month, offer ing a comprehensive evaluation and management of children with diseases affecting the nerv ous system and muscles This includes seizures, tics, headaches and migraines, and neurode generative disorders Park Rapids, Minnesota St Joseph's Area Health Services sponsors a Community Dental Clinic, which provides dental care to the publicly funded populations thr oughout north-central Minnesota In fiscal year 2011, the clinic provided 5,876 dental vi sits The "Give Kids a Smile" day provided hygiene and exams to 65 children The Pregnancy -to-Parenthood Program was developed to address the needs of at-risk mothers and children The program includes prenatal education, parenting education and support St Joseph's Ar ea Health Services provides the oversight of the grants and the additional funding for thi s program Vaccinations are one of the most effective ways to prevent disease and also one of the most cost-efficient medical interventions available St Joseph's Area Health Serv ices offers low-cost or free vaccinations to eligible children from birth to age 19 at mon thly clinics Annual flu shots are provided to area businesses St Joseph's Area Health S ervices also makes vaccines available in all of the schools in Hubbard County More than 6 00 vaccinations were given to community members and students in fiscal year 2011 Breckenr idge, Minnesota St Francis Medical Center is the sole provider for several much-needed he alth services in the community, including -Milnor Clinic, a rural health clinic located i n southeast North Dakota, 40 miles west of Breckenridge Clinic services are provided to a medically underserved community through a nurse practitioner and a rotation of physicians Approximately 792 patient visits were conducted during fiscal year 2011 at a net cost of $148,350, -The Hope Unit, which provides outpatient psychiatric and chemical dependency s ervices to address the mental health needs of the community Wilkin County has been design ated as a health provider shortage area, and the Hope Unit staffs the only psychiatrist in the community Despite these unmet mental health needs, the Hope Unit conducted 4,152 pat ient encounters during fiscal year 2011 with a net annual cost of $25,983, -Subsidization of the cost of anesthesia services in order to provide 24-hour on-call coverage in the are a Almost 1,000 people benefited at a cost of $80,619 throughout the fiscal year Reading, Pennsylvania St Joseph Medical Center has collaborated for the last nine years with the Keystone Farmw orker Program, the Berks-Schuylkill Dental Hygienists' Association, the Berk s County Dental Society, and individual private practice dental professionals to provide a Children's Dental Clinic that operates one Saturday morning a month from January through May The Children's Dental Clinic cares for children with serious dental diseases who have fallen through the cracks A majority of those clinic patients are low income, minority c hildren, including farm-worker children Also, St Joseph helps educate Hispanic w omen abo ut prenatal care through Comenzando Bien (Good Beginning), a program created by the nation al March of Dimes organization The curriculum addresses some of the unique cultural persp ectives of Hispanic w omen and their families, as well as behaviors that affect a pregnancy Comenzando Bien is a bilingual program with mate

Identifier	Return Reference	Explanation
Form 990 Part III PSR (Continued)	Statement of Program Service Accomplishments (CONTINUED)	rials that reflect Hispanic culture and the roles of men and women in that culture The prenatal education portion of the classes encourages positive behaviors, including taking vitamins, getting needed vaccinations and eating properly during pregnancy Centerville, low a Mercy Medical Center-Centerville provided a wide variety of community outreach programs to the poor in fiscal year 2011, including - Sponsorship of a community bus that provides transportation to medical appointments for the elderly and those with low income who are unable to drive or have no one to transport them The bus served 864 riders last year -Flu vaccines for the businesses at their worksite, including vaccines for residents and staff of a community of mentally challenged individuals who live at the home A total of 121 community members were served through this vaccination program -The preparation of meals and dietician consultant service for the county Meals on Wheels program This program served 6,822 meals on wheels to the poor and elderly in the community Mercy also offers a certified diabetes education and support group from patients with diabetes and their spouses This program offers both presentations from various disciplines involved in managing diabetes as well as discussion Almost 200 individuals took part in this education to assist them in managing their diabetes And Mercy holds a monthly Alzheimer's support group to meet the growing needs of the elderly facing Alzheimer's and those who are providing care to the m in the home The group has both a morning and evening session for the convenience of caregivers Twenty-three people benefited from the services of this program last year Grand Island, Nebraska The Saint Francis Medical Center Foundation distributed $608,198 back into the community in fiscal year 2011 through its financial support of Saint Francis Medical Center and community-sponsored programs Additionally, $247,027 was provided through in-kind support and fiduciary support of community projects Programs supported financially included the Third City Community Clinic, which provides primary care and dental care to low-income residents, Saint Francis Child Safety, which promotes usage of child safety seats, and the Parish Nurse program at St Mary's Cathedral In addition, funds support the Student Wellness Center, which provides primary health care services to students at Grand Island Senior High and Walnut Middle School along with Project Care, which helps Saint Francis patients address medical needs that aren't covered by insurance or existing programs The Saint Francis Foundation also provided funding for oncology services, a teen parenting program and interpreter services

Identifier	Return Reference	Explanation
Form 990 Part III PSR (Continued)	Statement of Program Service Accomplishments (CONTINUED)	Lexington, Kentucky SJH operates a free health clinic, the Saint Joseph Continuing Care Clinic, for residents of central Kentucky (primarily of Fayette County) who are low-income and do not qualify for Medicaid services The clinic provides primary health care services, including pharmaceuticals In fiscal year 2011, the clinic served 1,885 patients during 2,825 visits and provided $3,711,674 in free medications, based on market value The clinic also began a redesign process to identify ways to better serve people who leave the hospital without follow-up care to improve appropriate utilization of services and reduce readmissions Saint Joseph also provides space and utilities to Baby Health Service, the oldest children's health clinic in the commonwealth Baby Health Service is about healthy families and a healthier community Its name may be misleading, as its patients are children age birth to 17 whose families do not qualify for Medicaid and who have no form of health insurance All services are free for children Well Child visits, sick visits, medications, lab tests and immunizations are paid by Baby Health Service The dollar value of the volunteer medical services averages nearly $300,000 annually Little Rock, Arkansas St Vincent Infirmary Medical Center sponsor its Volunteers-in-Medicine Program, providing primary care to those without health insurance at three clinic locations in greater Little Rock It uses the services of volunteer, retired St Vincent physicians to deliver these services and it maintains a network of physician specialists to whom it can also refer as needs arise These Clinics registered 2,841 patient visits during fiscal year 2011, as the economic recession continued to make it difficult for uninsured people to find health care options Beyond the direct care provided at these clinics, St Vincent has donated medical supplies in several instances where needed, as well as medications that patients otherwise could not afford St Vincent also maintains its 39-year partnership with the City of Little Rock at St Vincent Health Clinic - East, where dental services help to meet a significant need in our community This Clinic also provides free school physicals to many children in greater Little Rock each summer Towson, Maryland St Joseph Medical Center sponsors St Clare Medical Outreach, a free primary care clinic that serves people who have no health insurance There is a growing Hispanic community in the hospital's primary service area whose health care needs are often unmet because of language barriers and their lack of health insurance Many of the patients of St Clare Medical Outreach are Hispanic, and almost all of the staff of St Clare Outreach is bilingual The staff sees more than 2,000 patients each year The primary medical conditions of the patients of St Clare Outreach are hypertension, obesity, diabetes and high blood pressure, but, at the same time, the staff sees patients who are diagnosed with cancer and need immediate and aggressive interventions The staff at St Clare Outreach includes a pharmacy liaison whose full-time position is working with pharmaceutical companies to secure at little or no cost the drugs that the patients urgently require but cannot afford When patients present with needs for care by specialists, the staff of St Clare can refer many of them to physicians who will provide pro bono care in their area of specialty The diabetes educator who is part of the St Clare Medical Outreach staff has developed teaching tools specifically designed for patients who read neither English nor Spanish and yet need instruction on how to control their diabetes through both diet and the use of insulin The request for services through St Clare Medical Outreach has been so strong that the hospital has launched a program to have physicians who have retired from St Joseph Medical Center provide volunteer care so patients can be seen more quickly Little Falls, Minnesota Unity Family Healthcare provides many programs designed to assist the vulnerable, including participation in the Little Falls "Home-Delivered Meals" program This initiative involves delivering meals to needy people in the community The recipients are not only grateful for prepared meals but also equally happy about the opportunity to interact with someone from the community They are frequently isolated and such opportunities are limited The Home-Delivered Meals program meets a local community need and is directly related to the broad definition of health -- addressing the spiritual, mental, physical and emotional well-being of people in the community Unity Family Healthcare department managers have led this project, resulting in a community benefit of $6,300 while serving 344 individuals Also, as the community has become more diverse, Unity Family Healthcare recorded almost $26,000 in translation services in fiscal year 2011, up from $8,500 the previous year Meantime, St Gabrie

Identifier	Return Reference	Explanation
Form 990 Part III PSR (Continued)	Statement of Program Service Accomplishments (CONTINUED)	l's Hospital, part of Unity, was among the first facilities in the state to participate in the Minnesota Breast and Cervical Cancer Control Program, which provides screening servic es to low-income women St Gabriel's Hospital and the other Little Falls-based medical pr oviders continue to be among the most utilized participants in the state This high partic ipation rate is primarily due to two factors-the low per capita income in the county and t he effectiveness in presenting the program to women who make appointments for the covered services Roseburg, Oregon Mercy Medical Center's Community Education Programs are free to the public and designed to provide instruction to help achieve the healthiest possible li festyles During fiscal year 2011, Mercy contributed $93,499 to Community Health Improveme nt and Education programs Mercy's Family Birthplace provides classes that meet every week throughout the year, and include prenatal education, breastfeeding and childbirth classes These classes cover all kinds of issues surrounding childbirth and parenting Mercy also collaborates with local partners to raise awareness and to help fund prevention of diseas es such as cancer, diabetes, cystic fibrosis, muscular dystrophy and AIDS Last year, Merc y donated to local organizations by sponsoring presentations on topics such as heart disea se, diabetes, stroke, and breast cancer awareness Also, Mercy provided cash donations in the amount of $41,111 last year to numerous agencies, including the Boys and Girls Club, C amp Millennium, Roseburg Chamber of Commerce, Rotary Foundation, United Way, Wish, Umpqua Community Health Clinic and various high schools in Douglas County Bardstown, Kentucky Fl aget Memorial Hospital's Prescription Assistance Program includes an employee dedicated to coordinating the prescription assistance program, which serves people who otherwise could not afford to pay for their prescription medications By utilizing the assistance options through pharmaceutical companies, the program is able to ensure patients get the medicati ons they need at no cost This enables the patients to better manage their health and avoi ds unnecessary utilization of high cost emergency department services If there is a gap b etween when the patient needs a medication and when the pharmaceutical assistance begins, the program includes a bridge through a voucher system with local retail pharmacies so tha t people have immediate access to vital medicine In the 2011 fiscal year, 2,294 free pres cription medications were distributed at a market value of $1,162,769 This comprehensive service walks patients through the application process and follows up with patients to mak e sure their long-term needs are met Flaget works with other community members and organi zations to support the operations of the Nelson County Community Clinic, which offers basi c medical and dental services for people who are working but do not have health insurance Flaget provides financial assistance and supplies to the clinic and receives referrals fr om the clinic's patients for advanced diagnostic tests

