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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

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) | Room/suite
198 Inverness Drive West

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 $ 1,293,576,146

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 INTREGAL 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**	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	13
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	3,017
6	Total number of volunteers (estimate if necessary)	**6**	14
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	35,807,264
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	2,235,209

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	27,141	0
9	Program service revenue (Part VIII, line 2g)	1,120,672,936	1,154,902,851
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	218,471,487	126,456,157
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,703,661	12,217,138
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,340,875,225	1,293,576,146
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,900,207	10,181,057
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)	235,752,028	251,071,566
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–24e)	969,581,461	1,099,795,893
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,209,233,696	1,361,048,516
19	Revenue less expenses Subtract line 18 from line 12	131,641,529	-67,472,370

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	5,206,692,632	6,520,487,703
21	Total liabilities (Part X, line 26)	4,713,947,878	6,043,215,137
22	Net assets or fund balances Subtract line 21 from line 20	492,744,754	477,272,566

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 — 2013-05-08 Date

▶ DEAN SWINDLE EVP BUSINESS SERVICES, CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Pamela Krohn	Date	Check if self-employed ▶ ☐	Preparer's taxpayer identification number (see instructions) P01210500
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ CATHOLIC HEALTH INITIATIVES 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112			EIN ▶ 47-0617373 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

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

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 organization's program service accomplishments for each of its three largest program services, as measured 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 $ 843,880,259 including grants of $ 10,181,057) (Revenue $ 1,119,120,292)

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** ▶ $ 843,880,259

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 instructions)?	2		No
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 for which 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 temporarily restricted endowments, permanent endowments, 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	Yes	
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, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II and IV*	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III 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*	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.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	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**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**	Yes	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		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 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	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**	Yes	
b	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*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **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**	4,189		
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**	3,017		
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 or securities 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.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**	
b	Enter the aggregate 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 aggregate 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	15		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	13		
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	Did the organization have members or stockholders?		6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		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	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
11a	Has the organization provided a complete 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 the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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 ▶ CA

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 made 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 made 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, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

☐ Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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 (do not check more than one box, unless person is both an officer and a director/trustee)						(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)**								18,429,602	39,022	2,161,611

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 438

			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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
QUANTIX CONSULTING INC 1777 S HARRISON ST SUITE 203 DENVER, CO 80210	CONSULTING SERVICES	12,320,914
HURON CONSULTING SERVICES 550 W VAN BUREN STREET CHICAGO, IL 60607	CONSULTING SERVICES	11,185,191
NAVIN HAFFTY & ASSOCIATES 1900 WEST PARK DR SUITE 180 WESTBOROUGH, MA 01581	IT CONSULTING SERVICES	9,769,018
EMC CORPORATION 8000 S CHESTER ST CENTENNIAL, CO 80112	CONSULTING SERVICES	9,184,624
ERNST & YOUNG LLP 370 17TH STREET SUITE 3300 DENVER, CO 80202	AUDITING/CONSULTING SERVICES	7,677,256

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 258

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				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 0				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total.** Add lines 1a-1f . . . . . ▶	0			
Program Service Revenue		Business Code				
	2a	ASSESSMENTS	900099	1,064,012,393	1,030,580,312	33,432,081	
	b	INTEREST INCOME	900099	101,378,951	101,378,951		
	c	PREMIUMS	900099	2,974,495	2,974,495		
	d	SERVICES SOLD	900099	792,709	282,198	510,511	
	e	EQUITY CHANGES OF UNCONSOLIDATED ORGS	900099	-14,372,927	-16,212,894	1,839,967	
	f	All other program service revenue		117,230	117,230	0	0
	g	**Total.** Add lines 2a–2f . . . . . ▶		1,154,902,851			
	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶		111,252,790		24,705	111,228,085
	4	Income from investment of tax-exempt bond proceeds . . ▶		199,946			199,946
	5	Royalties . . . . . ▶		0			
			(i) Real	(ii) Personal			
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)	0	0			
	d	Net rental income or (loss) . . . . . ▶			0			
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	15,003,421				
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)	15,003,421	0			
	d	Net gain or (loss) . . . . . ▶			15,003,421			15,003,421
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 TRANSACTIONS	900099	2,440,968			2,440,968
	b	MEDICARE/MEDICAID INSURANCE SETTLEMENTS	900099	5,685,802			5,685,802
	c	LAWSUIT REVENUE	900099	2,125,356			2,125,356
	d	All other revenue		1,965,012	0	0	1,965,012
	e	**Total.** Add lines 11a–11d . . . . . ▶		12,217,138			
	12	**Total revenue.** See Instructions . . . ▶		1,293,576,146	1,119,120,292	35,807,264	138,648,590

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)

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

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 United States See Part IV, line 21	9,599,354	9,599,354		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	146,370	146,370		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	435,333	435,333		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	13,781,529		13,781,529	
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	190,859,039	38,425,054	152,433,985	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	9,646,557	1,393,072	8,253,485	
9	Other employee benefits	21,685,846	5,048,565	16,637,281	
10	Payroll taxes	15,098,595	2,701,133	12,397,462	
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	3,577,127		3,577,127	
c	Accounting	14,550,772		14,550,772	
d	Lobbying	0			
e	Professional fundraising *See Part IV, line 17* . .	0			
f	Investment management fees	0			
g	Other	148,048,365	3,201,755	144,846,610	
12	Advertising and promotion	304,248	10,449	293,799	
13	Office expenses	21,699,299	1,462,323	20,236,976	
14	Information technology	22,550,885	73,784	22,477,101	
15	Royalties . .	0			
16	Occupancy	9,259,775		9,259,775	
17	Travel	11,213,249	1,561,982	9,651,267	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	3,283,904	149,238	3,134,666	
20	Interest	165,563,657	165,563,657		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	19,935,432		19,935,432	
23	Insurance	131,270,483	131,091,971	178,512	
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	1,136,577		1,136,577	
b	GROUP MEDICAL PLAN	376,458,976	376,458,976		
c	REPAIRS AND MAINTENANCE	139,449,253	95,758,895	43,690,358	
d	IMPAIRMENT LOSSES	15,864,792		15,864,792	
e					
f	All other expenses	15,629,099	10,798,348	4,830,751	0
25	**Total functional expenses.** Add lines 1 through 24f	1,361,048,516	843,880,259	517,168,257	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	0			

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		115,342	1	750
	2	Savings and temporary cash investments		19,885,897	2	77,940,531
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		144,703,294	4	145,943,422
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		2,546,207,826	7	2,954,391,202
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		22,917,433	9	34,421,801
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 706,407,904			
	b	Less accumulated depreciation	10b 230,934,686	229,312,391	10c	475,473,218
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		2,052,843,654	12	1,595,050,652
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		190,706,795	15	1,237,266,127
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		5,206,692,632	16	6,520,487,703
Liabilities	17	Accounts payable and accrued expenses		255,079,149	17	371,442,361
	18	Grants payable			18	
	19	Deferred revenue		13,706,976	19	15,080,975
	20	Tax-exempt bond liabilities		3,382,820,000	20	4,190,231,456
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*		10,429	21	15,530
	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		617,400,000	23	475,625,000
	24	Unsecured notes and loans payable to unrelated third parties			24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		444,931,324	25	990,819,815
	26	**Total liabilities.** Add lines 17 through 25		4,713,947,878	26	6,043,215,137
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		490,259,356	27	476,785,808
	28	Temporarily restricted net assets		2,485,398	28	486,758
	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		492,744,754	33	477,272,566
	34	Total liabilities and net assets/fund balances		5,206,692,632	34	6,520,487,703

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	1,293,576,146
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,361,048,516
3	Revenue less expenses Subtract line 2 from line 1	3	-67,472,370
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	492,744,754
5	Other changes in net assets or fund balances (explain in Schedule O)	5	52,000,182
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	477,272,566

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

2011

Open to Public Inspection

Name of the organization
CATHOLIC HEALTH INITIATIVES

Employer identification number
47-0617373

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

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

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

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

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

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

_____

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

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

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

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

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

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

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

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

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

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

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

	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 IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

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

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2010 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2011.** 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—2010.** 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—2011.** 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—2010.** 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 IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	7,136,559	2,409,585	845,437	27,141	0	10,418,722
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	929,100,420	994,629,193	1,121,777,652	1,087,339,067	1,119,120,292	5,251,966,624
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 **Total.** Add lines 1 through 5	936,236,979	997,038,778	1,122,623,089	1,087,366,208	1,119,120,292	5,262,385,346
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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	344,266,284	598,949,588	642,927,453	664,110,246	709,296,407	2,959,549,978
c Add lines 7a and 7b	344,266,284	598,949,588	642,927,453	664,110,246	709,296,407	2,959,549,978
8 **Public Support** (Subtract line 7c from line 6)						2,302,835,368

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	936,236,979	997,038,778	1,122,623,089	1,087,366,208	1,119,120,292	5,262,385,346
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	61,337,363	65,227,627	121,504,449	118,941,786	111,228,083	478,239,308
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	7,297,328	924,903	680,968	1,803,446	2,235,209	12,941,854
c Add lines 10a and 10b	68,634,691	66,152,530	122,185,417	120,745,232	113,463,292	491,181,162
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	2,534,051	294,982	43,155	1,703,661	12,217,138	16,792,987
13 **Total support** (Add lines 9, 10c, 11 and 12)	1,007,405,721	1,063,486,290	1,244,851,661	1,209,815,101	1,244,800,722	5,770,359,495

14 **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

15	Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	39 900 %
16	Public support percentage from 2010 Schedule A, Part III, line 15	16	42 180 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	8 510 %
18	Investment income percentage from **2010** Schedule A, Part III, line 17	18	8 450 %

19a **33 1/3% support tests—2011.** 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—2010.** 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 explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

OTHER INCOME, SCHEDULE A, PART III, LINE 12, DESCRIPTION - RETURNED GRANT, COLUMN A - 250362, COLUMN B - 0, COLUMN C - 0, COLUMN D - 0, COLUMN E - , COLUMN F - 250362, DESCRIPTION - NCL CONFERENCE, COLUMN A - 0, COLUMN B - 195380, COLUMN C - 0, COLUMN D - 0, COLUMN E - , COLUMN F - 195380, DESCRIPTION - LOAN REPAYMENTS, COLUMN A - 0, COLUMN B - 98052, COLUMN C - 0, COLUMN D - 0, COLUMN E - , COLUMN F - 98052, DESCRIPTION - REFUNDS, COLUMN A - 0, COLUMN B - 0, COLUMN C - 38885, COLUMN D - 0, COLUMN E - , COLUMN F - 38885, DESCRIPTION - DISCOUNTS TAKEN, COLUMN A - 0, COLUMN B - 0, COLUMN C - 3821, COLUMN D - 0, COLUMN E - , COLUMN F - 3821, DESCRIPTION - INTERCO TRANSACTIONS, COLUMN A - 0, COLUMN B - 0, COLUMN C - 0, COLUMN D - 579005, COLUMN E - 2440968, COLUMN F - 3019973, DESCRIPTION - LAWSUIT PROCEEDS, COLUMN A - 0, COLUMN B - 0, COLUMN C - 0, COLUMN D - 1003919, COLUMN E - 2125356, COLUMN F - 3129275, DESCRIPTION - TAX PREP REVENUE, COLUMN A - 0, COLUMN B - 0, COLUMN C - 0, COLUMN D - 120436, COLUMN E - , COLUMN F - 120436, DESCRIPTION - MEDICARE/MEDICAID INS SETTLEMENTS, COLUMN A - 0, COLUMN B - 0, COLUMN C - 0, COLUMN D - 0, COLUMN E - 5685802, COLUMN F - 5685802, DESCRIPTION - MISCELLANEOUS REVENUE, COLUMN A - 2283689, COLUMN B - 1550, COLUMN C - 449, COLUMN D - 301, COLUMN E - 1965012, COLUMN F - 4251001,,

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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

2011

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, line 35c (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 on behalf of or in opposition to candidates for public office 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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

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) 2008	(b) 2009	(c) 2010	(d) 2011	(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		215,000
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		0
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			215,000
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
Description of the activities reported on Lines 1a through 1i	Schedule C, Part II-B, Line 1	LINE 1A - 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 LINE 1B - 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 LINE 1D - 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, VIOLENCE PREVENTION, DEFICIT REDUCTION, DRUG SHORTAGES AND PROTECTION OF CATHOLIC IDENTITY LINE 1G - CHI LEADERS HAVE OCCASIONALLY MET WITH MEMBERS OF CONGRESS OR THEIR STAFF AND MADE TELEPHONE CALLS TO EXPRESS POSITIONS ON CHI ADVOCACY PRIORITIES, INCLUDING ACCESS AND COVERAGE, DEFICIT REDUCTION IMPACTS ON 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, VIOLENCE PREVENTION, 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 BELIEVES ADVOCATING FOR POLICY MEASURES THAT IMPROVE EDUCATION, HOUSING, EMPLOYMENT, AND SOCIOECONOMIC STATUS, PARTICULARLY ON BEHALF OF THE MOST VULNERABLE IN SOCIETY, IS ESSENTIAL 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 WILL CONTINUE TO STRENGTHEN ITS PUBLIC POLICY PROGRAM IN AN EFFORT TO DEMONSTRATE 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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

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

Description of property	(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		22,540,255	3,846,186	18,694,069
c Leasehold improvements		18,225,165	5,543,921	12,681,244
d Equipment		325,824,279	221,544,579	104,279,700
e Other		332,809,133		332,809,133
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				475,473,218

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	0	
(2) Closely-held equity interests	0	
(3) Other		
(A) CHI OIP - FIXED INCOME	798,340,383	F
(B) CHI OIP - EQUITY SECURITIES	777,975,282	F
(C) CHI OIP - MONEY MARKET	7,290,522	F
(D) INT DESIGNATED CHV II LP	10,277,798	F
(E) INT DESIGNATED CHV III LP	1,166,667	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	1,595,050,652	

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
See Additional Data Table	
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	1,237,266,127

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
PENSION LIABILITY	809,456,451
SELF-INSURANCE RESERVES AND CLAIMS	37,185,265
INTEREST RATE SWAPS	97,849,249
LOSSES INCURRED BUT NOT REPORTED	43,322,839
UNCLAIMED PROPERTY	407,769
INTEREST PAYABLE	2,598,242
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	990,819,815

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
Explanation of escrow agreement	Schedule D, Part IV, Line 2b	CATHOLIC HEALTH INITIATIVES ACTS AS AGENT FOR THE EMPLOYEE FINANCIAL ASSISTANCE FUND, AN EMPLOYEE FUNDED PROGRAM
FIN 48 (ASC 740) footnote	Schedule D, Part X, Line 2	CHI IS A TAX-EXEMPT COLORADO CORPORATION AND HAS BEEN GRANTED AN EXEMPTION FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE CHI OWNS CERTAIN TAXABLE SUBSIDIARIES AND ENGAGES IN CERTAIN ACTIVITIES THAT ARE UNRELATED TO ITS EXEMPT PURPOSE AND THEREFORE SUBJECT TO INCOME TAX MANAGEMENT REVIEWS ITS TAX POSITIONS ANNUALLY AND HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS