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, Line 1	Executive Committee	CHI's Board of Stewardship Trustees does have an Executive Committee The executive committee is comprised of the board chair, the chair-elect, the Vice Chair, and up to three additional Trustees appointed by the Board of Stewardship Trustees Except as otherwise provided by law, the Executive Committee has and may exercise such powers as may be delegated to it by the Board of Stewardship Trustees All actions taken by the Executive Committee shall be promptly reported to the Board of Stewardship Trustees at the next regular meeting of the Board of Stewardship Trustees During the Fiscal Year Ended June 30, 2011 the Executive Committee was comprised of the following individuals Phyllis Hughes, David Lincoln, Mary Jo Potter, Patricia Smith, and Kevin Lofton All of these individuals were members of the Board of Stewardship Trustees

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 6	Existence of Members or Stockholders	Form 990 instructions define a "member" as any person who, pursuant to a provision of the organization's governing documents or applicable state law has the right to "approve significant decisions of the governing body" or to "receive distributions of income or assets from the organization upon the organization's dissolution" CHI was founded by Religious Institutes of the Roman Catholic Church Those Religious Institutes of the Roman Catholic Church that agree to accept the mission and vision of the organization and meet certain other requirements established by the Board of Stewardship Trustees, and who are approved by a 2/3 vote of the Board of Stewardship Trustees have "Participating Congregation" rights and duties under the bylaws of the organization Participating Congregations have the right to approve substantial changes to the mission and philosophical direction of the organization, approve amendments to the articles and bylaws affecting any provision governing the qualifications, rights or responsibilities of the Participating Congregations, select and remove a person who represents that participating congregation in exercising its rights and duties, participate in the distribution of assets upon the dissolution of the organization, participate in organizational advocacy efforts, encourage members of the participating congregations to participate in the ministries sponsored by the organization, and participate through their representatives in meetings held twice per year with the Board of Stewardship Trustees (Section 3 1 1 of the Bylaws of Catholic Health Initiatives)

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 7b	Decisions of the Board Subject to Approval	Form 990 instructions indicate that an organization must answer "yes" if at any time during the organization's tax year, there were one or more persons who had the right to approve or ratify decisions of the organization's governing body such as approval of the governing body's decision to dissolve the organization The corporation was founded by Religious Institutes of the Roman Catholic Church Those Religious Institutes of the Roman Catholic Church that agree to accept the mission and vision of the organization and meet certain other requirements established by the Board of Stewardship Trustees, and who are approved by a 2/3 vote of the Board of Stewardship Trustees have Participating Congregation rights and duties under the bylaws of the organization Participating Congregations have the right to approve substantial changes to the mission and philosophical direction of the organization, approve amendments to the articles and bylaws affecting any provision governing the qualifications, rights or responsibilities of the Participating Congregations, select and remove a person who represents that participating congregation in exercising its rights and duties, participate in the distribution of assets upon the dissolution of the organization, participate in organizational advocacy efforts, encourage members of the participating congregations to participate in the ministries sponsored by the organization, participate through their representatives in meetings held twice per year with the Board of Stewardship Trustees (Section 3 1 1 of the Bylaws of Catholic Health Initiatives)

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 11B	Process, if any, that the organization uses to review Form 990	The Chief Financial Officer of CHI conducts a review of the Form 990 in a meeting with the Director of Tax Individual sections of the Form 990 may also be reviewed by the General Counsel and the Director of Communications After incorporation of any changes resulting from these reviews, the Form 990 is provided to the CHI Board of Stewardship Trustees a week in advance of the Board meeting as part of the board packet The Form 990 is formally presented to the board by the Chief Financial Officer and by the Director of Tax at the board meeting Upon Chief Financial Officer approval and signature, the tax director files the final Form 990 as presented to the board, making any non-substantive changes necessary in order to effect e-filing Any such changes are not re-submitted to the board

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 12C	Procedures for Monitoring and Enforcing the COI Policy	All CHI officers, trustees and employees are covered by a conflict of interest policy The Board of Stewardship Trustees Conflict of Interest Policy provides that all members of the Board of Stewardship Trustees and officers are required to promptly and fully disclose to the Board Chair situations that may create a conflict of interest when he or she becomes aware of the situation In addition, all members of the Board of Stewardship Trustees, including Officers of the Board, are required to annually disclose any conflicts of interest via completion of a conflict of interest form which is reviewed by the organization's Senior Vice President Legal Services and General Counsel Any resulting potential conflicts are reported to the Board Chair who is charged with further investigation of conflict(s) of interest as he or she deems appropriate, documentation of conclusions with respect to existence of a conflict (including relevant facts and circumstances), and reporting to the executive committee concerning the review, evaluation and conflict determination To the extent that the Board Chair and any other trustee disagree as to whether a circumstance gives rise to a conflict, the Board's Executive Committee makes the final determination as to the existence of a conflict The potentially conflicted board member is excluded from voting as to the existence of a conflict, and is excused from the room while voting concerning the matter is conducted In any circumstance where a board member has been identified as having a conflict of interest with respect to a particular transaction, that board member is also excluded from voting with respect to that transaction The Conflict of Interest policy with respect to CHI employees requires that employees at the level of director and above must certify upon hiring that they have no conflict of interest Further, these individuals are required to disclose to their supervisors any conflicts that arise during the year Finally, these individuals must, in conjunction with the performance evaluation process, annually certify that no conflicts exist

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 15	Process for Determining Compensation	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

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 16B	Adoption of written policy or procedure regarding joint ventures	CHI has not formally adopted a written policy or written procedure regarding joint ventures However CHI's system-wide joint venture model operating agreement incorporates controls over the venture sufficient to ensure that (1) the exempt organization at all times retains control over the venture sufficient to ensure that the partnership furthers the exempt purpose of the organization, (2) in any partnership in which the exempt organization is a partner, achievement of exempt purposes is prioritized over maximatation of profits for the partners, (3) the partnership does not engage in any activities that would jeopardize the exempt organization's exemption, (4) returns of capital, allocations, and distributions must be made in proportion to the partners' respective ownership interests, and (5) all contracts entered into by the partnership with the exempt organization must be at arm's-length, with prices set at fair market value Any joint venture agreements that do not conform to the model agreement are generally reviewed by counsel

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 19	Governing Documents, COI Policy, Financial Statements Public Availability	Catholic Health Initiatives' Articles of Incorporation are available on the Colorado Secretary of State website Catholic Health Initiatives' consolidated audited financial statements are available on the CHI Website at http //www catholichealthinit org/ and at http //www dacbond com Catholic Health Initiatives' Bylaws and Conflict of Interest Policy are not publicly available

Identifier	Return Reference	Explanation
Form 990, Part VII, Column B	Estimate of Average Weekly Hours Devoted to Related Organizations	The voting board members of Catholic Health Initatives are all members of Catholic Health Care Federation ("CHCF") Each of the following individuals spends approximately 2 hours / week on CHCF business Kevin Lofton, Phyllis Hughes, Maureen Comer, David Edwards, Antoinette Hardy-Waller, Andrea Lee, David Lincoln, Christopher Lowney, Eleanor Martin, Blackford Middleton, Mary Margaret Mooney, Mary Jo Potter, Bruce Siegel, Patricia Smith, Robert Smoldt, Martha Walsh, In their capacities as employees of Catholic Health Initiatives, the following individuals provided services to various CHI affiliates during the year ended June 30, 2011 Kevin Lofton, Dean Swindle, Mitch Melfi, Michael Rowan, Joyce Ross, Lynn Smith, John Dicola, Tom Kopfensteiner, Stephen Moore, KATHLEEN SANFORD, Steven Kehrberg, Herbert Vallier, Carol Keenan, Philip Foster, Michael O'Rourke, Mary Elizabeth O'Brien, David Vellinga, Joseph Wilczek, Leslie Hirsch, Joseph Messmer Due to the nature of the work it is not possible to estimate the portion of time dedicated by each of these employees to related organizations These individuals may also, in their capacities as CHI employees, sit on the boards of CHI direct affiliates and / or subsidiaries

Identifier	Return Reference	Explanation
Form 990, Part VII, Column D & E	Explanation of Reasonable Efforts to Obtain Related Organization Comp	An organization is not required to report compensation from a related organization to a person listed on Form 990, Part VII, Section A if the organization is unable to secure the information on compensation paid by a related organization after making a reasonable effort to obtain it In that case, the organization shall report the efforts undertaken on Schedule O CHI believes that it has fully disclosed all compensation paid by related organizations to the individuals listed on Schedule J However, in the event that any related party compensation has been inadvertently excluded, CHI offers the following information concerning reasonable efforts CHI performed a comprehensive review of the compensation paid by each organization within the CHI family as follows Each CHI legal entity provided a list of its officers, directors, trustees, key employees and estimated top ten highest paid employees This information was provided to various departments including, inter alia, CHI's centralized accounts payable service center, centralized payroll center and benefits coordinator Each department provided a report reflecting the amount paid to each reportable individual by payor-entity Each reportable individual received a report reflecting their compensation as it will be reported on the Form 990 (including compensation paid by related organizations) and were asked to verify the accuracy of the information

Identifier	Return Reference	Explanation
Form 990, Part XI, Line 5	OTHER CHANGES IN NET ASSETS OR FUND BALANCE	CAPITAL RESOURCE POOL CONTRIBUTION 54,526,176 EQUITY TRANSFER FROM AFFILIATES 5,483,416 EQUITY TRANSFER TO AFFILIATES (24,033) CAPITALIZED PROJECT COSTS 239,143 MBO ALLOCATION OF CHI CONNECT DEPRECIATION (11,657,638) PRIOR PERIOD ADJUSTMENT (40,844) PENSION ADJUSTMENT 367,630,912 FMV CHANGE IN INTEREST RATE SWAPS 26,876,123 NET UNREALIZED GAINS/(LOSSES) ON INVESTMENTS 160,259,130 ========== TOTAL 603,292,385