Additional Data

Software ID: 11000230
Software Version: v2011.1.0
EIN: 47-0617373
Name: CATHOLIC HEALTH INITIATIVES

Form 990, Schedule D, Part IX, - Other Assets

(a) Description	**(b)** Book value
EXECUFLEX DEFERRED INCOME PLAN	9,856,662
CASH SURRENDER VALUE - LIFE INSURANCE PLAN	2,935,261
CHI 457 (B) PLAN - GREAT WEST/FIDELTIY	6,017,521
NON-FIIL OTHER ASSETS (REINSURANCE)	22,185,265
NON-FIIL OTHER RECEIVABLES-INTERCOMPANY	6,000,000
DEFERRED FINANCING COSTS - CHI PROGRAM	28,528,797
INVESTMENTS IN UNCONSOLIDATED ORGS - CONTROLLING INTEREST	985,961,005
INVESTMENTS IN UNCONSOLIDATED ORGS - NONCONTROLLING INTEREST	175,546,144
DEPOSITS	235,000
MISCELLANEOUS	472

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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

2011

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)		5	PROGRAM SERVICES	INDEPENDENT CONTRACTOR	4,514
NORTH AMERICA (CANADA & MEXICO ONLY)		17	PROGRAM SERVICES	INDEPENDENT CONTRACTOR	184,929
CENTRAL AMERICA AND THE CARIBBEAN			CONDUCTING BOARD MEETINGS		64,971
NORTH AMERICA (CANADA & MEXICO ONLY)			CONDUCTING BOARD MEETINGS		47,851
CENTRAL AMERICA AND THE CARIBBEAN			INVESTMENTS		173,399
CENTRAL AMERICA AND THE CARIBBEAN	1	1	PROGRAM SERVICES	MAINTAINING OFFICES	342,354
EUROPE (INCLUDING ICELAND AND GREENLAND)			CONDUCTING BOARD MEETINGS		11,191
CENTRAL AMERICA AND THE CARIBBEAN		1	PROGRAM SERVICES	INDEPENDENT CONTRACTOR	228
EAST ASIA AND THE PACIFIC		1	PROGRAM SERVICES	INDEPENDENT CONTRACTOR	16,744
MIDDLE EAST AND NORTH AFRICA		1	PROGRAM SERVICES	INDEPENDENT CONTRACTOR	19,291
CENTRAL AMERICA AND THE CARIBBEAN			GRANTMAKING	HAITI CAMPAIGN	333,333
SUB SAHARAN AFRICA			GRANTMAKING	RWANDA FOOTCARE	57,000
EAST ASIA AND THE PACIFIC			GRANTMAKING	INTERNATIONAL MISSION PROGRAM WITH INDIGENOUS PEOPLES HOSPITAL IN THE PHILIPPINES	26,500
CENTRAL AMERICA AND THE CARIBBEAN			GRANTMAKING	JAMAICAN OUTREACH	18,500
3a Sub-total					
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)	1	26			1,300,805

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)
		CENTRAL AMERICA AND THE CARIBBEAN	HAITI CAMPAIGN	333,333	CHECK			
		SUB SAHARAN AFRICA	RWANDA FOOTCARE	57,000	WIRE			
		EAST ASIA AND THE PACIFIC	INTERNATIONAL MISSION PROGRAM WITH INDIGENOUS PEOPLES HOSPITAL IN THE PHILIPPINES	26,500	WIRE			
		CENTRAL AMERICA AND THE CARIBBEAN	JAMAICAN OUTREACH	18,500	WIRE			

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 . . . . . ▶ 4

3 Enter total number of other organizations or entities . . . . . ▶ 0

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
Procedures for monitoring use of grant funds	Schedule F, Part I, Line 2	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 SEC 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 SEC 501(C)(3) ORGANIZATIONS TO USE THE FUNDS IN FURTHERANCE OF EXEMPT PURPOSES

Identifier	Return Reference	Explanation
DESCRIPTION OF ACCOUNTING METHOD FOR COSTS IN REGION	SCHEDULE F, PART I, LINE 3(F)	(1,10 & 13) 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 (2) CHI'S INVESTMENTS IN CAPTIVE MANAGEMENT INITIATIVES AND NAZARETH ASSURANCE COMPANY ARE REFLECTED IN LINE 3(F) (3) 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 $342,354 (US) USING THE SAME METHODOLOGY AS IS REQUIRED FOR INDIVIDUALS REPORTABLE ON SCHEDULE J (4,7,9,11 & 12) CHI PAYS VARIOUS FOREIGN INDEPENDENT CONTRACTORS FOR PROGRAM RELATED SERVICES (5,6,8 & 14) CATHOLIC HEALTH INITIATIVES PROVIDES CHARITABLE GRANTS TO OTHER US 501(C)(3) ORGANIZATIONS TO SUPPORT FOREIGN PROGRAMS (SEE DESCRITION FOR PART I, LINE 2)

Identifier	Return Reference	Explanation
Method used to account for expenditures on organization's financial statements	Schedule F, Part I, Line 3	EUROPE (INCLUDING ICELAND AND GREENLAND) ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY) ACCRUAL CENTRAL AMERICA AND THE CARIBBEAN ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY) ACCRUAL CENTRAL AMERICA AND THE CARIBBEAN ACCRUAL CENTRAL AMERICA AND THE CARIBBEAN ACCRUAL EUROPE (INCLUDING ICELAND AND GREENLAND) ACCRUAL CENTRAL AMERICA AND THE CARIBBEAN ACCRUAL EAST ASIA AND THE PACIFIC ACCRUAL MIDDLE EAST AND NORTH AFRICA ACCRUAL CENTRAL AMERICA AND THE CARIBBEAN ACCRUAL SUB SAHARAN AFRICA ACCRUAL EAST ASIA AND THE PACIFIC ACCRUAL CENTRAL AMERICA AND THE CARIBBEAN ACCRUAL

Identifier	Return Reference	Explanation
Method used to account for grants on organization's financial statements	Schedule F, Part II, Line 1	CENTRAL AMERICA AND THE CARIBBEAN ACCRUAL SUB SAHARAN AFRICA ACCRUAL EAST ASIA AND THE PACIFIC ACCRUAL CENTRAL AMERICA AND THE CARIBBEAN ACCRUAL

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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

2011

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. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . ▶ ☐

(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 listed in the line 1 table . . . . ▶ 60

3 Enter total number of other organizations listed in the line 1 table . . . . ▶ 0

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
(1) EMPLOYEE DISASTER FUND ASSISTANCE	49	146,370	0	N/A	N/A

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
Procedures for monitoring use of grant funds	Schedule I, Part I, Line 2	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 SEC 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 SEC 501(C)(3) ORGANIZATIONS TO USE THE FUNDS IN FURTHERANCE OF EXEMPT PURPOSES

Additional Data

Return to Form

Software ID: 11000230
Software Version: v2011.1.0
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
DOMINICAN SISTERS OF PEACE2320 AIRPORT DRIVE COLUMBUS,OH 43219	26-3550703	501(C)(3)	13,800	0	N/A	N/A	ECOLOGICAL CENTER
DOMINICAN SISTERS OF PEACE2320 AIRPORT DRIVE COLUMBUS,OH 43219	26-3550703	501(C)(3)	65,000	0	N/A	N/A	VIOLENCE PREVENTION

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
DOMINICAN SISTERS OF PEACE 2320 AIRPORT DRIVE COLUMBUS,OH 43219	26-3550703	501(C)(3)	33,800	0	N/A	N/A	INST SPIRITUALITY
SAMARITAN BEHAVIORAL HEALTH601 EDWIN C MOSES BLVD DAYTON,OH 45417	02-0633634	501(C)(3)	79,248	0	N/A	N/A	VIOLENCE PREVENTION

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
CENTRO SANTA CATALINA1207 ALABAMA ST EL PASO,TX 79930	74-2996070	501(C)(3)	20,000	0	N/A	N/A	PROGRAM SUPPORT
JEWISH HOSPITAL & ST MARY'S HEALTHCARE200 ABRAHAM FLEXNER WAY LOUISVILLE,KY 40202	61-1029768	501(C)(3)	200,630	0	N/A	N/A	EQUITY COMM CHANGE

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)	34,937	0	N/A	N/A	VIOLENCE PREVENTION
SAINT ALPHONSUS MEDICAL CENTER 1512 12TH AVE RD NAMPA, ID 83686	26-1737256	501(C)(3)	51,500	0	N/A	N/A	HONORING HERITAGE

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
SISTERS OF CHARITY OF NAZARETHP O BOX 9 NAZARETH,KY 40048	31-0537158	501(C)(3)	109,440	0	N/A	N/A	CHILD & FAM HIV/AIDS
ALEGENT HEALTH P O BOX 642150 OMAHA,NE 68154	42-0782518	501(C)(3)	57,843	0	N/A	N/A	VIOLENCE PREVENTION

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 HEALTH P O BOX 642150 OMAHA,NE 68154	42-0782518	501(C)(3)	91,312	0	N/A	N/A	BREASTFEEDING ED
SAINT ALPHONSUS MEDICAL CENTER 351 SW 9TH ST ONTARIO,OR 97914	27-1789847	501(C)(3)	126,073	0	N/A	N/A	CREATE HLG RFLCT SPC

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
MERCY HOUSING NORTHWEST2505 THIRD AVE STE 204 SEATTLE,WA 98121	91-1546525	501(C)(3)	40,800	0	N/A	N/A	LOW INCOME HOUSING
BENEDICTINE MULTICULTURAL CENTER2500 5TH STREET SE WATERTOWN,SD 57201	46-0284616	501(C)(3)	57,500	0	N/A	N/A	EMPOWER IMM WOMEN

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 CHARITIES USA66 CANAL CTR PLAZA ALEXANDRIA,VA 22314	53-0196620	501(C)(3)	10,000	0	N/A	N/A	POVERTY IN AMERICA
COALITION TO PROTECT AMERICA'S HEALTH CAREPO BOX 30211 BETHESDA,MD 20824	52-2253225	501(C)(3)	200,000	0	N/A	N/A	PROTECT HEALTH CARE

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 JESUIT HIGH SCHOOL 4343 UTICA ST DENVER,CO 80212	46-0508814	501(C)(3)	50,700	0	N/A	N/A	WORK STUDY PGRM
MERCY HOUSING DENVER1999 BROADWAY STE 1000 DENVER,CO 80202	84-1262403	501(C)(3)	2,000,000	0	N/A	N/A	LOW INCOME HOUSING

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 MEMORIAL HOSPITAL4305 NEW SHEPHERDSVILLE RD BARDSTOWN,KY 40004	61-1345363	501(C)(3)	19,895	0	N/A	N/A	NELSON CNTRY CLINIC
LAKEWOOD HEALTH CENTER600 MAIN AVE S BAUDETTE,MN 56623	41-0758434	501(C)(3)	10,750	0	N/A	N/A	VIOLENCE PREVENTION

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
SAINT JOSEPH HEALTH SYSTEM INC424 LEWIS HARGETT CIRCLE 160 LEXINGTON,KY 40509	61-1334601	501(C)(3)	132,870	0	N/A	N/A	BEREA HLTH MINSTRIES
ST FRANCIS MEDICAL CENTER 2400 ST FRANCIS DRIVE BRECKENRIDGE,MN 56520	41-0695598	501(C)(3)	64,520	0	N/A	N/A	VIOLENCE PREVENTION

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 HEALTH CARE SYSTEM INC 2525 DESALES AVE CHATTANOOGA,TN 20824	62-0532345	501(C)(3)	99,680	0	N/A	N/A	VIOLENCE PREVENTION
MEMORIAL HEALTH CARE SYSTEM INC 2525 DESALES AVE CHATTANOOGA,TN 37404	62-0532345	501(C)(3)	35,116	0	N/A	N/A	HEALTH & WELLNESS

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
SAMARITAN BEHAVIORAL HEALTH601 EDWIN C MOSES BLVD DAYTON,OH 45408	02-0633634	501(C)(3)	125,980	0	N/A	N/A	TEEN PREGNACY PRGM
SAMARITAN BEHAVIORAL HEALTH601 EDWIN C MOSES BLVD DAYTON,OH 45408	02-0633634	501(C)(3)	68,684	0	N/A	N/A	VIOLENCE PREVENTION

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 INITIATIVES - COLORADO188 INVERNESS DR STE 500 DENVER,CO 80112	84-0405257	501(C)(3)	109,852	0	N/A	N/A	PROGRAM SUPPORT
SAINT CLARE'S HOSPITAL25 POCONO RD DENVILLE,NJ 80919	22-3319886	501(C)(3)	37,235	0	N/A	N/A	VIOLENCE PREVENTION

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 E SPRUCE ST GARDEN CITY,KS 67846	48-0543721	501(C)(3)	73,708	0	N/A	N/A	VIOLENCE PREVENTION
SAINT FRANCIS MEDICAL CENTER FOUNDATIONPO BOX 9804 GRAND ISLAND,NE 68802	47-0630267	501(C)(3)	12,745	0	N/A	N/A	VIOLENCE PREVENTION

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
SAINT FRANCIS MEDICAL CENTER FOUNDATIONPO BOX 9804 GRAND ISLAND,NE 68802	47-0630267	501(C)(3)	64,170	0	N/A	N/A	TEEN PARENTING PRGM
GOOD SAMARITAN HOSPITAL FOUNDATION111 W 31ST ST KEARNEY,NE 68848	47-0659443	501(C)(3)	157,412	0	N/A	N/A	CUMMUNITY HUB PRGM

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
SAINT JOSEPH HEALTH SYSTEM INC424 LEWIS HARGETT CIRCLE 160 LEXINGTON,KY 40509	61-1334601	501(C)(3)	187,870	0	N/A	N/A	RURAL OUTREACH
SAINT ELIZABETH FOUNDATION555 SOUTH 70TH STREET LINCOLN,NE 68510	47-0625523	501(C)(3)	103,906	0	N/A	N/A	HEALTHY COMMUNITIES

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
SAINT ELIZABETH FOUNDATION555 SOUTH 70TH STREET LINCOLN,NE 68510	47-0625523	501(C)(3)	103,471	0	N/A	N/A	HOPE THROUGH HEALING
SAINT ELIZABETH FOUNDATION555 SOUTH 70TH STREET LINCOLN,NE 68510	47-0625523	501(C)(3)	76,553	0	N/A	N/A	CARING COMMUNITIES