Identifier	Return Reference	Explanation
SCHEDULE K		Form 990 Schedule K, Part V Washington Health Facilities Authority 2008A4-6 Part I, line f Purpose Reissuance of Wash HFA 2008A4-6, originally issued on April 21, 2008 Part II, line 6 All of the deemed proceeds of the reissuance were treated as refunding all of the outstanding Washington Health Care Facilities Auth Series 2008A4-6 Bonds on July 29, 2010 ========== Series 2009 A/B Composite Issue The bonds described on lines B, C and D in Part I are part of a composite issue for federal income tax purposes (the Series 2009 A/B Composite Issue) All amounts reported below are for the composite issue rather than the component parts Part I line d Date Issued 10-Nov-09 line e Issue Price $1,110,643,019 line f Purpose Colorado Health Facilities Authority 2009 A/B - Capital improvements, acquisitions and equipment acquisitions for affiliates in Colorado, Iowa, New Jersey and Nebraska and current refunding of Colorado 1997B-1, 1997B-2, 1997B-3 (Original Issuance Date November 25, 1997), 2004B-4 and 2004B-5 Bonds (Original Issuance Date November 18, 2004) and Iowa 1997B Bonds (Reissuance Date December 2, 1999) Kentucky Economic Dev Finance Auth 2009 A/B - Capital improvements and equipment acquisitions for affiliates in Kentucky County of Montgomery, Ohio 2009 A/B - Capital improvements and equipment acquisitions for affiliates in Ohio and current refunding of Ohio 1997B (Original Issuance Date November 25, 1997), 2006B-1 and 2006B-2 Bonds (Original Issance Date November 9, 2006) Part II line 1 Amount of bonds retired $30,275,000 line 2 Amount of bonds legally defeased $0 line 3 Total Proceeds of issue $1,110,718,482 line 4 Gross proceeds in reserve funds $66 42 line 5 Capitalized interest from proceeds $0 line 6 Proceeds in refunding escrows $379,008,344 155,600,000 of proceeds of the Colorado Health Facilities Authority 2009A/B Bonds were used to redeem the Colorado Health Facilities Authority Series 1997B-1, 1997B-2, 1997B-3, 2004B-4 and 2004B-5 Bonds and the Polk County, Iowa 1997B Bonds on November 10, 2009 $223,408,344 of proceeds of the County of Montgomery, Ohio 2009A/B Bonds were used to redeem the County of Montgomery, Ohio Series 1997B, Series 2006B-1 and Series 2006B-2 Bonds on November 10, 2009 line 7 Issuance costs from proceeds $10,176,161 line 8 Credit enhancement from proceeds $0 line 9 Working capital expenditures from proceeds $0 line 10 Capital expenditures from proceeds $721,533,816 line 11 Other spent proceeds $0 line 12 Other unspent proceeds $0 line 13 Year of substantial completion 2011 Part III line 1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? No line 2 Are there any lease arrangements with respect to the financed property which may result in private business use? Yes line 3 a Are there any management or service contracts with respect to the financed property which may result in private business use? Yes line 3 b Are there any research agreements with respect to the financed property which may result in private business use? Yes line 3 c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property? Yes Private use is computed for the composite issue as a whole, rather than based on its component parts For presentation purposes on lines 4-6 of the Schedule K, Part III table, private use percentages for the composite issue, as a whole, have been reported under the first component of the composite issue The sections of the table for the remaining component parts of the composite issue were left blank. line 4 Enter the percentage of financed property used in a private business use by entities other than a section 501 (c)(3) organization or a state or local government [0 33] line 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501 (c)(3) organization or a state or local government [0 01] line 6 Total of lines 4 and 5 [0 34] line 7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? Yes PART IV line 5 Were any gross proceeds invested beyond an available temporary period? No - CHI reasonably expects that no proceeds will be invested beyond an available temporary period line 6 Did the bond issue qualify for an exception to rebate? Yes - CHI reasonably expects that the Series 2009 Composite Issue will meet an available exception to rebate ==========

Identifier	Return Reference	Explanation
SCHEDULE K		Form 990 Schedule K, Part V (Series 2008D Composite Issue) The bonds described on lines A, B, C and D in Part I are part of a composite issue for federal income tax purposes (the Series 2008D Composite Issue) All amounts reported below are for the composite issue rather than the component parts Part I line d Date Issued 20-Nov-08 line e Issue Price $468,483,279 line f Purpose Colorado Health Facilities Authority 2008D - Capital improvements and equipment acquisitions for affiliates in Colorado, Iowa, Minnesota, Nebraska, New Jersey and Oregon County of Montgomery, Ohio 2008D - Capital improvements and equipment acquisitions for affiliates in Ohio Chattanooga TN Health Ed & Housing Fac Bd 2008D - Capital improvements and equipment acquisitions for affiliates in Tennessee Washington Health Care Facilities Authority 2008D - Refund WA Auth Bonds 2007A1-3 (Original Issuance Date November 8, 2007) Part II line 1 Amount of bonds retired $0 line 2 Amount of bonds legally defeased $3,155,000 00 line 3 Total Proceeds of issue $469,141,627 line 4 Gross proceeds in reserve funds $0 line 5 Capitalized interest from proceeds $0 line 6 Proceeds in refunding escrows $169,725,000 169,725,000 of proceeds of the Washington Health Facilities Authority 2008D Bonds were used to redeem the Washington Health Facilities Authority Series 2007A1-3 Bonds on December 9, 2008 line 7 Issuance costs from proceeds $6,135,034 line 8 Credit enhancement from proceeds $0 line 9 Working capital expenditures from proceeds $0 line 10 Capital expenditures from proceeds $262,410,121 line 11 Other spent proceeds $3,479,562 72 CHI has provided for the defeasance of $3,155,000 of the Colorado Health Facilities Authority Series 2008D-2 to their earliest call date line 12 Other unspent proceeds $31,333,141 line 13 Year of substantial completion Expected to be 2013 Part III line 1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? No line 2 Are there any lease arrangements with respect to the financed property which may result in private business use? Yes line 3 a Are there any management or service contracts with respect to the financed property which may result in private business use? Yes line 3 b Are there any research agreements with respect to the financed property which may result in private business use? Yes line 3 c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property? Yes Private use is computed for the composite issue as a whole, rather than based on its component parts For presentation purposes on lines 4-6 of the Schedule K, Part III table, private use percentages for the composite issue, as a whole, have been reported under the first component of the composite issue The sections of the table for the remaining component parts of the composite issue were left blank line 4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government [0 22] line 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization or a state or local government [0 01] line 6 Total of lines 4 and 5 [0 23] line 7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? Yes PART IV line 5 Were any gross proceeds invested beyond an available temporary period? Yes - CHI reasonably expects that proceeds will be invested beyond an available temporary period line 6 Did the bond issue qualify for an exception to rebate? No - CHI reasonably expects that the Series 2008D Composite Issue will not meet an available exception to rebate ==========

Identifier	Return Reference	Explanation
SCHEDULE K		Form 990 Schedule K, Part V (Series 2006/2008 Composite Issue) The bonds described on lines A and B in Part I, together with County of Montgomery, Ohio Variable Rate Revenue Bonds (Catholic Health Initiatives) Series 2006B, which were redeemed on November 10, 2009 and are no longer outstanding, are part of a composite issue for federal income tax purposes (the Series 2006/2008 Composite Issue) All amounts reported below are for the composite issue rather than the component parts Part I line d Date Issued 9-Nov-06 line e Issue Price $750,000,000 line f Purpose County Montgomery, Ohio 2006B - Capital improvements and equipment acquisitions for affiliates in Ohio County of Montgomery, Ohio 2006C - Capital improvements and equipment acquisitions for affiliates in Ohio Colorado Health Facilities Authority 2006C - Capital improvements and equipment acquisitions for affiliates in Colorado, Arkansas, Iowa, Missouri and Nebraska Part II line 1 Amount of bonds retired $285,000,000 line 2 Amount of bonds legally defeased $0 line 3 Total Proceeds of issue $769,154,344 line 4 Gross proceeds in reserve funds $66 81 line 5 Capitalized interest from proceeds $2,188,562 line 6 Proceeds in refunding escrows $0 line 7 Issuance costs from proceeds $0 line 8 Credit enhancement from proceeds $8,264,326 line 9 Working capital expenditures from proceeds $0 line 10 Capital expenditures from proceeds $760,873,135 line 11 Other spent proceeds $0 line 12 Other unspent proceeds $0 line 13 Year of substantial completion 2009 Part III line 1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? No line 2 Are there any lease arrangements with respect to the financed property which may result in private business use? Yes line 3 a Are there any management or service contracts with respect to the financed property which may result in private business use? Yes line 3 b Are there any research agreements with respect to the financed property which may result in private business use? Yes line 3 c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property? Yes Private use is computed for the composite issue as a whole, rather than based on its component parts For presentation purposes on lines 4-6 of the Schedule K, Part III table, private use percentages for the composite issue, as a whole, have been reported under the first component of the composite issue The sections of the table for the remaining component parts of the composite issue were left blank line 4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government [0 21] line 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization or a state or local government [0 01] line 6 Total of lines 4 and 5 [0 22] line 7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? Yes PART IV Lines 3a-c CHI entered into separate Interest Rate Swap Agreements with UBS AG and with JPMorgan (collectively, the "Hedges") with respect to a portion (Colorado Series 2006C-5, C-6, C-7 and C-8) of the Series 2006/2008 Composite Issue (the "Hedged Bonds") The interest rate on these Colorado 2006C Bonds was converted on various dates in 2008 pursuant to several conversion transactions or conversion and exchange transactions Accordingly, on and after each respective conversion date, the notional amount of the Hedges corresponding to the converted Hedged Bonds is no longer treated as a qualified hedge of the Hedged Bonds line 5 Were any gross proceeds invested beyond an available temporary period? No - CHI reasonably expects that no proceeds will be invested beyond an available temporary period line 6 Did the bond issue qualify for an exception to rebate? Yes - CHI reasonably expects that the Series 2006/2008 Composite Issue will meet an available exception to rebate ==========

Identifier	Return Reference	Explanation
SCHEDULE K		Form 990 Schedule K, Part V (Series 2006A Composite Issue) The bonds described on lines C and D in Part I are part of a composite issue for federal income tax purposes (the Series 2006A Composite Issue) All amounts reported below are for the composite issue rather than the component parts Part I line d Date Issued 9-Nov-06 line e Issue Price $402,830,297 line f Purpose Colorado Health Facilities Authority 2006A - Capital improvements and equipment acquisitions for affiliates in Colorado, Arkansas, Iowa, Missouri and Nebraska Baltimore County, Maryland 2006A - Capital improvements and equipment acquisitions for affiliates in Maryland Part II line 1 Amount of bonds retired $15,565,000 line 2 Amount of bonds legally defeased $0 line 3 Total Proceeds of issue $420,074,822 35 line 4 Gross proceeds in reserve funds $0 03 line 5 Capitalized interest from proceeds $4,693,108 95 line 6 Proceeds in refunding escrows $0 line 7 Issuance costs from proceeds $0 line 8 Credit enhancement from proceeds $0 line 9 Working capital expenditures from proceeds $0 line 10 Capital expenditures from proceeds $415,381,713 line 11 Other spent proceeds $0 line 12 Other unspent proceeds $0 line 13 Year of substantial completion 2009 Part III line 1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? No line 2 Are there any lease arrangements with respect to the financed property which may result in private business use? Yes line 3 a Are there any management or service contracts with respect to the financed property which may result in private business use? Yes line 3 b Are there any research agreements with respect to the financed property which may result in private business use? Yes line 3 c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property? Yes Private use is computed for the composite issue as a whole, rather than based on its component parts For presentation purposes on lines 4-6 of the Schedule K, Part III table, private use percentages for the composite issue, as a whole, have been reported under the first component of the composite issue The sections of the table for the remaining component parts of the composite issue were left blank. line 4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government [0 52] line 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization or a state or local government [0 05] line 6 Total of lines 4 and 5 [0 57] line 7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? Yes PART IV line 5 Were any gross proceeds invested beyond an available temporary period? No - CHI reasonably expects that no proceeds will be invested beyond an available temporary period line 6 Did the bond issue qualify for an exception to rebate? Yes - CHI reasonably expects that the Series 2006A Composite Issue will meet an available exception to rebate ==========

Identifier	Return Reference	Explanation
SCHEDULE K		Form 990 Schedule K, Part V (Series 2004BCD Composite Issue) The bonds described on lines A through D in Part I, together with Saint Mary Hospital Association (PA) Series 2004B/C (which is reported on another page of this Schedule K), are part of a composite issue for federal income tax purposes (the Series 2004BCD Composite Issue) All amounts reported below are for the composite issue rather than the component parts Part I line d Date Issued 18-Nov-04 line e Issue Price $626,775,000 line f Purpose Colorado Health Facilities Authority 2004B - Capital improvements and equipment acquisitions for affiliates in Colorado, Iowa and Nebraska and current refunding of Hosp Auth 2 Douglas Cty, NE 1994A Bonds (Original Issuance Date April 1, 1994) and Iowa Fin Auth Series 1994A Bonds (Original Issuance Date April 1, 1994) County of Montgomery, Ohio 2004B - Capital improvements and equipment acquisitions for affiliates in Ohio and current refunding of Hamilton Cty, OH 1994 Bonds (Original Issuance Date February 2, 1994) and Mont Cty, OH 1994 Bonds (Original Issuance Date February 2, 1994) Kentucky Economic Dev Finance Authority 2004C/D - Capital improvements and equipment acquisitions for affiliates in Kentucky Chattanooga TN Health Ed & Housing Fac Bd 2004C - Capital improvements and equipment acquisitions for affiliates in Tennessee Saint Mary Hospital Authority (PA) 2004B/C - Capital improvements and equipment acquisitions for affiliates in Pennsylvania Part II line 1 Amount of bonds retired $164,175,000 line 2 Amount of bonds legally defeased $0 line 3 Total Proceeds of Issue $636,268,526 15 line 4 Gross proceeds in reserve funds $0 line 5 Capitalized interest from proceeds $0 line 6 Proceeds in refunding escrows $27,907,725 78 $15,537,000 of proceeds of the Colorado Health Facilities Auth 2004B Bonds were used to provide for the redemption on December 17, 2004 of the Hospital Auth 2 Douglas Cty, Nebraska 1994A Bonds and the Iowa Finance Authority 1994A Bonds $12,379,241 99 of proceeds of the County of Montgomery, Ohio 2004B Bonds were used to provide for the redemption on December 17, 2004 of the Hamilton Cty, Ohio 1994 Bonds and the Montgomery Cty, Ohio 1994 Bonds line 7 Issuance costs from proceeds $3,449,008 33 line 8 Credit enhancement from proceeds $0 line 9 Working capital expenditures from proceeds $0 line 10 Capital expenditures from proceeds $604,911,792 51 line 11 Other spent proceeds $0 line 12 Other unspent proceeds $0 line 13 Year of substantial completion 2006 Part III line 1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? No line 2 Are there any lease arrangements with respect to the financed property which may result in private business use? Yes line 3 a Are there any management or service contracts with respect to the financed property which may result in private business use? Yes line 3 b Are there any research agreements with respect to the financed property which may result in private business use? Yes line 3 c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property? Yes Private use is computed for the composite issue as a whole, rather than based on its component parts For presentation purposes on lines 4-6 of the Schedule K, Part III table, private use percentages for the composite issue, as a whole, have been reported under the first component of the composite issue The sections of the table for the remaining component parts of the composite issue were left blank. line 4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government [0 96] line 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization or a state or local government [0 10] line 6 Total of lines 4 and 5 [1 06] line 7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? Yes PART IV line 5 Were any gross proceeds invested beyond an available temporary period? No - CHI reasonably expects that no proceeds will be invested beyond an available temporary period line 6 Did the bond issue qualify for an exception to rebate? Yes - CHI reasonably expects that the Series 2004BCD Composite Issue will meet an available exception to rebate ==========

Identifier	Return Reference	Explanation
SCHEDULE K		Form 990 Schedule K, Part V (Series 2004A Composite Issue) The bonds described on lines B, C and D in Part I are part of a composite issue for federal income tax purposes (the Series 2004A Composite Issue) All amounts reported below are for the composite issue rather than the component parts Part I line d Date Issued 18-Nov-04 line e Issue Price $162,571,473 line f Purpose City of Breckenridge, Minnesota 2004A - Capital improvements and equipment acquisitions for affiliates in Minnesota County of Montgomery, Ohio 2004A - Capital improvements and equipment acquisitions for affiliates in Ohio Hosp Facilities Authority of Umatilla OR 2004A - Capital improvements and equipment acquisitions for affiliates in Oregon and current refunding of Hosp Auth 2 Douglas Cty 1994B Bonds Part II line 1 Amount of bonds retired $0 line 2 Amount of bonds legally defeased $14,700,000 line 3 Total Proceeds of issue $164,653,281 48 line 4 Gross proceeds in reserve funds $0 line 5 Capitalized interest from proceeds $0 line 6 Proceeds in refunding escrows $7,701,309 $7,701,309 of proceeds of the Hosp Facilities of Umatilla Oregon 2004A Bonds were used to redeem Hosp Auth 2 Douglas Cty Oregon Series 1994B Bonds on December 17, 2004 line 7 Issuance costs from proceeds $1,614,670 07 line 8 Credit enhancement from proceeds $0 line 9 Working capital expenditures from proceeds $0 line 10 Capital expenditures from proceeds $155,337,302 82 line 11 Other spent proceeds $16,136,891 01 CHI has provided for the defeasance of $14,575,000 of the Hosp Facilities of Umatilla Oregon 2004A Bonds to their earliest call date CHI has provided for the defeasance of $125,000 of the City of Breckenridge, Minnesota 2004A Bonds to their earliest call date line 12 Other unspent proceeds $0 line 13 Year of substantial completion 2008 Part III line 1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? No line 2 Are there any lease arrangements with respect to the financed property which may result in private business use? Yes line 3 a Are there any management or service contracts with respect to the financed property which may result in private business use? Yes line 3 b Are there any research agreements with respect to the financed property which may result in private business use? Yes line 3 c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property? Yes Private use is computed for the composite issue as a whole, rather than based on its component parts For presentation purposes on lines 4-6 of the Schedule K, Part III table, private use percentages for the composite issue, as a whole, have been reported under the first component of the composite issue The sections of the table for the remaining component parts of the composite issue were left blank line 4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government [0 06] line 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization or a state or local government [0 03] line 6 Total of lines 4 and 5 [0 09] line 7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? Yes PART IV line 5 Were any gross proceeds invested beyond an available temporary period? No line 6 Did the bond issue qualify for an exception to rebate? Yes ==========

Identifier	Return Reference	Explanation
SCHEDULE K		Form 990 Schedule K, Part V (Series 2002B Composite Issue) The bonds described on lines A and B in Part I are part of a composite issue for federal income tax purposes (the Series 2002B Composite Issue) All amounts reported below are for the composite issue rather than the component parts Part I line d Date Issued 1-Dec-04 line e Issue Price $123,000,000 line f Purpose Colorado Health Facilities Authority 2002B - reissuance of Colorado 2002B Washington Health Care Facilities 2002B - reissuance of Washington 2002B Part II line 1 Amount of bonds retired $16,900,000 line 2 Amount of bonds legally defeased $0 line 3 Total Proceeds of issue $123,000,000 line 4 Gross proceeds in reserve funds $0 line 5 Capitalized interest from proceeds $0 line 6 Proceeds in refunding escrows $123,000,000 All of the deemed proceeds of the reissuance were treated as refunding all of the outstanding Colorado Health Facilities Authority 2002B and Washington Health Care Facilities 2002B on December 1, 2004 line 7 Issuance costs from proceeds $0 line 8 Credit enhancement from proceeds $0 line 9 Working capital expenditures from proceeds $0 line 10 Capital expenditures from proceeds $0 line 11 Other spent proceeds $0 line 12 Other unspent proceeds $0 line 13 Year of substantial completion 2005 PART IV line 5 Were any gross proceeds invested beyond an available temporary period? No line 6 Did the bond issue qualify for an exception to rebate? Yes ==========

Identifier	Return Reference	Explanation
SCHEDULE K		Form 990 Schedule K, Part V (Series 2002AB Remediated Issue) Part I line f Purpose The Series 2002AB Remediated Issue was treated as reissued on March 1, 2010, as a result of remedial action taken in connection with a portion of the Series 2002B Composite Issue and a portion of the Colorado Health Facilities Authority Series 2002A Bonds, which are not otherwise reported on Schedule K Part II line 10 Capital expenditures from proceeds $500,000 $500,000 of disposition proceeds were applied to an alternative use line 11 Other spent proceeds $884,015 37 Disposition proceeds applied to defease a portion of the Series 2002AB Remediated Issue line 12 Other unspent proceeds $0 line 13 Year of substantial completion 2010 PART IV line 5 Were any gross proceeds invested beyond an available temporary period? No line 6 Did the bond issue qualify for an exception to rebate? Yes ==========

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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
Catholic Health Initiatives

Employer identification number
47-0617373

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

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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
See Additional Data Table												

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

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

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

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

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

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

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate 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

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 47-0617373
Name: Catholic Health Initiatives