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 HEALTHCARE815 SE 2ND STREET LITTLE FALLS,MN 56345	41-0721642	501(C)(3)	34,468	0	N/A	N/A	HEALTHY COMMUNITIES
UNITY FAMILY HEALTHCARE815 SE 2ND STREET LITTLE FALLS,MN 56345	41-0721642	501(C)(3)	37,300	0	N/A	N/A	VIOLENCE PREVENTION

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 VINCENT FOUNDATION2 ST VINCENT CIRCLE LITTLE ROCK,AR 72205	51-0169537	501(C)(3)	19,630	0	N/A	N/A	DANCING FOR HEALTH
SAINT JOSEPH HEALTH SYSTEM INC424 LEWIS HARGETT CIRCLE 160 LEXINGTON,KY 40509	61-1334601	501(C)(3)	21,319	0	N/A	N/A	VIOLENCE PREVENTION

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 AND ST MARY'S HEALTHCARE200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202	61-1029768	501(C)(3)	78,467	0	N/A	N/A	VIOLENCE PREVENTION
ST MARY'S COMMUNITY HOSPITAL1314 3RD AVE NEBRASKA CITY, NE 68410	47-0443636	501(C)(3)	103,548	0	N/A	N/A	VIOLENCE PREVENTION

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'S AREA HEALTH SERVICES 600 PLEASANT AVE S PARK RAPIDS,MN 56470	41-0695603	501(C)(3)	50,825	0	N/A	N/A	VIOLENCE PREVENTION
ST MARY'S HEALTHCARE CENTER801 E SIOUX AVE PIERRE,SD 57501	46-0230199	501(C)(3)	85,050	0	N/A	N/A	VIOLENCE PREVENTION

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 FOUNDATIONPO BOX 316 READING, PA 19603	23-2649362	501(C)(3)	91,667	0	N/A	N/A	SCHOOL READINESS
ST JOSEPH MEDICAL CENTER FOUNDATIONPO BOX 316 READING, PA 19603	23-2649362	501(C)(3)	150,100	0	N/A	N/A	VIOLENCE PREVENTION

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 FOUNDATIONPO BOX 316 READING,PA 19603	23-2649362	501(C)(3)	89,936	0	N/A	N/A	NEIGHBORHOOD WATCH
MERCY FOUNDATION INC 2700 STEWART PKWY ROSEBURG,OR 97470	93-6088946	501(C)(3)	99,804	0	N/A	N/A	HEALTHY KIDS

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
MERCY FOUNDATION INC 2700 STEWART PKWY ROSEBURG,OR 97470	93-6088946	501(C)(3)	86,766	0	N/A	N/A	CHILD ABUSE PREVENTN
FRANCISCAN FOUNDATION1717 SOUTH J STREET TACOMA,WA 98405	91-1145592	501(C)(3)	45,589	0	N/A	N/A	DRUG PREVENTION

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)	48,807	0	N/A	N/A	HEALTHY COMMUNITIES
FRANCISCAN FOUNDATION1717 SOUTH J STREET TACOMA,WA 98405	91-1145592	501(C)(3)	89,577	0	N/A	N/A	CLOSING DISPARITY GAP

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)	67,443	0	N/A	N/A	VIOLENCE PREVENTION
ST JOSEPH MEDICAL CENTER FOUNDATION INC 7601 OSLER DR STE 208 TOWSON, MD 21204	52-1861044	501(C)(3)	80,240	0	N/A	N/A	MEDICAL OUTREACH

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
MERCY HOSPITAL OF VALLEY CITY 570 CHAUTAUQUA BLVD VALLEY CITY,ND 58072	45-0226553	501(C)(3)	45,664	0	N/A	N/A	FAITH IN ACTION
CATHOLIC HEALTH INITIATIVES NATIONAL FOUNDATION6385 CORPORATE DRIVE COLORADO SPRINGS,CO 80919	27-0930004	501(C)(3)	3,000,000	0	N/A	N/A	PROGRAM SUPPORT

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 VINCENT INFIRMARY MEDICAL CENTER TWO ST VINCENT CIRCLE LITTLE ROCK,AR 72205	71-0236917	501(C)(3)	0	356,639	FMV	SERVER/IT SYSTEM	PROGRAM SUPPORT
ST JOSEPH'S HOSPITAL & HEALTH CENTER 30 WEST SEVENTH STREET DICKINSON,ND 58601	45-0226429	501(C)(3)	177,968	0	N/A	N/A	ENVIR SUPPORT

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
HEALTHCARE AND WELLNESS FOUNDATION2400 ST FRANCIS DRIVE BRECKENRIDGE,MN 56520	76-0761782	501(C)(3)	26,500				PROGRAM SUPPORT
CATHOLIC HEALTH INITIATIVES COLORADO FOUNDATION6385 CORPORATE DRIVE COLORADO SPRINGS,CO 80919	84-0902211	501(C)(3)	57,000				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

2011

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?	**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 Schedule J-1 if additional space 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(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								

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
First-class or charter travel	Schedule J, Part I, Line 1a	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
Travel for companions	Schedule J, Part I, Line 1a	TRAVEL FOR COMPANIONS IS AVAILABLE WITH TAX GROSS-UP PURSUANT TO CHI HR POLICY #4 COMPANION TRAVEL FOR CATHOLIC HEALTH INITIATIVES BOARD MEMBERS WAS REIMBURSED FOR THE PILGRIMAGE TO ROME CATHOLIC HEALTH INITIATIVES AND ITS COMPANION CORPORATION, THE CATHOLIC HEALTHCARE FEDERATION (A PONTIFICAL PUBLIC JURIDIC PERSON), ARE REQUIRED TO PERIODICALLY DELIVER REPORTS TO THE VATICAN CONCERNING OUR HEALTHCARE MINISTRY BECAUSE OF THE SIGNIFICANT TIME COMMITMENT ASSOCIATED WITH BOARD MEMBERSHIP AT CHI, BOARD MEMBERS WERE INVITED TO BRING THEIR SPOUSES TO PARTICIPATE IN THE PILGRIMAGE AND VISITATION OF HOLY SITES IN ROME CHI REIMBURSED THOSE BOARD MEMBERS FOR CERTAIN COMPANION TRAVEL EXPENSES AND GROSSED-UP THE BOARD MEMBERS FOR THOSE EXPENSES ALL SUCH COMPANION TRAVEL AND ASSOCIATED GROSS-UP WAS INCLUDED AS INCOME ON THE BOARD MEMBER'S FORM 1099 OR W-2 AS APPLICABLE
Tax indemnification and gross-up payments	Schedule J, Part I, Line 1a	CHI REIMBURSED BOARD MEMBERS FOR CERTAIN COMPANION TRAVEL EXPENSES AND GROSSED-UP THE BOARD MEMBERS FOR THOSE EXPENSES ALL SUCH COMPANION TRAVEL AND ASSOCIATED GROSS-UP WAS INCLUDED AS INCOME ON THE BOARD MEMBER'S FORM 1099 OR W-2 AS APPLICABLE
Severance or change-of-control payment	Schedule J, Part I, Line 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 POST-TERMINATION PAYMENTS, THESE INDIVIDUALS MUST EXECUTE A GENERAL RELEASE AND SETTLEMENT AGREEMENT POST-TERMINATION PAYMENT ARRANGEMENTS ARE PERIODICALLY REVIEWED FOR OVERALL REASONABLENESS IN LIGHT OF THE EXECUTIVE'S OVERALL COMPENSATION PACKAGE THE FOLLOWING REPORTABLE INDIVIDUALS RECEIVED SEVERANCE PAYMENTS FROM CHI DURING THE 2011 CALENDAR YEAR, AND THESE SEVERANCE PAYMENTS WERE INCLUDED IN THE INDIVIDUALS' W-2 INCOME AND REPORTABLE COMPENSATION ON PART VII AND SCHEDULE J, PART II, COLUMN (B)(III) COLLEEN BLYE - $721,011
Supplemental nonqualified retirement plan	Schedule J, Part I, Line 4b	DURING THE 2011 CALENDAR YEAR CATHOLIC HEALTH INITIATIVES ("CHI") 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 JAMES DEAN SWINDLE JOHN DICOLA PHILIP FOSTER STEVEN KEHRBERG THOMAS KOPFENSTEINER STEPHEN MOORE MICHAEL O'ROURKE KATHLEEN SANFORD LESLIE HIRSCH ROBERT LANIK MARY ELIZABETH O'BRIEN DAVID VELLINGA JOSEPH WILCZEK PATRICIA WEBB DURING 2011 THE FOLLOWING CONTRIBUTIONS WERE MADE BY CHI TO THE DEFERRED COMPENSATION PLAN KEVIN LOFTON - $213,445 MITCH MELFI - $79,558 JOYCE ROSS - $23,206 MICHAEL ROWAN - $153,201 JAMES DEAN SWINDLE - $121,600 JOHN DICOLA - $87,947 PHILIP FOSTER - $27,013 STEVEN KEHRBERG - $28,800 THOMAS KOPFENSTEINER - $76,140 STEPHEN MOORE - $91,200 MICHAEL O'ROURKE - $45,970 KATHLEEN SANFORD - $69,120 LESLIE HIRSCH - $59,120 MARY ELIZABETH O'BRIEN - $54,896 DAVID VELLINGA - $54,879 PATRICIA WEBB - $72,000 DURING 2011 THE FOLLOWING DISTRIBUTIONS WERE MADE BY CHI FROM THE DEFERRED COMPENSATION PLAN KEVIN LOFTON - $103,853 JOYCE ROSS - $57,465 ROBERT LANIK - $81,987 JOSEPH WILCZEK - $59,743 JOHN NEWTON, JR - $31,801 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 2011 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 2011, THE FOLLOWING CONTRIBUTIONS THAT WOULD HAVE BEEN MADE BY CHI TO THE DEFERRED COMPENSATION PLAN WERE PAID IN CASH ROBERT LANIK - $45,883 JOSEPH WILCZEK - $62,828
Non-fixed payments	Schedule J, Part I, Line 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

Return to Form

Software ID: 11000230
Software Version: v2011.1.0
EIN: 47-0617373
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				
CAROL KEENAN	(I) (II)	279,110 0	74,362 0	19,886 0	30,028 0	19,567 0	422,953 0	0 0
COLLEEN BLYE CPA	(I) (II)	0 0	0 0	720,500 0	30,028 0	1,418 0	751,946 0	0 0
DAVID VELLINGA	(I) (II)	630,107 0	195,541 0	26,944 0	87,357 0	13,130 0	953,079 0	0 0
JAMES DEAN SWINDLE CPA	(I) (II)	762,303 0	306,056 0	23,332 0	141,828 0	21,922 0	1,255,441 0	0 0
JOHN DICOLA	(I) (II)	549,913 0	224,134 0	26,944 0	117,975 0	21,236 0	940,202 0	0 0
JOHN NEWTON JR	(I) (II)	311,074 0	86,274 0	53,777 0	30,028 0	9,307 0	490,460 0	31,801 0
JOSEPH WILCZEK	(I) (II)	713,772 0	265,364 0	154,639 0	25,128 0	9,560 0	1,168,463 0	59,743 0
JOYCE ROSS	(I) (II)	264,121 0	87,245 0	81,367 0	48,334 0	8,995 0	490,062 0	57,465 0
KATHLEEN SANFORD RN DBA FACHE	(I) (II)	434,063 0	164,930 0	22,612 0	89,348 0	17,222 0	728,175 0	0 0
KEVIN LOFTON FACHE	(I) (II)	1,356,466 0	982,939 0	133,865 1,614	238,573 0	21,446 0	2,733,289 1,614	103,853 0
LESLIE HIRSCH	(I) (II)	655,062 0	119,468 0	25,012 0	79,348 0	19,850 0	898,740 0	0 0
MARY ELIZABETH O'BRIEN	(I) (II)	624,467 0	307,246 0	336,344 0	77,574 0	9,644 0	1,355,275 0	0 0
MICHAEL O'ROURKE	(I) (II)	479,280 0	184,998 0	54,480 0	66,198 0	19,850 0	804,806 0	0 0
MICHAEL ROWAN FACHE	(I) (II)	967,569 0	444,803 0	23,414 4,843	175,879 0	19,400 0	1,631,065 4,843	0 0
MITCH MELFI ESQ	(I) (II)	508,433 0	202,227 0	23,332 4,843	107,136 0	21,446 0	862,574 4,843	0 0
PATRICIA WEBB	(I) (II)	450,622 0	84,780 0	112,291 5,273	92,228 0	13,773 0	753,694 5,273	0 0
PHILIP FOSTER	(I) (II)	295,884 0	112,272 0	22,403 0	52,141 0	19,932 0	502,632 0	0 0
ROBERT LANIK	(I) (II)	532,784 0	194,611 0	154,814 0	32,478 0	13,968 0	928,655 0	81,987 0

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				
STEPHEN MOORE MD	(I)	569,192	214,776	25,012	111,428	19,850	940,258	0
	(II)	0	0	0	0	0	0	0
STEVEN KEHRBERG	(I)	319,163	91,205	67,381	61,278	14,847	553,874	0
	(II)	0	0	0	0	0	0	0
SUSANNA LAUNDY	(I)	378,737	93,542	22,232	22,678	9,583	526,772	0
	(II)	0	0	0	0	0	0	0
THOMAS KOPFENSTEINER	(I)	483,493	193,584	25,012	98,818	9,056	809,963	0
	(II)	0	0	0	0	0	0	0

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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.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
CATHOLIC HEALTH INITIATIVES

Employer identification number
47-0617373

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 PART VI - (WASH 2008A4-6)		X		X		X
B	COLORADO HEALTH FACILITIES AUTHORITY 2009 AB	84-0752932	19648ARL1	11-10-2009	713,972,398	SEE PART VI - (2009AB COMP ISSUE)		X		X		X
C	KENTUCKY ECONOMIC DEV FINANCE AUTH 2009 AB	61-0600439	49126PDF4	11-10-2009	133,269,543	SEE PART VI - (2009AB COMP ISSUE)		X		X		X
D	COUNTY OF MONTGOMERY OHIO 2009 AB	31-6000172	613549HX5	11-10-2009	263,401,078	SEE PART VI - (2009AB COMP ISSUE)		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	0	34,460,000	6,955,000	11,161,585
2	Amount of bonds defeased	0	0	0	0
3	Total proceeds of issue	120,260,000	714,047,470	133,269,639	263,401,373
4	Gross proceeds in reserve funds	0	0	0	0
5	Capitalized interest from proceeds	0	0	0	0
6	Proceeds in refunding escrow	120,260,000	155,600,000	0	223,408,344
7	Issuance costs from proceeds	0	6,264,973	1,380,211	2,530,978
8	Credit enhancement from proceeds	0	0	0	0
9	Working capital expenditures from proceeds	0	0	0	0
10	Capital expenditures from proceeds	0	552,182,497	131,889,379	37,461,940
11	Other spent proceeds	0	0	0	0
12	Other unspent proceeds	0	0	0	0
13	Year of substantial completion	2009	2011	2009	2009