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
Catholic Health Initiatives 198 Inverness Drive West Englewood, CO80112 47-0617373	Healthcare	CO	501(c)(3)	9	CHI		
Bornemann Healthcare Corporation 2500 Bernville Road PO Box 316 Reading, PA19603 23-2187242	Healthcare	PA	501(c)(3)	11a	CHI		
CHI Institute For Research and Innovatio 198 Inverness Drive West Englewood, CO80112 27-1050565	Healthcare	CO	501(c)(3)	11a	CHI		
CHI National Foundation 198 Inverness Drive West Englewood, CO80112 27-0930004	Fundraising	CO	501(c)(3)	11a	CHI		
CHI National Services 198 Inverness Drive West Englewood, CO80112 45-2532084	Healthcare	CO	501(c)(3)	9	CHI		
CHI National Home Care 198 Inverness Drive West Englewood, CO80112 45-1261716	Healthcare	CO	501(c)(3)	11a	CHI		
Global Health Initiatives 198 Inverness Drive West Englewood, CO80112 20-1536108	Ministries	CO	501(c)(3)	11a	CHI		
St Joseph Physician Enterprises 7601 Osler Drive Towson, MD21204 52-1311775	Physicians	MD	501(c)(3)	11a	CHI		
St Vincent Infirmary Medical Center 2 St Vincent Circle Little Rock, AR72205 71-0236917	Healthcare	AR	501(c)(3)	3	CHI		
St Anthony's Hospital Association 4 Hospital Drive Morrilton, AR72110 71-0245507	Healthcare	AR	501(c)(3)	3	SVIMC		
St Vincent Foundation Two St Vincent Circle Little Rock, AR72205 51-0169537	Fundraising	AR	501(c)(3)	11a	SVIMC		
St Vincent Medical Group 2 St Vincent Circle Little Rock, AR72205 71-0830696	Healthcare	AR	501(c)(3)	9	SVIMC		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
CHI Colorado 188 Inverness Drive West Englewood, CO80112 84-0405257	Healthcare	CO	501(c)(3)	3	CHI		
Mercy Regional Medical Center of Durango 1010 Three Springs Blvd Durango, CO81301 84-0405515	Healthcare	CO	501(c)(3)	3	CHI		
Catholic Health Initiatives Colorado Fou 961 East Colorado Avenue Colorado Springs, CO80903 84-0902211	Fundraising	CO	501(c)(3)	7	CHI Colorado		
Health SET 4200 West Conejos Place 436 Denver, CO80204 84-1102943	Low Inc Care	CO	501(c)(3)	7	CHI Colorado		
Pueblo Stepup 1925 East Orman Avenue Suite G52 Pueblo, CO81004 84-1234295	Community	CO	501(c)(3)	7	CHI		
SET of Colorado Springs Inc 825 E Pikes Peak Avenue Bldg 29 Colorado Springs, CO80903 84-1183335	LTerm Care	CO	501(c)(3)	7	CHI Colorado		
Total Healthcare PO Box 7021 Colorado Springs, CO80933 84-0927232	Healthcare	CO	501(c)(3)	3	CHI Colorado		
Mercy Medical Center - Des Moines AKA 1111 6th Avenue Des Moines, IA50314 42-0680448	Healthcare	IA	501(c)(3)	3	CHI-IA Corp		
Bishop Drumm Retirement Center 1111 6th Avenue Des Moines, IA50314 42-0725196	LTerm Care	IA	501(c)(3)	9	CHI-IA Corp		
House of Mercy 1111 6th Avenue Des Moines, IA50314 42-1323808	Shelter	IA	501(c)(3)	7	CHI-IA Corp		
Mercy Clinics Inc 1111 6th Avenue Des Moines, IA50314 42-1193699	Physician	IA	501(c)(3)	9	CHI-IA Corp		
Mercy College of Health Sciences 1111 6th Avenue Des Moines, IA50314 42-1511682	Education	IA	501(c)(3)	2	CHI-IA Corp		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
Mercy Foundation of Des Moines IA 1111 6th Avenue Des Moines, IA50314 23-7358794	Fundraising	IA	501(c)(3)	7	CHI-IA Corp		
Mercy Auxiliary of Central Iowa 1111 6th Avenue Des Moines, IA50314 42-6076069	Auxiliary	IA	501(c)(3)	11a	CHI-IA Corp		
Mercy Professional Practice Associates 1111 6th Avenue Des Moines, IA50314 42-1470935	Physician	IA	501(c)(3)	9	CHI-IA Corp		
Mercy Medical Center - Centerville FKA 1 St Josephs Drive Centerville, IA52544 42-0680308	Healthcare	IA	501(c)(3)	3	CHI-IA Corp		
St Rose Ambulatory and Surgery Center F 3515 Broadway Great Bend, KS67530 48-0543724	Surgery Cntr	KS	501(c)(3)	3	CHI		
St Catherine Hospital 401 East Spruce Street Garden City, KS67846 48-0543721	Healthcare	KS	501(c)(3)	3	CHI		
St Catherine Hospital Development Found 401 East Spruce Street Garden City, KS67846 20-0598702	Fundraising	KS	501(c)(3)	11a	SCH		
CHI Kentucky Inc 3900 Olympic Blvd Suite 400 Erlanger, KY41018 20-2741651	Healthcare	KY	501(c)(3)	11a	CHI		
Saint Joseph Health System Inc 150 N Eagle Creek Dr Lexington, KY40509 61-1334601	Healthcare	KY	501(c)(3)	3	CHI		
Continuing Care Hospital 150 North Eagle Creek Drive Lexington, KY40509 61-1400619	LTACH	KY	501(c)(3)	3	SJHS		
Flaget Healthcare DBA Flaget Memorial 4305 New Shepherdsville Road Bardstown, KY40004 61-1345363	Healthcare	KY	501(c)(3)	3	CHI		
Flaget Memorial Hospital Foundation Inc 4305 New Shepherdsville Road Bardstown, KY40004 56-2351341	Fundraising	KY	501(c)(3)	11a	FH		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
Saint Joseph London Foundation Inc 310 East Ninth Street London, KY40741 26-0438748	Fundraising	KY	501(c)(3)	11a	SJHS		
Saint Joseph Berea Hospital Foundation 305 Estill Street Berea, KY40403 26-0152877	Fundraising	KY	501(c)(3)	7	SJHS		
St Joseph Hospital Foundation Inc 305 Estill Street Lexington, KY40504 61-1159649	Fundraising	KY	501(c)(3)	11a	SJHS		
Saint Joseph Medical Foundation Inc One St Joseph Drive Lexington, KY40504 31-1539059	Phy Practices	KY	501(c)(3)	3	SJHS		
Saint Joseph Mount Sterling Foundation 50 Sterling Avenue Mount Sterling, KY40353 27-2884584	Fundraising	KY	501(c)(3)	7	SJHS		
St Joseph Medical Center Inc 7601 Osler Drive Towson, MD21204 52-0591461	Healthcare	MD	501(c)(3)	3	CHI		
St Joseph Medical Center Foundation In 7601 Osler Drive Towson, MD21204 52-1681044	Fundraising	MD	501(c)(3)	7	SJMC		
Alverna Apartments 300 SE 8th Avenue Little Falls, MN56345 41-1351177	Lterm Care	MN	501(c)(3)	9	CHI		
Lakewood Health Center 600 Main Avenue South Baudette, MN56623 41-0758434	LTerm Care	MN	501(c)(3)	3	CHI		
St Francis Home 2400 St Francis Drive Breckenridge, MN56520 41-0729978	LTerm Care	MN	501(c)(3)	9	CHI		
Appletree Court 601 Oak Street Breckenridge, MN56520 41-1850500	Senior Homes	MN	501(c)(3)	9	SFH		
St Francis Medical Center 2400 St Francis Drive Breckenridge, MN56520 41-0695598	Healthcare	MN	501(c)(3)	3	CHI		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
Healthcare and Wellness Foundation 2400 St Francis Drive Breckenridge, MN56520 76-0761782	Fundraising	MN	501(c)(3)	11a	SFMC		
St Joseph's Area Health Services 600 Pleasant Avenue Park Rapids, MN56470 41-0695603	Healthcare	MN	501(c)(3)	3	CHI		
Unity Family Healthcare 815 2nd Street SE Little Falls, MN56345 41-0721642	Healthcare	MN	501(c)(3)	3	CHI		
St John's Regional Medical Center 2727 McClelland Blvd Joplin, MO64804 44-0545809	Healthcare	MO	501(c)(3)	3	CHI		
Mercy Lifecare Systems 2727 McClelland Blvd Joplin, MO64804 43-1305163	Property Mgmt	MO	501(c)(3)	11a	SJRMC		
MNMCH Inc 220 North Pennsylvania Columbus, KS66725 48-1216238	Healthcare	KS	501(c)(3)	3	SJRMC		
St John's Medical Group 2727 McClelland Blvd Joplin, MO64804 43-1882377	Phys Practice	MO	501(c)(3)	9	SJRMC		
St John's Mercy Regional Foundation 2727 McClelland Blvd Joplin, MO64804 43-1308084	Fundraising	MO	501(c)(3)	7	SJRMC		
Alegent Health - Bergan Mercy Health Sys 7500 Mercy Road Omaha, NE68124 47-0484764	Healthcare	NE	501(c)(3)	3	CHI		
Alegent Health - Mercy Hospital Corning PO Box 368 Corning, IA50841 42-0782518	Healthcare	IA	501(c)(3)	3	AHBMHS		
Mercy Health Care Foundation PO Box 368 Corning, IA50841 42-1461064	Fundraising	NE	501(c)(3)	11a	AHMH		
Mercy Hospital Foundation Council Bluff 800 Mercy Drive Council Bluffs, IA51503 42-1178204	Fundraising	IA	501(c)(3)	11a	AHBMHS		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
CHI Nebraska 555 South 70th Street Lincoln, NE68510 36-3233121	Healthcare	NE	501(c)(3)	11a	CHI		
The Physician Network 8055 O Street Suite 300 Lincoln, NE68510 47-0780857	Phys Practice	NE	501(c)(3)	11a	CHI Nebraska		
Good Samaritan Hospital PO Box 1990 Kearney, NE68848 47-0379755	HealthCare	NE	501(c)(3)	3	CHI Nebraska		
Good Samaritan Hospital Foundation PO Box 1810 Kearney, NE68848 47-0659443	Fundraising	NE	501(c)(3)	7	GSH		
Catholic Health Care Federation 198 Inverness Drive West Englewood, CO80112 20-8473567	Jurdic Person	CO	501(c)(3)	11a	CHI		
Saint Elizabeth Regional Medical Center 555 South 70th Street Lincoln, NE68510 47-0379836	Healthcare	NE	501(c)(3)	3	CHI Nebraska		
Saint Elizabeth Foundation 555 South 70th Street Lincoln, NE68510 47-0625523	Fundraising	NE	501(c)(3)	7	SERMC		
Saint Elizabeth Health Services 555 South 70th Street Lincoln, NE68510 36-3233120	Healthcare	NE	501(c)(3)	3	SERMC		
Saint Francis Medical Center PO Box 9804 Grand Island, NE68802 47-0376601	HealthCare	NE	501(c)(3)	3	CHI Nebraska		
Saint Francis Medical Center Foundation PO Box 9804 Grand Island, NE68802 47-0630267	Fundraising	NE	501(c)(3)	7	SFMC		
St Mary's Hospital 1314 3rd Avenue Nebraska City, NE68410 47-0443636	Healthcare	NE	501(c)(3)	3	CHI Nebraska		
St Mary's Hospital Foundation 1314 3rd Avenue Nebraska City, NE68410 47-0707604	Fundraising	NE	501(c)(3)	7	SMH		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
Saint Clare's Health Services Inc 25 Pocono Road Denville, NJ07834 22-3639733	Management	NJ	501(c)(3)	7	CHI		
Saint Clare's Community Care 66 Ford Road Denville, NJ07834 22-2876836	Healthcare	NJ	501(c)(3)	11b	SCHS		
Saint Clare's Foundation Inc 66 Ford Road Denville, NJ07834 22-2502997	Fundraising	NJ	501(c)(3)	7	SCHS		
Saint Clare's Hospital 66 Ford Road Denville, NJ07834 22-3319886	Healthcare	NJ	501(c)(3)	3	CHI		
St Francis Life Care Corporation 19 Pocono Road Denville, NJ07834 22-2536017	Elderly Care	NJ	501(c)(3)	9	SCHS		
Visiting Nurse Association of Saint Clar 191 Woodport Road Sparta, NJ07871 22-1768334	Home Health	NJ	501(c)(3)	9	SCHS		
St Joseph Community Health Services 300 Central Ave SW Suite 3000W Albuquerque, NM87102 71-0897107	Community	NM	501(c)(3)	11a	CHI		
CHI Health Connect at Home - Fargo 4816 Amber Valley Parkway Fargo, ND58104 27-1966847	Healthcare	ND	501(c)(3)	3	CHI		
Carrington Health Center 800 North 4th Street Carrington, ND58421 45-0227311	Healthcare	ND	501(c)(3)	3	CHI		
Lisbon Area Health Services 905 Main Street Lisbon, ND58054 82-0558836	Healthcare	ND	501(c)(3)	3	CHI		
Mercy Hospital of Devils Lake 1031 East Seventh Street Devils Lake, ND58301 45-0227012	Healthcare	ND	501(c)(3)	3	CHI		
The Mercy Hospital of Devils Lake Fdn 1031 East Seventh Street Devils Lake, ND58301 35-2367360	Fundraising	ND	501(c)(3)	11a	MHDL		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
Mercy Hospital of Valley City 570 Chautauqua Boulevard Valley City, ND58072 45-0226553	Healthcare	ND	501(c)(3)	3	CHI		
Mercy Medical Center 1301 15th Avenue West Williston, ND58801 45-0231183	Healthcare	ND	501(c)(3)	3	CHI		
Mercy Medical Foundation 1301 15th Avenue West Williston, ND58801 45-0381803	Fundraising	ND	501(c)(3)	11a	MMC		
Oakes Community Hospital 314 South 8th Street Oakes, ND58474 45-0231675	Healthcare	ND	501(c)(3)	3	CHI		
Oakes Community Hospital Foundation 314 South 8th Street Oakes, ND58474 71-0966606	Fundraising	ND	501(c)(3)	11a	OCH		
St Joseph's Hospital and Health Center 30 West 7th Street Dickinson, ND58601 45-0226429	Healthcare	ND	501(c)(3)	3	CHI		
Saint Joseph's Hospital Foundation 30 West 7th Street Dickinson, ND58601 36-3418207	Fundraising	ND	501(c)(3)	11a	SJHHC		
Villa Nazareth Inc 801 Page Drive Fargo, ND58103 45-0226714	LT Care	ND	501(c)(3)	9	CHI		
Samaritan Health Partners 2222 Philadelphia Drive Dayton, OH45406 31-1107411	Healthcare	OH	501(c)(3)	11a	CHI		
Samaritan Behavioral Health 601 S Edwin C Moses Blvd Dayton, OH45408 02-0633634	Healthcare	OH	501(c)(3)	3	SHP		
Samaritan Health Foundation 2222 Philadelphia Drive Dayton, OH45406 23-7296923	Fundraising	OH	501(c)(3)	7	SHP		
The Good Samaritan Hospital of Cincinnat 619 Oak Street Accounting-3 West Cincinnati, OH45206 31-0537486	Healthcare	OH	501(c)(3)	3	TRI-HEALTH		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
The Community Limited Care Dialysis Cent 619 Oak Street Accounting-3 West Cincinnati, OH45206 23-7419853	Dialysis	OH	501(c)(2)	none	GSH		
Good Samaritan College of Nursing & Heal 375 Dixmyth Ave Cincinnati, OH45220 31-1778403	Education	KY	501(c)(3)	2	GHS		
Good Samaritan Foundation of Cincinnati 619 Oak Street Accounting-3 West Cincinnati, OH45206 31-1206047	Fundraising	OH	501(c)(3)	11a	GSH		
Hospital Association for St Joseph Hosp 7601 Osler Drive Towson, MD21204 52-6050777	Healthcare	MD	501(c)(3)	9	SJMC		
Mercy Medical Center 2700 Stewart Parkway Roseburg, OR97470 93-0386868	Healthcare	OR	501(c)(3)	3	CHI		
Centennial Medical Group Inc 2700 Stewart Parkway Roseburg, OR97470 90-0433062	Physicians	OR	501(c)(3)	9	MMC		
Linus Oakes Inc 2700 Stewart Parkway Roseburg, OR97470 93-0821381	Senior Living	OR	501(c)(3)	9	MMC		
Mercy Foundation Inc 2700 Stewart Parkway Roseburg, OR97470 93-6088946	Fundraising	OR	501(c)(3)	7	MMC		
Mt St Joseph Inc 3060 SE Stark Street Portland, OR97214 93-0386870	Nursing Care	OR	501(c)(3)	9	CHI		
St Anthony Hospital 1601 SE Court Avenue Pendleton, OR97801 93-0391614	Healthcare	OR	501(c)(3)	3	CHI		
St Anthony Hospital Foundation 1601 SE Court Avenue Pendleton, OR97801 93-0992727	Fundraising	OR	501(c)(3)	11a	SA Hospital		
St Dominic at Ontario 351 SW 9th Street Ontario, OR97914 93-0433692	Healthcare	OR	501(c)(3)	3	CHI		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
St Francis of Baker City 3325 Pocahontas Road Baker City, OR97814 93-0412495	Healthcare	OR	501(c)(3)	3	CHI		
St Joseph Health Ministries 1929 Lincoln Hwy E Ste 150 Lancaster, PA17602 23-2342997	Health	PA	501(c)(3)	11a	CHI		
St Joseph Health Ministries Foundation 1929 Lincoln Hwy E Ste 150 Lancaster, PA17602 23-2605579	Fundraising	PA	501(c)(3)	11a	SJHM		
St Joseph Health Services Inc 1929 Lincoln Hwy E Ste 150 Lancaster, PA17602 20-1425375	Dental care	PA	501(c)(3)	11a	SJHM		
St Joseph Regional Health Network 2500 Bernville Road PO Box 316 Reading, PA19603 23-1352211	Healthcare	PA	501(c)(3)	3	CHI		
St Joseph Medical Group 2500 Bernville Road PO Box 316 Reading, PA19603 20-8544021	Healthcare	PA	501(c)(3)	9	BHC		
St Joseph Medical Center Foundation 2500 Bernville Road PO Box 316 Reading, PA19603 23-2649362	Fundraising	PA	501(c)(3)	11a	SJRHN		
St Mary's Healthcare Center 801 East Sioux Avenue Pierre, SD57501 46-0230199	Healthcare	SD	501(c)(3)	3	CHI		
Gettysburg Medical Center 606 East Garfield Avenue Gettysburg, SD57442 46-0234354	Healthcare	SD	501(c)(3)	3	SMHC		
Memorial Health Care System Inc 2525 De Sales Avenue Chattanooga, TN37404 62-0532345	Healthcare	TN	501(c)(3)	3	CHI		
Memorial Health Care System Foundation 2525 De Sales Avenue Chattanooga, TN37404 62-1839548	Fundraising	TN	501(c)(3)	7	MHCS		
Memorial Health Partners Foundation Inc 6028 Shallowford Road Chattanooga, TN37421 03-0417049	Healthcare	TN	501(c)(3)	9	MHCS		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
Franciscan Health System FKA Franciscan 1717 South J Street Tacoma, WA98405 91-0564491	Healthcare	WA	501(c)(3)	3	CHI		
Enumclaw Regional Hospital Association 1450 Battersby Avenue Enumclaw, WA98022 91-0715805	Healthcare	WA	501(c)(3)	3	FHS		
Franciscan Foundation 1717 South J Street Tacoma, WA98405 91-1145592	Fundraising	WA	501(c)(3)	9	FHS		
Franciscan Medical Group 1708 South Yakima Avenue Tacoma, WA98405 91-1939739	Healthcare	WA	501(c)(3)	9	FHS		
Franciscan Villa of South Milwaukee Inc 3601 South Chicago Avenue South Milwaukee, WI53172 39-1093829	Healthcare	WI	501(c)(3)	9	CHI		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
CHI Operating Investment Program LP 198 Inverness Drive West Englewood, CO80112 47-0727942	Investments	CO	CHI	Investment	256,854,242	5,189,978,011		No	14,031	Yes		100 000 %
North River Surgery Center LLC 2209 Wildwood Avenue Sherwood, AR72120 71-0799771	Ambul Surg Ctr	AR	SVIMC	Related	198,313	1,758,688		No			No	57 450 %
Audubon Land Company LLC 5390 N Academy Blvd Suite 300 Colorado Springs, CO80918 84-1513085	Real Estate	CO	THC	Related	-157,673	14,390,550		No			No	50 100 %
OrthoColorado LLC 11650 West 2nd Place Lakewood, CO80255 37-1577105	Ortho Hospital	CO	THC	Related	-3,249,314	10,905,384		No			No	60 000 %
Penrad Imaging 1390 Kelly Johnson Blvd Colorado Springs, CO80920 84-1072619	Medical Imaging	CO	THC	Related	1,857,228	5,457,224		No			No	70 000 %
St Anthony Regional Mtn Cancer Center 4231 W 16th Avenue Denver, CO80112 37-1568013	Cancer Center	CO	THC	Related	-290,552			No			No	51 000 %
St Francis Land Company 5390 N Academy Blvd Suite 300 Colorado Springs, CO80918 26-3134100	Real Estate	CO	THC	Related	-180,979	14,886,022		No			No	51 000 %
Bluegrass Regional Imaging Center 1218 South Broadway Suite 310 Lexington, KY40504 61-1386736	Diagnostic	KY	SJHS	Related				No			No	65 000 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
St Joseph-PAML LLC 424 Lewis Hargett Circle Ste 160 Lexington, KY40503 45-2116736	Mgmt Svcs	KY	SJHS	Related				No		Yes		62 500 %
Saint Joseph SCA Holdings LLC 424 Lewis Hargett Circle Ste 160 Lexington, KY40503 45-3801157	OP Surgery	DE	SJHS	Related				No		Yes		51 000 %
Surgery Center of Lexington LLC 1451 Harrodsburg Road Lexington, KY40504 62-1179539	Surgery Center	DE	SJHS	Related	808,840	4,236,901		No		Yes		51 000 %
Ruxton Surgicenter LLC 8322 Bellona Avenue Suite 201 Baltimore, MD21204 52-2095835	Surgery Center	MD	SJMC	Related				No		Yes		51 000 %
Avantas LLC 1207 South 13 Street Omaha, NE68108 39-2045003	healthcare	NE	AHMH	related				No				95 000 %
Healthcare Support Services LLC PO Box 9804 Grand Island, NE68802 72-1546196	Laundry	NE	CHI	Related	196,124	3,913,481		No	-58,436		No	100 000 %
Central Nebraska Home Care Services PO Box 1146-4510 Second Avenue Kearney, NE68848 47-0692112	Healthcare Srvc	NE	HSEINC	Related	-99,941	1,021,498		No	-48,712	Yes		100 000 %
Superior Medical Imaging LLC 5000 North 26th Street Lincoln, NE68521 26-2884555	OP Diagnostics	NE	SERMC	Related				No			No	51 000 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Central Nebraska Rehab Services 3004 W Faidley Ave Grand Island, NE68802 81-0653461	Physical Therapy	NE	CHI	Related	1,857,991	2,262,775		No			No	51 000 %
St Francis Medical Center Associates 1717 South J Street Tacoma, WA98405 91-1352698	Med Office	WA	FHS	Related	116,948	1,652,280		No			No	54 210 %
Peninsula Radiation Oncology 314 Martin Luther King Jr Way 11 Tacoma, WA98405 87-0808610	Healthcare Srvc	WA	FHS	Related	131,195	3,052,504		No			No	60 000 %
Berywood Office Properties LLC 400 Berywood Trail Cleveland, TN37312 62-1875199	Phys Office	TN	MHCS	Related				No		Yes		63 000 %

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Percentage ownership
Alternative Insurance Management Service 3900 Olympic Boulevard Suite 400 Erlanger, KY41018 84-1112049	Management Servic	CO	CHI	C Corp		3,267,441	100 000 %
Captive Management Initiatives PO Box 10073 APO GeorgeTown, Grand Cayman KY1-1001 CJ 98-0663022	Captive Managemen	CJ	CHI	C Corp			100 000 %
Center for Translational Research 198 Inverness Drive West Englewood, CO80112 27-2269511	Healthcare	CO	CHI	C Corp	-2,247,962	1,668,589	100 000 %
First Initiatives Insurance Ltd PO Box 10073 APO GeorgeTown, Grand Cayman KY1-1001 CJ 98-0203038	Insurance	CJ	CHI	C Corp			100 000 %
Franciscan Services Inc 198 Inverness Drive West Englewood, CO80112 23-2487967	Healthcare	CO	CHI	C Corp	-507,578	11,914,284	100 000 %
SJH Services Corporation 198 Inverness Drive West Englewood, CO80112 23-2307408	Healthcare	CO	FSI	C Corp	-518,360	3,180,100	100 000 %
St Joseph Development Company Inc 1717 South J Street Tacoma, WA98405 91-1480569	Rental	WA	FSI	C Corp	-36,395	12,168,022	100 000 %
Towson Management Inc 7601 Osler Drive Towson, MD21204 52-1710750	Management Servic	MD	FSI	C Corp	-469,016	498,393	100 000 %
Nazareth Assurance Company 76 St Paul Street Suite 500 Burlington, VT05401 03-0304831	Insurance	VT	CHI	C Corp	-379	123,535	100 000 %
St Vincent Community Health Services In Two St Vincent Circle Little Rock, AR72205 71-0710785	Healthcare	AR	SVIMC	C Corp	2,309,129	14,049,375	100 000 %
Comcare Services 4231 W 16th Avenue Denver, CO80204 84-0904813	Inactive	CO	CHIC	C Corp			100 000 %
Des Moines Medical Center Inc 1111 6th Avenue Des Moines, IA50314 42-0837382	Real Estate	IA	CHI-IA Corp	C Corp		1,253,452	92 980 %
Mercy Park Apartments Ltd 1111 6th Avenue Des Moines, IA50314 42-1202422	Housing	IA	CHI-IA Corp	C Corp	264,489	1,796,053	100 000 %
Central Kansas Health Services Associati 3515 Broadway Great Bend, KS67530 48-1042853	MEDICAL EQUIPMENT	KS	CKMC	C Corp			100 000 %
SJL Physician Management Services Inc 424 Lewis Hargett Cr 160 Lexington, KY40503 27-0164198	Management	KY	SJHS	C Corp			100 000 %
St Joseph Office Park Association 1401 HarrodsBurg Road Bldg B70 Lexington, KY40504 61-1079899	Management	KY	SJHS	C Corp	16,644	882,139	85 000 %
Mercy Health Services Corporation 2727 McClelland Blvd Joplin, MO64804 43-1457881	DME	MO	St John's RMC	C Corp	-1,533,371	1,369,083	100 000 %
Good Samaritan Outreach Services PO BOX 1990 Kearney, NE68848 47-0659440	MEDICAL CLINIC	NE	CHI Nebraska	C Corp	-2,921,063	355,110	100 000 %
Health Systems Enterprises Inc PO BOX 1990 Kearney, NE68848 47-0664558	MANAGEMENT	NE	GSH	C Corp	25,289	1,443,049	100 000 %
Saint Clare's Primary Care Inc 66 Ford Road Denville, NJ07834 22-2441202	Billing Services	NJ	SCCC	C Corp	-342,970	2,177,166	100 000 %