		A		B		C		D	
		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 Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
3a	Are there any management or service contracts that may result in private business use?	X		X		X		X	
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any 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 %		0 24 %		0 %		0 %	
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 %		0 01 %		0 %		0 %	
6	Total of lines 4 and 5	0 %		0 25 %		0 %		0 %	
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 Yes	A No	B Yes	B No	C Yes	C No	D Yes	D 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 0				0 0		0 0
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		0 0				0 0		0 0
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 Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . ☑ Yes ☐ No

Part VI Supplemental Information

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

Identifier	Return Reference	Explanation
WASHINGTON HEALTH FACILITIES AUTHORITY 2008A4-6	PART VI	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	PART VI	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 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 ISSUANCE DATE NOVEMBER 9, 2006) PART II LINE 1 AMOUNT OF BONDS RETIRED $52,576,585 LINE 2 AMOUNT OF BONDS LEGALLY DEFEASED $0 LINE 3 TOTAL PROCEEDS OF ISSUE $1,110,718,482 INCLUDES INVESTMENT EARNINGS LINE 4 GROSS PROCEEDS IN RESERVE FUNDS $0 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 $10,176,162 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 24%] 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 25%] 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
SERIES 2008D COMPOSITE ISSUE	PART VI	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 $30,256 LINE 2 AMOUNT OF BONDS LEGALLY DEFEASED $3,155,000 LINE 3 TOTAL PROCEEDS OF ISSUE $469,141,627 INCLUDES INVESTMENT EARNINGS LINE 4 GROSS PROCEEDS IN RESERVE FUNDS $3,479,563 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 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 $284,238,851 LINE 11 OTHER SPENT PROCEEDS 0 LINE 12 OTHER UNSPENT PROCEEDS $9,504,411 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 20%] 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 21%] 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 SOME OF THE SALES PROCEEDS OF THE COUNTY OF MONTGOMERY, OHIO SERIES 2008D BONDS BEING HELD IN A PROJECT ACCOUNT FOR THE OHIO PROJECTS HAVE NOT YET BEEN SPENT CHI AND THE OHIO AFFILIATES ARE CONTINUING TO PROCEED WITH DUE DILIGENCE ON THE PROJECTS IF NECESSARY, A YIELD REDUCTION PAYMENT WILL BE MADE IN ADDITION, GROSS PROCEEDS IN THE DEFEASANCE ESCROW FOR THE COLORADO HEALTH FACILITIES AUTHORITY SERIES 2008D-2 HAVE BEEN INVESTED BEYOND AN AVAILABLE TEMPORARY PERIOD AT A RESTRICTED YIELD LINE 6 DID THE BOND ISSUE QUALIFY FOR AN EXCEPTION TO REBATE? NO
SERIES 2006/2008 COMPOSITE ISSUE	PART VI	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 $345,021,016 LINE 2 AMOUNT OF BONDS LEGALLY DEFEASED $0 LINE 3 TOTAL PROCEEDS OF ISSUE $769,154,344 INCLUDES INVESTMENT EARNINGS LINE 4 GROSS PROCEEDS IN RESERVE FUNDS $9 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 19%] LINE 5 ENTER THE PERCENTAGE OF FINANCED PROPERTY USED IN A PRIVATE BUSINESS USE AS A RESULT OF UNRELATED TRADE OR BUSINESS ACTIVITY CARRIED ON BY YOUR ORGANIZATION, ANOTHER 501(C)(3) ORGANIZATION OR A STATE OR LOCAL GOVERNMENT [0 01%] LINE 6 TOTAL OF LINES 4 AND 5 [0 20%] 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 LINE 6 DID THE BOND ISSUE QUALIFY FOR AN EXCEPTION TO REBATE? YES
SERIES 2006A COMPOSITE ISSUE	PART VI	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 INCLUDES INVESTMENT EARNINGS LINE 4 GROSS PROCEEDS IN RESERVE FUNDS $0 LINE 5 CAPITALIZED INTEREST FROM PROCEEDS $4,693,109 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 50%] 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 55%] 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
SERIES 2004BCD COMPOSITE ISSUE	PART VI	THE BONDS DESCRIBED ON LINES A, B, C, D AND A IN PART I, 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 $625,775,000 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 $164,275,000 LINE 2 AMOUNT OF BONDS LEGALLY DEFEASED $0 LINE 3 TOTAL PROCEEDS OF ISSUE $636,268,525 INCLUDES INVESTMENT EARNINGS LINE 4 GROSS PROCEEDS IN RESERVE FUNDS $0 LINE 5 CAPITALIZED INTEREST FROM PROCEEDS $0 LINE 6 PROCEEDS IN REFUNDING ESCROWS $27,907,726 $15,537,484 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 $12,370,242 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 LINE 8 CREDIT ENHANCEMENT FROM PROCEEDS $0 LINE 9 WORKING CAPITAL EXPENDITURES FROM PROCEEDS $0 LINE 10 CAPITAL EXPENDITURES FROM PROCEEDS $604,911,793 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 76%] 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 [0 86%] 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
SERIES 2004A COMPOSITE ISSUE	PART VI	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 $164,653,282 INCLUDES INVESTMENT EARNINGS LINE 4 GROSS PROCEEDS IN RESERVE FUNDS $16,136,892 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 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 LINE 8 CREDIT ENHANCEMENT FROM PROCEEDS $0 LINE 9 WORKING CAPITAL EXPENDITURES FROM PROCEEDS $0 LINE 10 CAPITAL EXPENDITURES FROM PROCEEDS $155,337,302 LINE 11 OTHER SPENT PROCEEDS $0 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 09%] 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 12%] 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 GROSS PROCEEDS IN THE DEFEASANCE ESCROWS FOR THE HOSP FACILITIES OF UMATILLA OREGON 2004A BONDS AND THE CITY OF BRECKENRIDGE, MINNESOTA 2004A BONDS HAVE BEEN INVESTED BEYOND AN AVAILABLE TEMPORARY PERIOD AT A RESTRICTED YIELD LINE 6 DID THE BOND ISSUE QUALIFY FOR AN EXCEPTION TO REBATE? YES
SERIES 2002B COMPOSITE ISSUE	PART VI	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 $19,700,000 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
SERIES 2002AB REMEDIATED ISSUE	PART VI	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 4 GROSS PROCEEDS IN RESERVE FUNDS $884,015 DISPOSITION PROCEEDS APPLIED TO DEFEASE A PORTION OF THE SERIES 2002AB REMEDIATED ISSUE LINE 10 CAPITAL EXPENDITURES FROM PROCEEDS $500,000 $500,000 OF DISPOSITION PROCEEDS WERE APPLIED TO AN ALTERNATIVE USE 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
SERIES 2011A COMPOSITE ISSUE	PART VI	THE BONDS DESCRIBED ON LINES D AND A IN PART I ARE PART OF A COMPOSITE ISSUE FOR FEDERAL INCOME TAX PURPOSES (THE SERIES 2011A COMPOSITE ISSUE) ALL AMOUNTS REPORTED BELOW ARE FOR THE COMPOSITE ISSUE RATHER THAN THE COMPONENT PARTS PART I LINE D DATE ISSUED 10-NOV-11 LINE E ISSUE PRICE $539,672,927 LINE F PURPOSE WASHINGTON HEALTH CARE FACILITIES 2011 A - CAPITAL IMPROVEMENTS, ACQUISITIONS AND EQUIPMENT ACQUISITIONS FOR AFFILIATES IN WASHINGTON COLORADO HEALTH FACILITIES AUTHORITY 2011 A - CAPITAL IMPROVEMENTS, ACQUISITIONS AND EQUIPMENT ACQUISITIONS FOR AFFILIATES IN ARKANSAS, COLORADO, IOWA, KANSAS AND NEBRASKA AND CURRENT REFUNDING OF COLORADO 2000B (ORIGINAL ISSUANCE DATE MARCH, 20, 2000), 2004B-1, 2004B-2 AND 2004B-3 (ORIGINAL ISSUANCE DATE NOVEMBER 18, 2004), AND 2008C-8 (ORIGINAL ISSUANCE DATE NOVEMBER 20, 2008) AND CURRENT REFUNDING OF COMMERCIAL PAPER NOTES PART II LINE 1 AMOUNT OF BONDS RETIRED $0 LINE 2 AMOUNT OF BONDS LEGALLY DEFEASED $0 LINE 3 TOTAL PROCEEDS OF ISSUE $539,673,261 INCLUDES INVESTMENT EARNINGS LINE 4 GROSS PROCEEDS IN RESERVE FUNDS $334 LINE 5 CAPITALIZED INTEREST FROM PROCEEDS $0 LINE 6 PROCEEDS IN REFUNDING ESCROWS $283,500,000 $283,500,000 OF PROCEEDS OF THE COLORADO HEALTH FACILITIES AUTHORITY 2011A BONDS WERE USED TO REDEEM THE COLORADO HEALTH FACILITIES AUTHORITY SERIES 2000B , 2004B-1, 2004B-2 AND 2004B-3 , AND 2008C-8 BONDS AND TO REDEEM THE COMMERCIAL PAPER NOTES ON OR BEFORE DECEMBER 6, 2011 LINE 7 ISSUANCE COSTS FROM PROCEEDS $4,922,927 LINE 8 CREDIT ENHANCEMENT FROM PROCEEDS $0 LINE 9 WORKING CAPITAL EXPENDITURES FROM PROCEEDS $0 LINE 10 CAPITAL EXPENDITURES FROM PROCEEDS $256,900,000 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 01%] 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 00%] LINE 6 TOTAL OF LINES 4 AND 5 [0 01%] 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
SERIES 2011BC COMPOSITE ISSUE	PART VI	SERIES 2011BC COMPOSITE ISSUE THE BONDS DESCRIBED ON LINES B AND C IN PART I ARE PART OF A COMPOSITE ISSUE FOR FEDERAL INCOME TAX PURPOSES (THE SERIES 2011BC COMPOSITE ISSUE) ALL AMOUNTS REPORTED BELOW ARE FOR THE COMPOSITE ISSUE RATHER THAN THE COMPONENT PARTS PART I LINE D DATE ISSUED 10-NOV-11 LINE E ISSUE PRICE $283,155,000 LINE F PURPOSE COLORADO HEALTH FACILITIES AUTHORITY 2011 C - CAPITAL IMPROVEMENTS, ACQUISITIONS AND EQUIPMENT ACQUISITIONS FOR AFFILIATES IN ARKANSAS, COLORADO, IOWA, KANSAS AND NEBRASKA AND CURRENT REFUNDING OF COMMERICAL PAPER NOTES KENTUCKY ECONOMIC DEV FINANCE AUTH 2011 B - CAPITAL IMPROVEMENTS AND EQUIPMENT ACQUISITIONS FOR AFFILIATES IN KENTUCKY AND CURRENT REFUNDING OF KENTUCKY COMMERCIAL PAPER NOTES PART II LINE 1 AMOUNT OF BONDS RETIRED $0 LINE 2 AMOUNT OF BONDS LEGALLY DEFEASED $0 LINE 3 TOTAL PROCEEDS OF ISSUE $283,155,431 INCLUDES INVESTMENT EARNINGS LINE 4 GROSS PROCEEDS IN RESERVE FUNDS $0 LINE 5 CAPITALIZED INTEREST FROM PROCEEDS $0 LINE 6 PROCEEDS IN REFUNDING ESCROWS $56,775,000 $56,775,000 OF PROCEEDS OF THE KENTUCKY ECONOMIC DEV FINANCE AUTH 2011 B BONDS WERE USED TO REDEEM THE KENTUCKY COMMERCIAL PAPER NOTES ON OR BEFORE DECEMBER 6, 2011 LINE 7 ISSUANCE COSTS FROM PROCEEDS $1,380,000 LINE 8 CREDIT ENHANCEMENT FROM PROCEEDS $0 LINE 9 WORKING CAPITAL EXPENDITURES FROM PROCEEDS $431 LINE 10 CAPITAL EXPENDITURES FROM PROCEEDS $225,000,000 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 09%] 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 00%] 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
LOUISVILLE/JEFFERSON METRO COUNTY GOVT 2012A	PART VI	PART I LINE F PURPOSE ADVANCE REFUNDING OF LOUISVILLE/JEFFERSON METRO COUNTY GVT REVENUE BONDS SERIES 2008 (ORIGINAL ISSUANCE DATE JULY 10, 2008)
SERIES 2011 REISSUED BONDS	PART VI	PART I, LINE F THE SERIES 2011 REISSUED BONDS WERE TREATED AS REISSUED ON FEBRUARY 23, 2011, AS A RESULT OF REMEDIAL ACTION TAKEN IN CONNECTION WITH A PORTION OF THE 2006C COMPOSITE ISSUE, A PORTION OF THE 2008D COMPOSITE ISSUE AND A PORTION OF THE 2009AB COMPOSITE ISSUE PART II, LINE 6 ALL OF THE DEEMED PROCEEDS OF THE REISSUANCE WERE TREATED AS REFUNDING PORTIONS OF THE 2006C COMPOSITE ISSUE, THE 2008D COMPOSITE ISSUE AND THE 2009AB COMPOSITE ISSUE ON FEBRUARY 23, 2011

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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.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
CATHOLIC HEALTH INITIATIVES

Employer identification number
47-0617373

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	COLORADO HEALTH FACILITIES AUTHORITY 2008D	84-0752932	19648ANL5	11-20-2008	213,260,679	SEE PART VI - (2008D COMP ISSUE)	X			X		X
B	COUNTY OF MONTGOMERY OHIO 2008D	31-6000172	613549GM0	11-20-2008	59,089,956	SEE PART VI - (2008D COMP ISSUE)		X		X		X
C	CHATTANOOGA TN HEALTH ED & HOUSING FAC BD 2008D	52-1298872	162410CT9	11-20-2008	24,105,267	SEE PART VI - (2008D COMP ISSUE)		X		X		X
D	WASHINGTON HEALTH CARE FACILITIES AUTHORITY 2008D	91-1108929	93978EY63	11-20-2008	172,027,377	SEE PART VI - (2008D COMP ISSUE)		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	0	30,256	0	0
2	Amount of bonds defeased	3,155,000	0	0	0
3	Total proceeds of issue	213,261,635	59,745,564	24,105,273	172,029,155
4	Gross proceeds in reserve funds	3,479,563	0	0	0
5	Capitalized interest from proceeds	0	0	0	0
6	Proceeds in refunding escrow	0	0	0	169,725,000
7	Issuance costs from proceeds	2,805,950	745,623	280,554	2,302,907
8	Credit enhancement from proceeds	0	0	0	0
9	Working capital expenditures from proceeds	0	0	0	0
10	Capital expenditures from proceeds	210,455,672	49,958,460	23,824,719	0
11	Other spent proceeds	0	0	0	0
12	Other unspent proceeds	0	9,504,411	0	0
13	Year of substantial completion	2008	2013	2008	2009