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Percentage ownership
MedQuest 1301 15th Avenue West Williston, ND58801 45-0392137	Sale of DME	ND	MHof Williston	C Corp	9,852	962,554	100 000 %
Consolidated Health Services 1700 Edison Drive Milford, OH45150 31-1378212	Home Health	OH	CHI	C Corp		11,595,125	100 000 %
American Nursing Care 1700 Edison Drive Milford, OH45150 31-1085414	Home Health	OH	CHS	C Corp	1,765,139	44,470,358	100 000 %
Amerimed Inc 1700 Edison Drive Milford, OH45150 31-1158699	Home Health	OH	ANC	C Corp	2,337,294	11,869,657	100 000 %
Patient Transport Services Inc 1700 Edison Drive Milford, OH45150 31-1100798	Home Health	OH	ANC	C Corp	546,029	5,325,941	100 000 %
Samaritan Family Care Inc 198 Inverness Drive West Englewood, CO80112 31-1299450	Healthcare	OH	SHP	C Corp			100 000 %
Mercy Services Corp 40 W Fourth St 1700 Dayton, OH45402 93-0824308	Retail Sales	OR	MMC	C Corp	-690,267	954,798	100 000 %
St Anthony Development Company 1415 Southgate Pendleton, OR97801 93-1216943	Athletic Club	OR	St Anthony H	C Corp	53,891	3,007,554	100 000 %
CGH Realty Company Inc 215 N 12th St Reading, PA19603 23-2326801	Real Estate	PA	SJHM	C Corp	1,007	42,415	100 000 %
Caduceus Medical Associates Inc 6028 Shallowford Road Suite D Chattanooga, TN37422 62-1570736	Healthcare	TN	MHCS	C Corp		1,008	100 000 %
Mountain Management Services Inc 6028D Shallowford Road Chattanooga, TN37422 62-1570739	mgmt svc org	TN	MHCS	C Corp	-386,020	4,667,998	100 000 %
Physician Health System Network 1149 Market St Tacoma, WA98402 91-1746721	Health Org	WA	FHS	C Corp			100 000 %
Healthcare Mgmt Services Org Inc 1149 Market St Tacoma, WA98402 91-1865474	Health Org	WA	FHS	C Corp			100 000 %
Harold W Rase 1995 Charitable Unittrust 30 West 7th Street Dickinson, ND58601 45-6090420	Investments	ND	SJHHC	Trust	1,240	21,533	100 000 %
Harold W Rase 1996 Charitable Unittrust 30 West 7th Street Dickinson, ND58601 20-6037112	Investments	ND	SJHHC	Trust	900	15,495	100 000 %
Harold W Rase 1997 Charitable Unittrust 30 West 7th Street Dickinson, ND58601 20-6037104	Investments	ND	SJHHC	Trust	1,025	20,261	100 000 %
Harold W Rase 1999 Charitable Unittrust 30 West 7th Street Dickinson, ND58601 20-6037099	Investments	ND	SJHHC	Trust	1,313	25,027	100 000 %
James & Henrietta Nistler Unitrust 30 West 7th Street Dickinson, ND58601 20-6021899	Investments	ND	SJHHC	Trust	-16,708	41,455	100 000 %
Joseph A Schuster Annuity Trust #1 400 Univerity Avenue Des Moines, IA50314 42-1195122	Investments	IA	MFDM	Trust	18,924	441,488	100 000 %
Ray & Shirley David 1999 Unitrust 30 West 7th Street Dickinson, ND58601 20-6037077	Investments	ND	SJHHC	Trust	1,250	24,194	100 000 %

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Percentage ownership
Tom Deyle Charitable Remainder Unitrust PO Box 1810 Kearney, NE68848 47-6192393	Investments	NE	GSHF	Trust	4,884	166,321	100 000 %
David Deyle Charitable Remainder Unitrus PO Box 1810 Kearney, NE68848 47-6192395	Investments	NE	GSHF	Trust	4,880	166,425	100 000 %
Jeanne Deyle Charitable Remainder Unitru PO Box 1810 Kearney, NE68848 47-6192398	Investments	NE	GSHF	Trust	4,880	166,320	100 000 %
Lodesca Miller Charitable Remainder Unit PO Box 1810 Kearney, NE68848 47-6186933	Investments	NE	GSHF	Trust	3,387	86,367	100 000 %
Robert & Wanda Charitable Remainder Unit PO Box 1810 Kearney, NE68848 26-6191916	Investments	NE	GSHF	Trust	13,030	537,775	100 000 %