		A		B		C		D	
		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	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any 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 20 %		0 %		0 %		0 %	
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 01 %		0 %		0 %		0 %	
6	Total of lines 4 and 5	0 21 %		0 %		0 %		0 %	
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								
c	Term of hedge				0 0				0 0
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		X		X		X		X
b	Name of provider								
c	Term of GIC				0 0				0 0
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 Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . . ☐ Yes ☑ No

Part VI Supplemental Information

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

Identifier	Return Reference	Explanation

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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.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
CATHOLIC HEALTH INITIATIVES

Employer identification number
47-0617373

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	COUNTY OF MONTGOMERY OHIO 2006C	31-6000172	613549FG4	11-09-2006	100,000,000	SEE PART VI - (2006C COMP ISSUE)		X		X		X
B	COLORADO HEALTH FACILITIES AUTHORITY 2006C	84-0752932	19648ADW2	11-09-2006	450,000,000	SEE PART VI - (2006C COMP ISSUE)		X		X		X
C	COLORADO HEALTH FACILITIES AUTHORITY 2006A	84-0752932	19648ADH5	11-09-2006	285,855,808	SEE PART VI - (2006A COMP ISSUE)		X		X		X
D	BALTIMORE COUNTY MARYLAND 2006A	52-6000889	059151BC3	11-09-2006	116,974,489	SEE PART VI - (2006A COMP ISSUE)		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	0	345,021,016	15,565,000	0
2	Amount of bonds defeased	0	0	0	0
3	Total proceeds of issue	102,795,250	461,183,160	297,652,875	122,421,947
4	Gross proceeds in reserve funds	2	7	0	0
5	Capitalized interest from proceeds	2,175,153	13,409	0	4,693,109
6	Proceeds in refunding escrow	0	0	0	0
7	Issuance costs from proceeds	0	0	0	0
8	Credit enhancement from proceeds	1,710,404	6,553,922	0	0
9	Working capital expenditures from proceeds	0	0	0	0
10	Capital expenditures from proceeds	101,081,372	454,615,829	297,652,875	117,728,838
11	Other spent proceeds	0	0	0	0
12	Other unspent proceeds	0	0	0	0
13	Year of substantial completion	2008	2009	2009	2008

		A		B		C		D	
		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	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any 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 19 %		0 %		0 50 %		0 %	
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 01 %		0 %		0 05 %		0 %	
6	Total of lines 4 and 5	0 20 %		0 %		0 55 %		0 %	
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			SEE PART VI					
c	Term of hedge		0 0		28 8				0 0
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		0 0		0 0				0 0
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 Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . . ☐ Yes ☑ No

Part VI Supplemental Information

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

Identifier	Return Reference	Explanation

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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.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
CATHOLIC HEALTH INITIATIVES

Employer identification number
47-0617373

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	COLORADO HEALTH FACILITIES AUTHORITY 2004B	84-0752932	195474T34	11-18-2004	279,100,000	SEE PART VI - (2004BCD COMP ISSUE)		X		X		X
B	COUNTY OF MONTGOMERY OHIO 2004B	31-6000172	613549FE9	11-18-2004	73,700,000	SEE PART VI - (2004BCD COMP ISSUE)		X		X		X
C	KENTUCKY ECONOMIC DEV FINANCE AUTHORITY 2004CD	61-0600439	49126PCL2	11-18-2004	94,575,000	SEE PART VI - (2004BCD COMP ISSUE)		X		X		X
D	CHATTANOOGA TN HEALTH ED & HOUSING FAC BD 2004C	52-1298872	162410CB8	11-18-2004	58,900,000	SEE PART VI - (2004BCD COMP ISSUE)		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	107,400,000	0	56,775,000	0
2	Amount of bonds defeased	0	0	0	0
3	Total proceeds of issue	281,995,277	74,913,742	96,850,606	59,737,305
4	Gross proceeds in reserve funds	0	0	0	0
5	Capitalized interest from proceeds	0	0	0	0
6	Proceeds in refunding escrow	15,537,484	12,370,242	0	0
7	Issuance costs from proceeds	720,425	1,450,721	428,619	152,050
8	Credit enhancement from proceeds	0	0	0	0
9	Working capital expenditures from proceeds	0	0	0	0
10	Capital expenditures from proceeds	265,737,369	61,092,780	96,421,987	59,585,255
11	Other spent proceeds	0	0	0	0
12	Other unspent proceeds	0	0	0	0
13	Year of substantial completion	2006	2006	2006	2006

		A		B		C		D	
		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	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any 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 76 %		0 %		0 %		0 %	
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 10 %		0 %		0 %		0 %	
6	Total of lines 4 and 5	0 86 %		0 %		0 %		0 %	
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	UBS AG		UBS AG					
c	Term of hedge	19 0		23 0					
d	Was the hedge superintegrated?		X		X				
e	Was a hedge terminated?		X		X				
4a	Were gross proceeds invested in a GIC?		X		X		X		X
b	Name of provider								
c	Term of GIC	0 0		0 0					
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 Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . . ☐ Yes ☑ No

Part VI Supplemental Information

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

Identifier	Return Reference	Explanation

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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.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
CATHOLIC HEALTH INITIATIVES

Employer identification number
47-0617373

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	SAINT MARY HOSPITAL AUTHORITY (PA) 2004BC	23-1913910	792222EW7	11-18-2004	119,500,000	SEE PART VI - (2004BCD COMP ISSUE)		X		X		X
B	CITY OF BRECKENRIDGE MINNESOTA 2004A	41-6005005	106520AB5	11-18-2004	31,040,504	SEE PART VI - (2004A COMP ISSUE)	X			X		X
C	COUNTY OF MONTGOMERY OHIO 2004A	31-6000172	613549FE9	11-18-2004	72,052,967	SEE PART VI - (2004A COMP ISSUE)		X		X		X
D	HOSP FACILITIES AUTHORITY OF UMATILLA OR 2004A	93-1239006	904078BJ0	11-18-2004	59,478,002	SEE PART VI - (2004A COMP ISSUE)	X			X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	100,000	0	0	0
2	Amount of bonds defeased	0	125,000	0	14,575,000
3	Total proceeds of issue	122,771,595	31,241,060	73,736,287	59,675,935
4	Gross proceeds in reserve funds	0	136,842	0	16,000,050
5	Capitalized interest from proceeds	0	0	0	0
6	Proceeds in refunding escrow	0	0	0	7,701,309
7	Issuance costs from proceeds	697,193	310,220	714,250	590,200
8	Credit enhancement from proceeds	0	0	0	0
9	Working capital expenditures from proceeds	0	0	0	0
10	Capital expenditures from proceeds	122,074,402	30,930,840	73,022,036	51,384,426
11	Other spent proceeds	0	0	0	0
12	Other unspent proceeds	0	0	0	0
13	Year of substantial completion	2006	2006	2006	2008

		A		B		C		D	
		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	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any 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 %		0 09 %		0 %		0 %	
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 %		0 03 %		0 %		0 %	
6	Total of lines 4 and 5	0 %		0 12 %		0 %		0 %	
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	UBS AG							
c	Term of hedge		28 0		0 0		0 0		
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		0 0		0 0		0 0		
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 Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . . ☐ Yes ☑ No

Part VI Supplemental Information

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

Identifier	Return Reference	Explanation

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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.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
CATHOLIC HEALTH INITIATIVES

Employer identification number
47-0617373

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	COLORADO HEALTH FACILITIES AUTHORITY 2002B	84-0752932	196474H42	12-01-2004	55,700,000	SEE PART VI - (2002B COMP ISSUE)		X		X		X
B	WASHINGTON HEALTH CARE FACILITIES 2002B	91-1108929	93978ETY8	12-01-2004	67,300,000	SEE PART VI - (2002B COMP ISSUE)		X		X		X
C	COLORADO HEALTH FACILITIES AUTHORITY 2002AB	84-0752932	196474G20	03-01-2010	1,223,728	SEE PART VI - (2002A/B REMD ISSUE)	X			X		X
D	COLORADO HEALTH FACILITIES AUTHORITY 2011A	84-0752932	19648AWL5	11-10-2011	432,722,079	SEE PART VI - (2011A COMP ISSUE)		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	8,900,000	10,800,000	0	0
2	Amount of bonds defeased	0	0	848,846	0
3	Total proceeds of issue	55,700,000	67,300,000	1,223,728	432,722,413
4	Gross proceeds in reserve funds	0	0	884,015	334
5	Capitalized interest from proceeds	0	0	0	0
6	Proceeds in refunding escrow	55,700,000	67,300,000	0	283,500,000
7	Issuance costs from proceeds	0	0	0	3,772,079
8	Credit enhancement from proceeds	0	0	0	0
9	Working capital expenditures from proceeds	0	0	0	0
10	Capital expenditures from proceeds	0	0	500,000	151,100,000
11	Other spent proceeds	0	0	0	0
12	Other unspent proceeds	0	0	0	0
13	Year of substantial completion	2005	2004	2010	2011

		A		B		C		D	
		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	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X	X	
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any 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 %		0 %		0 %		0 01 %	
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 %		0 %		0 %		0 %	
6	Total of lines 4 and 5	0 %		0 %		0 %		0 01 %	
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								
c	Term of hedge		0 0				0 0		0 0
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		X		X		X		X
b	Name of provider								
c	Term of GIC		0 0				0 0		0 0
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 Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . . ☐ Yes ☑ No

Part VI Supplemental Information

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

Identifier	Return Reference	Explanation

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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.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
CATHOLIC HEALTH INITIATIVES

Employer identification number
47-0617373

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 AUTHORITY 2011A	91-1108929	93978HDP7	11-10-2011	106,950,848	SEE PART VI - (2011A COMP ISSUE)		X		X		X
B	KENTUCKY ECONOMIC DEV FINANCE AUTH 2011B	61-0600439	49126PDY3	11-10-2011	158,155,000	SEE PART VI - (2011BC COMP ISSUE)		X		X		X
C	COLORADO HEALTH FACILITIES AUTHORITY 2011C	84-0752932		11-10-2011	125,000,000	SEE PART VI - (2011BC COMP ISSUE)		X		X		X
D	LOUISVILLEJEFFERSON METRO COUNTY GVT 2012A	32-0004900	54675QAV5	04-05-2012	299,657,170	SEE PART VI - (2012A ISSUE)		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	0	0	0	0
2	Amount of bonds defeased	0	0	0	0
3	Total proceeds of issue	106,950,848	158,155,431	125,000,000	299,657,170
4	Gross proceeds in reserve funds	0	0	0	1
5	Capitalized interest from proceeds	0	0	0	0
6	Proceeds in refunding escrow	0	56,775,000	0	297,054,953
7	Issuance costs from proceeds	1,150,848	1,380,000	0	2,602,216
8	Credit enhancement from proceeds	0	0	0	0
9	Working capital expenditures from proceeds	0	431	0	0
10	Capital expenditures from proceeds	105,800,000	100,000,000	125,000,000	0
11	Other spent proceeds	0	0	0	0
12	Other unspent proceeds	0	0	0	0
13	Year of substantial completion	2011	2011	2011	2009

		A		B		C		D	
		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	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any 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 %		0 09 %		0 %		3 74 %	
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 %		0 %		0 %		0 %	
6	Total of lines 4 and 5	0 %		0 09 %		0 %		3 74 %	
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								
c	Term of hedge				0 0				0 0
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		X		X		X		X
b	Name of provider								
c	Term of GIC				0 0				0 0
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 Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . . ☐ Yes ☑ No

Part VI Supplemental Information

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

Identifier	Return Reference	Explanation

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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.**

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
CATHOLIC HEALTH INITIATIVES

Employer identification number
47-0617373

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	COUNTY OF MONTGOMERY OHIO 2011 REISSUANCE	31-6000172	613549HX5	02-23-2011	117,857	SEE PART VI - (OH 2011 REISSUANCE)		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	0			
2	Amount of bonds defeased	0			
3	Total proceeds of issue	117,857			
4	Gross proceeds in reserve funds	0			
5	Capitalized interest from proceeds	0			
6	Proceeds in refunding escrow	117,857			
7	Issuance costs from proceeds	0			
8	Credit enhancement from proceeds	0			
9	Working capital expenditures from proceeds	0			
10	Capital expenditures from proceeds	0			
11	Other spent proceeds	0			
12	Other unspent proceeds	0			
13	Year of substantial completion	2009			

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X							
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	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						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		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						
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
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 %							
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 %							
6	Total of lines 4 and 5	0 %							
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	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						
2	Is the bond issue a variable rate issue?	X							
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X						
b	Name of provider								
c	Term of hedge		0 0						
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		X						
b	Name of provider								
c	Term of GIC		0 0						
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						
6	Did the bond issue qualify for an exception to rebate?	X							

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . . ☐ Yes ☑ No

Part VI Supplemental Information

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

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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.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
CATHOLIC HEALTH INITIATIVES

Employer identification number
47-0617373

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) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) 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 COMPANY	DUAL BOARD MEMBER	3,901,607	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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135070303

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.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
CATHOLIC HEALTH INITIATIVES

Employer identification number
47-0617373

Identifier	Return Reference	Explanation
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III, LINE 4A	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, TWO ACCREDITED NURSING COLLEGES, AND HOME HEALTH AGENCIES IN FISCAL YEAR 2012, CHI PROVIDED ALMOST $715 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, 2012, INCLUDE MORE THAN $132 MILLION IN SUPPLY CHAIN EXPENSE, APPROXIMATELY $44 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 2011 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 ST JOSEPH COMMUNITY HEALTH, ALBUQUERQUE, NM NOW IN ITS THIRD YEAR, THE HOME-VISITATION PROGRAM AT ST JOSEPH COMMUNITY HEALTH PROVIDES HOME VISITS BY TRAINED PROFESSIONALS TO EXPECTANT MOMS AND FAMILIES WITH FIRST BORN CHILDREN SJCH UTILIZES AN OUTCOMES-BASED MODEL THAT HAS DEMONSTRATED PROVEN RESULTS IN IMPROVING CHILD AND FAMILY OUTCOMES THE BENEFITS OF EARLY INTERVENTION AND HEALTH PROMOTION IN MATERNAL AND CHILD HEALTH ARE WELL-DOCUMENTED AND HAVE A LIFETIME AFFECT THE NET BENEFIT PROVIDED TO THE COMMUNITY BY THIS PROGRAM DURING FISCAL YEAR 2012 WAS $1,308,076 AND INCLUDED 4,315 CONTACTS SJCH ALSO PROVIDED FUNDING TO THE NEW MEXICO LIONS EYE FOUNDATION, AN ENTITY AFFILIATED WITH THE LIONS CLUB INTERNATIONAL, A VOLUNTEER ORGANIZATION, TO FUND SEVERAL DIFFERENT PROGRAMS, INCLUDING THE OPERATION OF A 34-FOOT MOTOR HOME SPECIFICALLY DESIGNED FOR EYE CARE, ANNUAL SCREENING FOR CHILDREN THREE TO FIVE YEARS OLD AND THE PROVISION OF USED EYE-WEAR TO NEEDY INDIVIDUALS THE NET BENEFIT PROVIDED TO THE COMMUNITY FOR THE FISCAL YEAR WAS APPROXIMATELY $82,550 ST FRANCIS MEDICAL CENTER, BRECKENRIDGE, MN ST FRANCIS MEDICAL CENTER PROVIDES PRESCRIPTION MEDICATIONS TO PERSONS WHO HAVE NO MEANS TO PROCURE THOSE MEDICATIONS THE PROVISION OF THESE MEDICATIONS HELPS THE RECIPIENTS TO RECOVER MORE QUICKLY FROM THEIR ILLNESSES, BETTER MANAGE CHRONIC CONDITIONS AND AVOID COSTLY HOSPITALIZATIONS AND INTERVENTIONS IN FISCAL YEAR 2012, PRESCRIPTION DRUGS (VALUED AT $2,371) WERE PROVIDED TO 23 LOW-INCOME, ELDERLY, AND/OR UNINSURED INDIVIDUALS

Identifier	Return Reference	Explanation
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED)	FORM 990, PART III, LINE 4A	MEMORIAL HEALTH CARE SYSTEM, CHATTANOOGA, TN MEMORIAL HEALTH CARE SYSTEM PROVIDES PRESCRIP TION DRUGS TO RESIDENTS OF CHATTANOOGA WHO CANNOT AFFORD TO PURCHASE THEM IN FY 2012 MHCS PROVIDED $134,151 IN FREE PRESCRIPTION DRUGS MHCS ALSO HAS PARTNERED WITH DISPENSARY OF HOPE, A NATIONAL ORGANIZATION THAT HELPS QUALIFY ING UNINSURED PATIENTS OBTAIN NECESSARY ME DICATIONS AND OTHER PHARMACEUTICAL ASSISTANCE PROGRAMS MHCS IS ONE OF 80 DISPENSARY OF HO PE SITES THAT REDISTRIBUTE PHARMACEUTICALS THAT HAVE BEEN RECEIVED AS A DONATION FROM PHYS ICIANS, DISTRIBUTORS, AND MANUFACTURERS PATIENTS ARE MADE AWARE OF THIS PROGRAM THROUGH P HYSICIANS, CASE MANAGERS, NURSES AND OTHER CAREGIVERS MHCS WAS ABLE TO HELP ALMOST 1,500 INDIVIDUALS TO RECEIVE THEIR PRESCRIPTION DRUGS THROUGH DISPENSARY OF HOPE AND OTHER PROGR AMS MHCS INCURRED $135,577 IN EXPENSES RELATED TO THIS PROGRAM THE HOMELESS HEALTH CARE CLINIC PROVIDES COMPREHENSIVE HEALTH CARE TO HOMELESS MEN, WOMEN, AND CHILDREN THE CLINIC STAFF GOES TO ABANDONED BUILDINGS, CAMPSITES AND SHELTERS LOOKING FOR HOMELESS PEOPLE WHO MAY NEED MEDICAL ATTENTION MANY HOMELESS PEOPLE ARE AFRAID TO TALK TO PEOPLE OR LEAVE TH EIR FAMILIAR SURROUNDINGS THE CLINIC PROVIDES THEM WITH BLANKETS AND WARM CLOTHES IN THE WINTER AND WATER IN THE SUMMER MEMORIAL HOSPITAL ASSISTS THE HOMELESS BY PROVIDING FREE L AB TESTS COSTING $52,108 AND FUNDS A NURSING POSITION IN THE AMOUNT OF $40,000 MERCY HOSPI TAL-CENTERVILLE, CENTERVILLE, IA THE HOSPITAL SPONSORS A COMMUNITY BUS, WHICH PROVIDES TRA NSPORTATION TO MEDICAL APPOINTMENTS FOR THE ELDERLY AND THOSE WITH LOW INCOMES WHO ARE UNA BLE TO DRIVE OR HAVE NO ONE TO TRANSPORT THEM THE BUS SERVED 880 RIDERS LAST YEAR THE HO SPITAL ALSO PROVIDES MEAL PREPARATION AND DIETITIAN CONSULTANT SERVICE FOR THE COUNTY MEAL S ON WHEELS PROGRAM THIS PROGRAM SERVED 6,096 MEALS ON WHEELS TO THE POOR AND ELDERLY IN THE COMMUNITY MERCY OFFERS A CERTIFIED DIABETES EDUCATION AND SUPPORT GROUP FOR PATIENTS WITH DIABETES AND THEIR SPOUSES THIS PROGRAM OFFERS BOTH PRESENTATIONS FROM VARIOUS DISCI PLINES INVOLVED IN MANAGING DIABETES AS WELL AS DISCUSSION THIRTY-THREE INDIVIDUALS TOOK PART IN THIS EDUCATION TO ASSIST THEM IN MANAGING THEIR DIABETES MERCY HOLDS A MONTHLY AL ZHEIMER'S SUPPORT GROUP TO MEET THE GROWING NEEDS OF THE ELDERLY FACING ALZHEIMER'S AND TH OSE WHO ARE PROVIDING CARE TO THEM IN THE HOME THE GROUP HAS BOTH A MORNING AND EVENING S ESSION FOR THE CONVENIENCE OF CAREGIVERS ALMOST 100 PEOPLE BENEFITED FROM THE SERVICES OF THIS PROGRAM LAST YEAR THE HOSPITAL ALSO PROVIDED EDUCATION FOR ELEMENTARY STUDENTS ABOU T PREVENTING THE SPREAD OF GERMS 75 CHILDREN BENEFITED FROM THIS ACTIVITY ST CATHERINE HOSPITAL, GARDEN CITY, KS A WIDE VARIETY OF NON-BILLED SERVICES ARE PROVIDED TO THE COMMUN ITY BY ST CATHERINE HOSPITAL - INCLUDING FREE CAR SEATS TO PARENTS OF NEWBORNS, OVERNIGHT LODGING FOR PARENTS WHO HAVE A CHILD REQUIRING SPECIAL MEDICAL TREATMENT, AND THE READING OF X-RAYS AT A LOCAL MEXICAN AMERICAN MINISTRIES AGENCY THE HOSPITAL ALSO PROVIDES MEETI NG SPACE FOR LOCAL AGENCIES AND HEALTH CARE GROUPS THE HOSPITAL PROVIDES MEALS TO HOMEBOU ND INDIVIDUALS AT A REDUCED RATE TO THE COUNTY MEALS ON WHEELS PROGRAM MANY HOSPITAL ASSO CIATES SERVE ON LOCAL HEALTH CARE RELATED BOARDS AND PARTICIPATE IN FUNDRAISING EVENTS FOR ORGANIZATIONS SUCH AS CHILDREN'S MIRACLE NETWORK, MARCH OF DIMES, AND RELAY FOR LIFE CAS H DONATIONS ARE ALSO GIVEN TO LOCAL ORGANIZATIONS WHICH PROVIDE EDUCATIONAL, RECREATIONAL, SPIRITUAL AND ECONOMIC DEVELOPMENT OPPORTUNITIES TO THE COMMUNITY HEALTH SCREENS, SUPPOR T GROUPS, EDUCATIONAL SEMINARS AND NUTRITIONAL COUNSELING ARE ALSO A PART OF THE OVERALL C OMMUNITY BENEFIT THE HOSPITAL PROVIDES SAINT FRANCIS MEDICAL CENTER, GRAND ISLAND, NE THE SAINT FRANCIS MEDICAL CENTER FOUNDATION DISTRIBUTED $1,466,438 BACK INTO THE COMMUNITY TH ROUGH ITS FINANCIAL SUPPORT OF SAINT FRANCIS MEDICAL CENTER AND COMMUNITY-SPONSORED PROGRA MS IN FISCAL YEAR 2012 ADDITIONALLY, ALMOST $71,000 WAS PROVIDED THROUGH IN-KIND AND FIDU CIARY SUPPORT OF COMMUNITY PROJECTS PROGRAMS SUPPORTED FINANCIALLY INCLUDED THE THIRD CIT Y COMMUNITY CLINIC, WHICH PROVIDES PRIMARY CARE AND DENTAL CARE TO LOW-INCOME RESIDENTS, S AINT FRANCIS CHILD SAFETY, WHICH PROMOTES USAGE OF CHILD SAFETY SEATS, AND THE PARISH NURS E 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 W ALNUT MIDDLE SCHOOL ALONG WITH PROJECT CARE, WHICH HELPS SAINT FRANCIS PATIENTS ADDRESS ME DICAL NEEDS THAT AREN'T COVERED BY INSURANCE OR EXISTING PROGRAMS THE SAINT FRANCIS FOUND ATION ALSO PROVIDED FUNDING FOR ONCOLOGY SERVICES, VIOLENCE PREVENTION INITIATIVES, A TEEN PARENTING PROGRAM AND A NEW DIGITAL MAMMOGRAPHY MACHINE GOOD SAMARITAN HOSPITAL, KEARNEY , NE GOOD SAMARITAN HOSPITAL PROVIDES PATIENTS WITH EQUIPMENT TO MONITOR THEIR BLOOD PRESS URE, OXY GENATION LEVEL AND WEIGHT PATIENTS ARE MO

Identifier	Return Reference	Explanation
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED)	FORM 990, PART III, LINE 4A	NITORED BY AN RN CLINICAL COORDINATOR AND ANY VARIANCES FROM ACCEPTABLE LEVELS ARE ASSESSE D BY THE NURSE AND THEN COMMUNICATED WITH THE PATIENT'S HEALTH CARE PROVIDER IN ORDER TO R EDUCE EXACERBATIONS OF THEIR CONDITION SENTINEL HEALTH CARE PROVIDED MONITORING SERVICES TO PATIENTS OVER A WIDE GEOGRAPHIC AREA THE MEDICATION ACCESS PROGRAM AT THE HOSPITAL ASS ISTS PATIENTS IN OBTAINING LOW-COST OR NO-COST MEDICATIONS FROM PHARMACEUTICAL COMPANIES FOR THE 2012 FISCAL YEAR, THE PROGRAM SAVED PARTICIPATING PATIENTS OVER $3 6 MILLION IN PR ESCRIPTION DRUG COSTS BY PROVIDING AID IN OBTAINING MORE THAN 4,300 PRESCRIPTIONS THE PRO GRAM PROVIDED ASSISTANCE TO APPROXIMATELY 763 PATIENTS THROUGHOUT THE YEAR THE AVERAGE PR ESCRIPTION DRUG COSTS SAVINGS PER PATIENT WAS $4,700

Identifier	Return Reference	Explanation
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED)	FORM 990, PART III, LINE 4A	SAINT ELIZABETH REGIONAL MEDICAL CENTER, LINCOLN, NE SAINT ELIZABETH PROVIDED DONATIONS IN THE AMOUNT OF $17,800 TO CLINIC WITH A HEART TO ASSIST WITH OPERATIONS DURING FISCAL 2012 CLINIC WITH A HEART IS A FAITH-BASED ORGANIZATION THAT SERVES THE UNINSURED AND UNDER INSURED THROUGH A MINISTRY OF HEALTH CARE VOLUNTEERS PROVIDE FREE HEALTH CARE TO RECIPIENTS AND SERVE AS A GATEWAY TO OTHER HUMAN SERVICE AGENCIES, HELPING THEM FIND AN APPROPRIATE HEALTH CARE HOME IN FISCAL YEAR 2012, CLINIC WITH A HEART PROVIDED 3,428 VISITS TO 3,005 PATIENTS OF THOSE PATIENTS, 88% DID NOT HAVE ANY KIND OF INSURANCE THE HOSPITAL SUPPORTS THE PEOPLE'S HEALTH CENTER (PHC) IN LINCOLN IN 2012 SAINT ELIZABETH MADE AN ADDITIONAL $50,000 CONTRIBUTION THE PEOPLE'S HEALTH CENTER PROVIDES AFFORDABLE, COMPREHENSIVE, ACCESSIBLE, CULTURALLY APPROPRIATE, COST-EFFECTIVE PRIMARY HEALTH CARE THE CENTER SERVES THE PEOPLE OF THE LINCOLN AREA, ESPECIALLY THOSE INDIVIDUALS/FAMILIES WITH LIMITED RESOURCES OR WITH OTHER BARRIERS TO HEALTH CARE UNITED FAMILY HEALTHCARE, LITTLE FALLS, MN ST GABRIEL'S HOSPITAL WAS AMONG THE FIRST FACILITIES IN THE STATE TO PARTICIPATE IN THE MINNESOTA BREAST AND CERVICAL CANCER CONTROL PROGRAM, NOW CALLED SAGE, WHICH PROVIDES SCREENING SERVICES TO LOW-INCOME WOMEN ST GABRIEL'S HOSPITAL AND THE OTHER LITTLE FALLS-BASED MEDICAL PROVIDERS CONTINUE TO BE AMONG THE MOST UTILIZED PARTICIPANTS IN THE STATE THIS HIGH PARTICIPATION RATE IS PRIMARILY DUE TO TWO FACTORS-THE LOW PER CAPITA INCOME IN THE COUNTY AND THE EFFECTIVENESS IN PRESENTING THE PROGRAM TO WOMEN WHO MAKE APPOINTMENTS FOR THE COVERED SERVICES ST GABRIEL'S HOSPITAL HAS BEEN ASKED TO PRESENT THE KEYS TO ITS SUCCESS AT THE MINNESOTA DEPARTMENT OF HEALTH EDUCATION PROGRAMS ST MARY'S COMMUNITY HOSPITAL, NEBRASKA CITY, NE ST MARY'S COMMUNITY HOSPITAL PROVIDES SUPPORT TO LOW INCOME FAMILIES IN THE REGION THROUGH VARIOUS OUTREACH INITIATIVES ST MARY'S HOSTS THE ANNUAL BACK TO SCHOOL EVENT THIS OUTREACH PROGRAM BENEFITS LOW INCOME CHILDREN AND FAMILIES IN THE REGION AND WAS DEVELOPED IN RESPONSE TO AN IDENTIFIED NEED THIS INITIATIVE SERVED OVER 350 AREA CHILDREN AND PROVIDED SCHOOL SUPPLIES AS WELL AS EDUCATIONAL MATERIALS TO SUPPORT A HEALTHY LIFESTYLE IN A COLLABORATIVE COMMUNITY EFFORT, ST MARY'S WORKED TO HELP AREA FAMILIES WHO REQUESTED AND QUALIFIED FOR ASSISTANCE THROUGH THE SOUTHEAST NEBRASKA COMMUNITY ACTION AND THE NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES ST JOSEPH'S AREA HEALTH SERVICES, PARK RAPIDS, MN ST JOSEPH'S AREA HEALTH SERVICES COMMUNITY DENTAL CLINIC PROVIDES DENTAL CARE TO THE PUBLICLY FUNDED POPULATIONS THROUGHOUT NORTH CENTRAL MINNESOTA THIS PAST YEAR, IT PROVIDED 5,019 DENTAL VISITS 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 THE HOSPITAL PROVIDES THE OVERSIGHT OF THE GRANTS AND THE ADDITIONAL FUNDING FOR THIS PROGRAM VACCINATIONS ARE ONE OF THE MOST EFFECTIVE WAYS TO PREVENT DISEASE AND ALSO ONE OF THE MOST COST-EFFICIENT MEDICAL INTERVENTIONS AVAILABLE THE HOSPITAL OFFERS LOW COST OR FREE VACCINATIONS TO ELIGIBLE CHILDREN FROM BIRTH TO AGE 19 AT MONTHLY CLINICS ANNUAL FLU SHOT CLINICS ARE PROVIDED TO AREA BUSINESSES THE HOSPITAL ALSO MAKES VACCINES AVAILABLE IN ALL THE SCHOOLS IN HUBBARD COUNTY ST JOSEPH MEDICAL CENTER, READING, PA FOR THE PAST 14 YEARS, ST JOSEPH MEDICAL CENTER HAS COLLABORATED WITH THE KEYSTONE FARMWORKER PROGRAM, THE BERKS-SCHUYLKILL DENTAL HYGIENISTS' ASSOCIATION, THE BERKS 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 CHILDREN, INCLUDING FARM-WORKER CHILDREN TO DATE, MORE THAN 2,000 CHILDREN HAVE BEEN SUPPORTED WITH DENTAL CARE