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(1)	Alegent Health-Bergan Mercy Health System	a	7,909,158	
(2)	Alverna Apartments	a	75,515	
(3)	Central Kansas Medical Center	a	409,914	
(4)	CHI Colorado	a	7,154,311	
(5)	CHI Iowa Corp	a	7,911,756	
(6)	CHI Nebraska	a	3,661,582	
(7)	Enumclaw Hospital	a	657,501	
(8)	Flaget Healthcare Inc	a	941,271	
(9)	Franciscan Health Services	a	8,326,110	
(10)	Franciscan Villa	a	209,467	
(11)	Good Samaritan Hospital	a	1,562,748	
(12)	Good Samaritan Hospital	a	6,088,200	
(13)	Jewish Hospital & St Mary's	a	1,333,615	
(14)	Lakewood Health Centers	a	161,015	
(15)	Lisbon Area Health	a	72,625	
(16)	Memorial Health Care System	a	1,754,856	
(17)	Mercy Medical Center - Centerville	a	69,709	
(18)	Mercy Medical Center Inc	a	1,988,069	
(19)	Mercy Medical Center-Williston	a	81,985	
(20)	Mercy Regional Medical Center	a	3,518,751	
(21)	Oakes Community Hospital	a	284,478	
(22)	St Mary's Community Hospital	a	54,939	
(23)	St Anthony Hospital	a	493,001	
(24)	St Catherine Hospital	a	897,327	
(25)	St Clare Hospital	a	3,893,022	
(26)	St Francis Medical Center-Breckenridge	a	516,869	
(27)	St Joseph Health System - Lexington	a	12,914,047	
(28)	St Joseph Medical Center-Towson	a	5,123,379	
(29)	St Joseph Regional Health Network	a	6,417,411	
(30)	St Joseph's Area Health Services	a	128,240	

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(31)	St Joseph's Hospital and Health Center	a	1,049,735	
(32)	St Vincent Infirmary Medical Center	a	4,711,718	
(33)	The Good Samaritan Hospital of Cincinnati	a	6,222,172	
(34)	Unity Family Healthcare	a	890,274	
(35)	Villa Nazareth	a	236,571	
(36)	CHI Colorado	b	200,000	
(37)	Franciscan Foundation	b	121,348	
(38)	Good Samaritan Foundation	b	79,881	
(39)	Memorial Health Care System	b	117,180	
(40)	Mercy Foundation	b	63,000	
(41)	Mercy Hospital-Valley City	b	79,539	
(42)	Mercy Regional Medical Center	b	95,368	
(43)	Samaritan Behavioral Health	b	137,368	
(44)	SET of Colorado	b	125,000	
(45)	St Joseph Community Health	b	275,000	
(46)	St Catherine Hospital	b	66,965	
(47)	St Clare Hospital	b	107,329	
(48)	St Elizabeth Foundation	b	203,248	
(49)	St Francis Medical Center-Grand Island	b	90,681	
(50)	St Joseph Health System - Lexington	b	265,350	
(51)	St Joseph Medical Center Foundation	b	238,693	
(52)	St Joseph Medical Center Foundation	b	77,962	
(53)	St Joseph's Area Health Services	b	118,823	
(54)	Unity Family Healthcare	b	74,878	
(55)	Alegent Health-Bergan Mercy Health System	d	37,962,741	
(56)	CHI Colorado	d	50,000,000	
(57)	Enumclaw Hospital	d	14,000,000	
(58)	St Clare Hospital	d	40,000,000	
(59)	St Joseph Health System - Lexington	d	48,500,000	
(60)	St Joseph Medical Center-Towson	d	22,000,000	

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(61)	St Vincent Infirmary Medical Center	d	7,102,218	
(62)	Alegent Health-Bergan Mercy Health System	k	1,124,210	
(63)	Alternative Insurance Mgmet Services	k	202,236	
(64)	Bluegrass Imaging	k	419,460	
(65)	Carrington Health Center	k	2,470,267	
(66)	Central Kansas Medical Center	k	5,870,000	
(67)	Central Nebraska Home Care	k	157,980	
(68)	CHI Center for Translational Research	k	53,890	
(69)	CHI Colorado	k	13,173,085	
(70)	CHI Health Connect at Home	k	466,159	
(71)	CHI Iowa Corp	k	100,138,246	
(72)	CHI Nebraska	k	60,834,500	
(73)	Continuing Care	k	1,089,963	
(74)	Enumclaw Hospital	k	4,374,720	
(75)	First Initiatives Insurance Ltd	k	346,057	
(76)	Flaget Healthcare Inc	k	7,518,045	
(77)	Franciscan Health Services	k	115,906,483	
(78)	Franciscan Villa	k	1,944,560	
(79)	Gettysburg Medical Center	k	71,586	
(80)	Good Samaritan Hospital	k	15,969,265	
(81)	Good Samaritan Hospital	k	8,438,679	
(82)	Jewish Hospital & St Mary's	k	687,498	
(83)	Lakewood Health Centers	k	2,683,869	
(84)	Lisbon Area Health	k	1,746,541	
(85)	Memorial Health Care System	k	67,189,509	
(86)	Mercy Hospital of Devils Lake	k	3,428,629	
(87)	Mercy Hospital-Valley City	k	2,256,572	
(88)	Mercy Medical Center - Centerville	k	192,052	
(89)	Mercy Medical Center Inc	k	21,040,079	
(90)	Mercy Medical Center-Williston	k	6,175,322	

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(91)	Mercy Regional Medical Center	k	11,237,157	
(92)	Oakes Community Hospital	k	1,492,685	
(93)	Saint Elizabeth Regional Medical Center	k	3,288,408	
(94)	St Joseph Community Health	k	485,426	
(95)	St Mary's Community Hospital	k	1,478,067	
(96)	St Anthony Hospital	k	6,471,078	
(97)	St Anthony Hospital Association	k	162,874	
(98)	St Catherine Hospital	k	11,133,377	
(99)	St Clare Hospital	k	44,264,087	
(100)	St Dominic of Ontario	k	127,374	
(101)	St Francis Medical Center-Breckenridge	k	5,314,360	
(102)	St Francis Medical Center-Grand Island	k	10,929,347	
(103)	St Francis of Baker City	k	51,229	
(104)	St John's Regional Medical Center	k	239,559	
(105)	St Joseph Health Ministries-Lancaster	k	142,207	
(106)	St Joseph Health System - Lexington	k	82,061,960	
(107)	St Joseph Medical Center-Towson	k	36,334,727	
(108)	St Joseph Regional Health Network	k	26,715,152	
(109)	St Joseph's Area Health Services	k	6,426,321	
(110)	St Joseph's Hospital and Health Center	k	6,343,411	
(111)	St Mary's Healthcare Center	k	7,830,832	
(112)	St Vincent Infirmary Medical Center	k	41,371,679	
(113)	The Good Samaritan Hospital of Cincinnati	k	10,807,001	
(114)	Unity Family Healthcare	k	9,522,999	
(115)	Villa Nazareth	k	2,130,398	
(116)	Bishop Drumm Retirement Center	p	319,565	
(117)	Carrington Health Center	p	133,660	
(118)	Central Kansas Medical Center	p	1,177,391	
(119)	CHI Iowa Corp	p	8,720,494	
(120)	CHI Nebraska	p	7,033,756	

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(121)	Consolidated Health Systems	p	1,141,940	
(122)	Continuing Care	p	84,049	
(123)	Enumclaw Hospital	p	540,574	
(124)	Flaget Healthcare Inc	p	697,337	
(125)	Franciscan Health Services	p	16,418,327	
(126)	Franciscan Villa	p	444,579	
(127)	Fransician Medical Group	p	1,036,537	
(128)	Gettysburg Medical Center	p	103,106	
(129)	Lakewood Health Centers	p	188,673	
(130)	Lisbon Area Health	p	104,676	
(131)	Memorial Health Care System	p	7,962,614	
(132)	Mercy Hospital of Devils Lake	p	169,428	
(133)	Mercy Hospital-Valley City	p	90,979	
(134)	Mercy Medical Center - Centerville	p	228,640	
(135)	Mercy Medical Center Inc	p	3,399,018	
(136)	Mercy Medical Center-Williston	p	524,734	
(137)	Mercy Regional Medical Center	p	1,619,382	
(138)	Oakes Community Hospital	p	61,733	
(139)	St Anthony Hospital	p	606,149	
(140)	St Anthony Hospital Association	p	168,646	
(141)	St Catherine Hospital	p	1,158,349	
(142)	St Clare Hospital	p	4,930,781	
(143)	St Francis Medical Center-Breckenridge	p	402,677	
(144)	St Joseph Development Co	p	65,595	
(145)	St Joseph Health System - Lexington	p	11,144,089	
(146)	St Joseph Medical Center-Towson	p	6,129,043	
(147)	St Joseph Regional Health Network	p	3,879,429	
(148)	St Joseph's Area Health Services	p	436,547	
(149)	St Joseph's Hospital and Health Center	p	507,946	
(150)	St Mary's Healthcare Center	p	457,486	

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(151)	St Vincent Infirmary Medical Center	p	4,278,515	
(152)	The Good Samaritan Hospital of Cincinnati	p	5,798,710	
(153)	Unity Family Healthcare	p	531,076	
(154)	Villa Nazareth	p	234,879	
(155)	Alegent Health-Bergan Mercy Health System	r	13,366,888	
(156)	Alverna Apartments	r	86,260	
(157)	Carrington Health Center	r	356,730	
(158)	Central Kansas Medical Center	r	1,415,735	
(159)	CHI Colorado	r	17,673,135	
(160)	CHI Iowa Corp	r	10,411,448	
(161)	Flaget Healthcare Inc	r	1,750,267	
(162)	Franciscan Health Services	r	17,535,089	
(163)	Franciscan Villa	r	420,453	
(164)	Good Samaritan Hospital	r	5,254,680	
(165)	Good Samaritan Hospital	r	9,423,080	
(166)	Jewish Hospital & St Mary's	r	4,420,741	
(167)	Lakewood Health Centers	r	430,317	
(168)	Lisbon Area Health	r	154,109	
(169)	Memorial Health Care System	r	4,788,937	
(170)	Mercy Medical Center - Centerville	r	147,923	
(171)	Mercy Medical Center Inc	r	3,813,070	
(172)	Mercy Medical Center-Williston	r	1,705,740	
(173)	Mercy Regional Medical Center	r	811,345	
(174)	Oakes Community Hospital	r	160,998	
(175)	Saint Elizabeth Regional Medical Center	r	2,424,055	
(176)	St Mary's Community Hospital	r	94,689	
(177)	St Anthony Hospital	r	940,903	
(178)	St Catherine Hospital	r	702,204	
(179)	St Clare Hospital	r	3,649,019	
(180)	St Francis Medical Center-Breckenridge	r	1,326,281	

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(181)	St Francis Medical Center-Grand Island	r	179,254	
(182)	St Joseph Health System - Lexington	r	9,077,129	
(183)	St Joseph Medical Center-Towson	r	6,047,138	
(184)	St Joseph Regional Health Network	r	1,275,751	
(185)	St Joseph's Area Health Services	r	760,983	
(186)	St Joseph's Hospital and Health Center	r	1,090,524	
(187)	St Mary's Healthcare Center	r	307,938	
(188)	St Vincent Infirmary Medical Center	r	15,205,330	
(189)	The Good Samaritan Hospital of Cincinnati	r	10,036,481	
(190)	Unity Family Healthcare	r	1,691,300	
(191)	Villa Nazareth	r	499,097	
(192)	Carrington Health Center	a	35,823	
(193)	St Francis Medical Center-Grand Island	a	275	
(194)	St Mary's Healthcare Center	a	3,208	