Identifier	Return Reference	Explanation
Delegate broad authority to a committee	Form 990, Part VI, Section A, Line 1a	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, 2012, THE EXECUTIVE COMMITTEE WAS COMPRISED OF THE FOLLOWING INDIVIDUALS: PHYLLIS HUGHES KEVIN LOFTON CHRIS LOWNEY MARY JO POTTER PATRICIA SMITH. ALL OF THESE INDIVIDUALS WERE MEMBERS OF THE BOARD OF STEWARDSHIP TRUSTEES

Identifier	Return Reference	Explanation
Classes of members or stockholders	Form 990, Part VI, Section A, Line 6	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 A SHARE OF THE ORGANIZATION'S PROFITS OR EXCESS DUES OR A SHARE OF THE ORGANIZATION'S NET ASSETS 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
Decisions requiring approval by members or stockholders	Form 990, Part VI, Section A, Line 7b	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 OFTHE 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
Review of form 990 by governing body	Form 990, Part VI, Section B, Line 11b	THE CHIEF FINANCIAL OFFICER OF CHI CONDUCTS A REVIEW OF THE FORM 990 IN A MEETING WITH THE VICE PRESIDENT OF TAX AND TRANSACTIONS 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 VICE PRESIDENT OF TAX AND TRANSACTIONS AT THE BOARD MEETING UPON CHIEF FINANCIAL OFFICER APPROVAL AND SIGNATURE, THE VICE PRESIDENT OF TAX AND TRANSACTIONS 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
Conflict of interest policy	Form 990, Part VI, Section B, Line 12c	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 OF 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
Process used to establish compensation of top management official	Form 990, Part VI, Section B, Line 15a	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 13, 2012 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 THESE LEVELS HAVE BEEN REVIEWED ANNUALLY SINCE AND REVISED BASED ON MARKET DATA, WHERE APPLICABLE

Identifier	Return Reference	Explanation
Process used to establish compensation of other officers/key employees	Form 990, Part VI, Section B, Line 15b	SEE NARRATIVE FOR FORM 990, PART VI, SECTION B, LINE 15A

Identifier	Return Reference	Explanation
ADOPTION OF WRITTEN POLICY OR PROCEDURE REGARDING JOINT VENTURES	FORM 990, PART VI, LINE 16B	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
Governing documents, conflict of interest policy and financial statements available to the public	Form 990, Part VI, Section C, Line 19	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 WWW CATHOLICHEALTHINIT ORG AND AT WWW DACBOND COM. CATHOLIC HEALTH INITIATIVES' BYLAWS AND CONFLICT OF INTEREST POLICY ARE NOT PUBLICLY AVAILABLE.

Identifier	Return Reference	Explanation
ESTIMATE OF AVERAGE WEEKLY HOURS DEVOTED TO RELATED ORGANIZATIONS	FORM 990, PART VII, SECTION A, LINE 1A, COLUMN (B)	IN THEIR CAPACITIES AS EMPLOYEES OF CATHOLIC HEALTH INITIATIVES, THE FOLLOWING INDIVIDUALS PROVIDED SERVICES TO VARIOUS CHI AFFILIATES DURING THE YEAR ENDED JUNE 30, 2012 KEVIN LOFTON JAMES DEAN SWINDLE MITCH MELFI MICHAEL ROWAN JOYCE ROSS JOHN DICOLA DEBRA HANKS TOM KOPFENSTEINER STEPHEN MOORE KATHLEEN SANFORD STEVEN KEHRBERG PHILIP FOSTER MICHAEL O'ROURKE MARY ELIZABETH O'BRIEN DAVID VELLINGA JOSEPH WILCZEK LESLIE HIRSCH PATRICIA WEBB ROBERT LANIK 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
EXPLANATION OF REASONABLE EFFORTS TO OBTAIN RELATED ORGANIZATION COMPENSATION	FORM 990, PART VII, SECTION A, LINE 1A, COLUMN (E)	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
Other changes in net assets or fund balances	Form 990, Part XI, Line 5	NET UNREALIZED GAINS (LOSSES) ON INVESTMENTS - -180101714, CAPITAL RESOURCE POOL CONTRIBUTIONS - 57332316, EQUITY TRANSFERS TO/FROM AFFILIATES - -35050599, CAPITALIZED PROJECT COSTS - 476780, INVESTMENT IN KENTUCKYONE - 718810000, MBO ALLOCATION OF CHI CONNECT DEPRECIATION - -11557639, PENSION ADJUSTMENT - -499678939, EMPLOYEE SAVINGS HELD FOR CENTURA - 1769977,

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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

2011

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) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
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.)

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III or IV			
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 related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d	Yes	
e Loans or loan guarantees by related organization(s)	1e		No
f Sale of assets to related organization(s)	1f		No
g Purchase of assets from related organization(s)	1g		No
h Exchange of assets with related organization(s)	1h		No
i Lease of facilities, equipment, or other assets to related organization(s)	1i		No
j Lease of facilities, equipment, or other assets from related organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations by related organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m		No
n Sharing of paid employees with related organization(s)	1n		No
o Reimbursement paid to related organization(s) for expenses	1o		No
p Reimbursement paid by related organization(s) for expenses	1p	Yes	
q Other transfer of cash or property to related organization(s)	1q		No
r Other transfer of cash or property from related 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) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

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: 11000230
Software Version: v2011.1.0
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 501(c)(3))	(f) Direct Controlling Entity	g Section 512 (b)(13) controlled organization	
ALEGENT HEALTH - BERGAN MERCY HEALTH SYS 7500 MERCY ROAD OMAHA, NE 68124 47-0484764	HEALTHCARE	NE	501(C)(3)	3	CHI	Yes	
ALEGENT HEALTH - MERCY HOSPITAL CORNING IOWA PO BOX 368 CORNING, IA 50841 42-0782518	HEALTHCARE	IA	501(C)(3)	3	AHBMHS	Yes	
ALVERNA APARTMENTS 300 SE 8TH AVENUE LITTLE FALLS, MN 56345 41-1351177	LTERM CARE	MN	501(C)(3)	9	CHI	Yes	
APPLETREE COURT 601 OAK STREET BRECKENRIDGE, MN 56520 41-1850500	SENIOR HOMES	MN	501(C)(3)	9	SFH	Yes	
BISHOP DRUMM RETIREMENT CENTER 1111 6TH AVENUE DES MOINES, IA 50314 42-0725196	LTERM CARE	IA	501(C)(3)	9	CHI-IA CORP	Yes	
BORNEMANN HEALTHCARE CORPORATION 2500 BERNVILLE RD PO BOX 316 READING, PA 19603 23-2187242	HEALTHCARE	PA	501(C)(3)	11 - Type I	CHI	Yes	
CARRINGTON HEALTH CENTER 800 NORTH 4TH STREET CARRINGTON, ND 58421 45-0227311	HEALTHCARE	ND	501(C)(3)	3	CHI	Yes	
CATHOLIC HEALTH INITIATIVES 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 47-0617373	HEALTHCARE	CO	501(C)(3)	9	NA	Yes	
CATHOLIC HEALTH INITIATIVES COLORADO FOUNDATION 6385 CORPORATE DRIVE COLORADO SPRINGS, CO 80919 84-0902211	FUNDRAISING	CO	501(C)(3)	7	CHIC	Yes	
CATHOLIC HEALTH INITIATIVES INSTITUTE FOR RESEARCH AND INNOVATION 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 27-1050565	HEALTHCARE	CO	501(C)(3)	11 - Type I	CHI	Yes	
CATHOLIC HEALTH INITIATIVES NATIONAL FOUNDATION 6385 CORPORATE DRIVE COLORADO SPRINGS, CO 80919 27-0930004	FUNDRAISING	CO	501(C)(3)	9	CHI	Yes	
CATHOLIC HEALTH INITIATIVES-COLORADO 188 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 84-0405257	HEALTHCARE	CO	501(C)(3)	3	CHI	Yes	
CENTENNIAL MEDICAL GROUP INC 2700 STEWART PARKWAY ROSEBURG, OR 97470 26-3946191	PHYSICIANS	OR	501(C)(3)	9	MMC	Yes	
CENTRAL KANSAS MEDICAL CENTER 3515 BROADWAY GREAT BEND, KS 67530 48-0543724	SURGERY CNTR	KS	501(C)(3)	3	CHI	Yes	
CHI HEALTH CONNECT AT HOME - FARGO 4816 AMBER VALLEY PARKWAY FARGO, ND 58104 27-1966847	HEALTHCARE	ND	501(C)(3)	3	CHI	Yes	
CHI KENTUCKY INC 3900 OLYMPIC BLVD SUITE 400 ERLANGER, KY 41018 20-2741651	HEALTHCARE	KY	501(C)(3)	11 - Type I	CHI	Yes	
CHI NATIONAL HOME CARE 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 45-1261716	HEALTHCARE	CO	501(C)(3)	11 - Type I	CHI NHC	Yes	
CHI NATIONAL SERVICES 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 45-2532084	HEALTHCARE	CO	501(C)(3)	9	CHI	Yes	
CHI NEBRASKA 6940 O STREET SUITE 200 LINCOLN, NE 68510 36-3233121	HEALTHCARE	NE	501(C)(3)	11 - Type I	CHI	Yes	
CONTINUING CARE HOSPITAL 150 NORTH EAGLE CREEK DRIVE LEXINGTON, KY 40509 61-1400619	LTACH	KY	501(C)(3)	3	SJHS	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity	g Section 512(b)(13) controlled organization	
COVENANT HOME CARE 1223 POTTSVILLE PIKE SHOEMAKERSVILLE, PA 19555 23-2018429	HOME HEALTH	PA	501(C)(3)	11 - Type II	NA	Yes	
ENUMCLAW REGIONAL HOSPITAL ASSOCIATION 1450 BATTERSBY AVENUE ENUMCLAW, WA 98022 91-0715805	HEALTHCARE	WA	501(C)(3)	3	FHS	Yes	
FLAGET HEALTHCARE DBA FLAGET MEMORIAL HOSPITAL 4305 NEW SHEPHERDSVILLE ROAD BARDSTOWN, KY 40004 61-1345363	HEALTHCARE	KY	501(C)(3)	3	KOH	Yes	
FLAGET MEMORIAL HOSPITAL FOUNDATION INC 4305 NEW SHEPHERDSVILLE ROAD BARDSTOWN, KY 40004 56-2351341	FUNDRAISING	KY	501(C)(3)	11 - Type I	FH	Yes	
FRANCISCAN FOUNDATION 1717 SOUTH J STREET TACOMA, WA 98405 91-1145592	FUNDRAISING	WA	501(C)(3)	9	FHS	Yes	
FRANCISCAN HEALTH SYSTEM FKA FRANCISCAN HEALTH SYSTEM WEST 1717 SOUTH J STREET TACOMA, WA 98405 91-0564491	HEALTHCARE	WA	501(C)(3)	3	CHI	Yes	
FRANCISCAN MEDICAL GROUP 1708 SOUTH YAKIMA AVENUE TACOMA, WA 98405 91-1939739	HEALTHCARE	WA	501(C)(3)	9	FHS	Yes	
FRANCISCAN VILLA OF SOUTH MILWAUKEE INC 3601 SOUTH CHICAGO AVENUE SOUTH MILWAUKEE, WI 53172 39-1093829	HEALTHCARE	WI	501(C)(3)	9	CHI	Yes	
GETTYSBURG MEDICAL CENTER 606 EAST GARFIELD AVENUE GETTYSBURG, SD 57442 46-0234354	HEALTHCARE	SD	501(C)(3)	3	SMHC	Yes	
GLOBAL HEALTH INITIATIVES 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 20-1536108	MINISTRIES	CO	501(C)(3)	11 - Type I	CHI	Yes	
GOOD SAMARITAN COLLEGE OF NURSING & HEALTH SCIENCE 375 DIXMYTH AVE CINCINNATI, OH 45220 31-1778403	EDUCATION	OH	501(C)(3)	2	GSH	Yes	
GOOD SAMARITAN FOUNDATION OF CINCINNATI INC 619 OAK STREET ACCOUNTING-3 W CINCINNATI, OH 45206 31-1206047	FUNDRAISING	OH	501(C)(3)	11 - Type I	GSH	Yes	
GOOD SAMARITAN HOSPITAL PO BOX 1990 KEARNEY, NE 68848 47-0379755	HEALTHCARE	NE	501(C)(3)	3	CHI NEBRASKA	Yes	
GOOD SAMARITAN HOSPITAL FOUNDATION 111 W 31ST STREET KEARNEY, NE 68847 47-0659443	FUNDRAISING	NE	501(C)(3)	7	GSH	Yes	
HEALTH SET 4200 WEST CONEJOS PLACE 436 DENVER, CO 80204 84-1102943	LOW INC CARE	CO	501(C)(3)	7	CHIC	Yes	
HEALTHCARE AND WELLNESS FOUNDATION 2400 ST FRANCIS DRIVE BRECKENRIDGE, MN 56520 76-0761782	FUNDRAISING	MN	501(C)(3)	11 - Type I	SFMC	Yes	
HOSPITAL ASSOCIATION FOR ST JOSEPH HOSPITAL 7601 OSLER DRIVE TOWSON, MD 21204 52-6050777	HEALTHCARE	MD	501(C)(3)	9	SJMC	Yes	
HOUSE OF MERCY 1111 6TH AVENUE DES MOINES, IA 50314 42-1323808	SHELTER	IA	501(C)(3)	7	CHI-IA CORP	Yes	
JEWISH HOSPITAL AND ST MARY'S HEALTHCARE 200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 61-1029768	HEALTHCARE	KY	501(C)(3)	3	KOH	Yes	
JEWISH PHYSICIAN GROUP INC 200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40215 61-1352729	HEALTHCARE	KY	501(C)(3)	9	JHSMH	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity	g Section 512(b)(13) controlled organization	
KENTUCKYONE HEALTH INC FKA JH PROPERTIES INC 200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 61-1029769	HEALTHCARE	KY	501(C)(3)	9	CHI	Yes	
LAKEWOOD HEALTH CENTER 600 MAIN AVENUE SOUTH BAUDETTE, MN 56623 41-0758434	HEALTHCARE	MN	501(C)(3)	3	CHI	Yes	
LINUS OAKES INC 2700 STEWART PARKWAY ROSEBURG, OR 97470 93-0821381	SENIOR LIVING	OR	501(C)(3)	9	MMC	Yes	
LISBON AREA HEALTH SERVICES 905 MAIN STREET LISBON, ND 58054 82-0558836	HEALTHCARE	ND	501(C)(3)	3	CHI	Yes	
MEMORIAL HEALTH CARE SYSTEM FOUNDATION 2525 DE SALES AVENUE CHATTANOOGA, TN 37404 62-1839548	FUNDRAISING	TN	501(C)(3)	7	MHCS	Yes	
MEMORIAL HEALTH CARE SYSTEM INC 2525 DE SALES AVENUE CHATTANOOGA, TN 37404 62-0532345	HEALTHCARE	TN	501(C)(3)	3	CHI	Yes	
MEMORIAL HEALTH PARTNERS FOUNDATION INC 6028 SHALLOWFORD ROAD CHATTANOOGA, TN 37421 03-0417049	HEALTHCARE	TN	501(C)(3)	9	MHCS	Yes	
MERCY AUXILIARY OF CENTRAL IOWA 1111 6TH AVENUE DES MOINES, IA 50314 42-6076069	AUXILIARY	IA	501(C)(3)	11 - Type I	CHI-IA CORP	Yes	
MERCY CLINICS INC 1111 6TH AVENUE DES MOINES, IA 50314 42-1193699	PHYSICIAN	IA	501(C)(3)	9	CHI-IA CORP	Yes	
MERCY COLLEGE OF HEALTH SCIENCES 1111 6TH AVENUE DES MOINES, IA 50314 42-1511682	EDUCATION	IA	501(C)(3)	2	CHI-IA CORP	Yes	
MERCY FOUNDATION OF DES MOINES IA 1111 6TH AVENUE DES MOINES, IA 50314 23-7358794	FUNDRAISING	IA	501(C)(3)	7	CHI-IA CORP	Yes	
MERCY FOUNDATION INC 2700 STEWART PARKWAY ROSEBURG, OR 97470 93-6088946	FUNDRAISING	OR	501(C)(3)	7	MMC	Yes	
MERCY HEALTH CARE FOUNDATION PO BOX 368 CORNING, IA 50841 42-1461064	FUNDRAISING	NE	501(C)(3)	11 - Type I	AHMH	Yes	
MERCY HEALTHCARE FOUNDATION 570 CHAUTAUQUA BOULEVARD VALLEY CITY, ND 58072 45-0226553	FUNDRAISING	ND	501(C)(3)	11 - Type I	MHVC	Yes	
MERCY HOSPITAL FOUNDATION COUNCIL BLUFFS 800 MERCY DRIVE COUNCIL BLUFFS, IA 51503 42-1178204	FUNDRAISING	IA	501(C)(3)	11 - Type I	AHBMHS	Yes	
MERCY HOSPITAL OF DEVILS LAKE 1031 SEVENTH STREET NE DEVILS LAKE, ND 58301 45-0227012	HEALTHCARE	ND	501(C)(3)	3	CHI	Yes	
MERCY HOSPITAL OF VALLEY CITY 570 CHAUTAUQUA BOULEVARD VALLEY CITY, ND 58072 45-0226553	HEALTHCARE	ND	501(C)(3)	3	CHI	Yes	
MERCY MEDICAL CENTER 2700 STEWART PARKWAY ROSEBURG, OR 97470 93-0386868	HEALTHCARE	OR	501(C)(3)	3	CHI	Yes	
MERCY MEDICAL CENTER 1301 15TH AVENUE WEST WILLISTON, ND 58801 45-0231183	HEALTHCARE	ND	501(C)(3)	3	CHI	Yes	
CATHOLIC HEALTH INITIATIVES-IOWA CORP DBA MERCY MEDICAL CENTER-DES MOINES 1111 6TH AVENUE DES MOINES, IA 50314 42-0680448	HEALTHCARE	IA	501(C)(3)	3	CHI	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity	g Section 512(b)(13) controlled organization	
MERCY MEDICAL FOUNDATION 1301 15TH AVENUE WEST WILLISTON, ND 58801 45-0381803	FUNDRAISING	ND	501(C)(3)	11 - Type I	MMC	Yes	
MERCY PROFESSIONAL PRACTICE ASSOCIATES INC 1111 6TH AVENUE DES MOINES, IA 50314 42-1470935	PHYSICIAN	IA	501(C)(3)	9	CHI-IA CORP	Yes	
MLIFECARES 2727 MCCLELLAND BLVD JOPLIN, MO 64804 43-1305163	PROPERTY MGMT	MO	501(C)(3)	11 - Type I	SJRMC	Yes	
MNMCH INC 220 NORTH PENNSYLVANIA COLUMBUS, KS 66725 48-1216238	HEALTHCARE	KS	501(C)(3)	3	SJRMC	Yes	
MT ST JOSEPH INC 3060 SE STARK STREET PORTLAND, OR 97214 93-0386870	NURSING CARE	OR	501(C)(3)	9	CHI	Yes	
NEBRASKA HEART HOSPITAL 7500 SOUTH 91ST STREET LINCOLN, NE 68526 39-2031968	HEALTHCARE	NE	501(C)(3)	3	CHI NEBRASKA	Yes	
OAKES COMMUNITY HOSPITAL 314 SOUTH 8TH STREET OAKES, ND 58474 45-0231675	HEALTHCARE	ND	501(C)(3)	3	CHI	Yes	
OAKES COMMUNITY HOSPITAL FOUNDATION 1200 N 7TH STREET OAKES, ND 58474 71-0966606	FUNDRAISING	ND	501(C)(3)	11 - Type I	OCH	Yes	
PUEBLO STEPUP 1925 EAST ORMAN AVE SUITE G52 PUEBLO, CO 81004 84-1234295	COMMUNITY	CO	501(C)(3)	7	CHIC	Yes	
SET OF COLORADO SPRINGS INC 825 E PIKES PEAK AVENUE BLDG 29 COLORADO SPRINGS, CO 80903 84-1183335	LTERM CARE	CO	501(C)(3)	7	CHIC	Yes	
SAINT CLARE'S COMMUNITY CARE 25 POCONO ROAD DENVILLE, NJ 07834 22-2876836	HEALTHCARE	NJ	501(C)(3)	11 - Type II	SCHS	Yes	
SAINT CLARE'S FOUNDATION INC 25 POCONO ROAD DENVILLE, NJ 07834 22-2502997	FUNDRAISING	NJ	501(C)(3)	7	SCHS	Yes	
SAINT CLARE'S HEALTH SERVICES INC 25 POCONO ROAD DENVILLE, NJ 07834 22-3639733	MANAGEMENT	NJ	501(C)(3)	7	CHI	Yes	
SAINT CLARE'S HOSPITAL 25 POCONO ROAD DENVILLE, NJ 07834 22-3319886	HEALTHCARE	NJ	501(C)(3)	3	SCHS	Yes	
SAINT ELIZABETH FOUNDATION 555 SOUTH 70TH STREET LINCOLN, NE 68510 47-0625523	FUNDRAISING	NE	501(C)(3)	7	SERMC	Yes	
SAINT ELIZABETH HEALTH SERVICES 555 SOUTH 70TH STREET LINCOLN, NE 68510 36-3233120	HEALTHCARE	NE	501(C)(3)	3	SERMC	Yes	
SAINT ELIZABETH REGIONAL MEDICAL CENTER 555 SOUTH 70TH STREET LINCOLN, NE 68510 47-0379836	HEALTHCARE	NE	501(C)(3)	3	CHI NEBRASKA	Yes	
SAINT FRANCIS MEDICAL CENTER 2620 WEST FAIDLEY GRAND ISLAND, NE 68803 47-0376601	HEALTHCARE	NE	501(C)(3)	3	CHI NEBRASKA	Yes	
SAINT FRANCIS MEDICAL CENTER FOUNDATION PO BOX 9804 GRAND ISLAND, NE 68802 47-0630267	FUNDRAISING	NE	501(C)(3)	7	SFMC	Yes	
SAINT JOSEPH BEREA HOSPITAL FOUNDATION INC 305 ESTILL STREET BEREA, KY 40403 26-0152877	FUNDRAISING	KY	501(C)(3)	7	SJHS	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity	g Section 512(b)(13) controlled organization	
SAINT JOSEPH HEALTH SYSTEM INC 424 LEWIS HARGETT CIRCLE 160 LEXINGTON, KY 40509 61-1334601	HEALTHCARE	KY	501(C)(3)	3	CHI	Yes	
SAINT JOSEPH LONDON FOUNDATION INC 310 EAST NINTH STREET LONDON, KY 40741 26-0438748	FUNDRAISING	KY	501(C)(3)	11 - Type I	SJHS	Yes	
SAINT JOSEPH MEDICAL FOUNDATION INC ONE ST JOSEPH DRIVE LEXINGTON, KY 40504 31-1539059	PHY PRACTICES	KY	501(C)(3)	3	SJHS	Yes	
SAINT JOSEPH MOUNT STERLING FOUNDATION INC 50 STERLING AVENUE MOUNT STERLING, KY 40353 27-2884584	FUNDRAISING	KY	501(C)(3)	7	SJHS	Yes	
SAINT JOSEPH'S HOSPITAL FOUNDATION 30 WEST 7TH STREET DICKINSON, ND 58601 36-3418207	FUNDRAISING	ND	501(C)(3)	11 - Type I	SJHHC	Yes	
SAMARITAN BEHAVIORAL HEALTH 601 S EDWIN C MOSES BLVD DAYTON, OH 45408 02-0633634	HEALTHCARE	OH	501(C)(3)	3	SHP	Yes	
SAMARITAN HEALTH FOUNDATION 2222 PHILADELPHIA DRIVE DAYTON, OH 45406 23-7296923	FUNDRAISING	OH	501(C)(3)	7	SHP	Yes	
SAMARITAN HEALTH PARTNERS 2222 PHILADELPHIA DRIVE DAYTON, OH 45406 31-1107411	HEALTHCARE	OH	501(C)(3)	11 - Type I	CHI	Yes	
SJMGROUP 2727 MCCLELLAND BLVD JOPLIN, MO 64804 43-1882377	PHYS PRACTICE	MO	501(C)(3)	9	SJRMC	Yes	
SJRMC JOPLIN MISSOURI 2727 MCCLELLAND BLVD JOPLIN, MO 64804 44-0545809	HEALTHCARE	MO	501(C)(3)	3	CHI	Yes	
ST JOSEPH HEALTH MINISTRIES 1929 LINCOLN HWY E STE 150 LANCASTER, PA 17602 23-2342997	HEALTH	PA	501(C)(3)	11 - Type I	CHI	Yes	
ST ANTHONY HOSPITAL 1601 SE COURT AVENUE PENDLETON, OR 97801 93-0391614	HEALTHCARE	OR	501(C)(3)	3	CHI	Yes	
ST ANTHONY HOSPITAL FOUNDATION 1601 SE COURT AVENUE PENDLETON, OR 97801 93-0992727	FUNDRAISING	OR	501(C)(3)	11 - Type I	SA HOSPITAL	Yes	
ST ANTHONY'S HOSPITAL ASSOCIATION FOUR HOSPITAL DRIVE MORRILTON, AR 72110 71-0245507	HEALTHCARE	AR	501(C)(3)	3	SVIMC	Yes	
ST CATHERINE HOSPITAL 401 EAST SPRUCE STREET GARDEN CITY, KS 67846 48-0543721	HEALTHCARE	KS	501(C)(3)	3	CHI	Yes	
ST CATHERINE HOSPITAL DEVELOPMENT FOUNDATION 401 EAST SPRUCE STREET GARDEN CITY, KS 67846 20-0598702	FUNDRAISING	KS	501(C)(3)	11 - Type I	SCH	Yes	
ST DOMINIC OF ONTARIO OREGON 351 SW 9TH STREET ONTARIO, OR 97914 93-0433692	HEALTHCARE	OR	501(C)(3)	3	CHI	Yes	
ST FRANCIS HOME 2400 ST FRANCIS DRIVE BRECKENRIDGE, MN 56520 41-0729978	LTERM CARE	MN	501(C)(3)	9	CHI	Yes	
ST FRANCIS LIFE CARE CORPORATION 19 POCONO ROAD DENVILLE, NJ 07834 22-2536017	ELDERLY CARE	NJ	501(C)(3)	9	SCHS	Yes	
ST FRANCIS MEDICAL CENTER 2400 ST FRANCIS DRIVE BRECKENRIDGE, MN 56520 41-0695598	HEALTHCARE	MN	501(C)(3)	3	CHI	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity	g Section 512(b)(13) controlled organization	
ST FRANCIS OF BAKER CITY 3325 POCAHONTAS ROAD BAKER CITY, OR 97814 93-0412495	HEALTHCARE	OR	501(C)(3)	3	CHI	Yes	
ST JOHN'S MERCY REGIONAL FOUNDATION 2727 MCCLELLAND BLVD JOPLIN, MO 64804 43-1308084	FUNDRAISING	MO	501(C)(3)	7	SJRMC	Yes	
ST JOSEPH COMMUNITY HEALTH 300 CENTRAL AVE SW SUITE 3000 ALBUQUERQUE, NM 87102 71-0897107	COMMUNITY	NM	501(C)(3)	11 - Type I	CHI	Yes	
ST JOSEPH HOSPITAL FOUNDATION INC 305 ESTILL STREET LEXINGTON, KY 40504 61-1159649	FUNDRAISING	KY	501(C)(3)	11 - Type I	SJHS	Yes	
ST JOSEPH MEDICAL CENTER FOUNDATION 2500 BERNVILLE ROAD PO BOX 316 READING, PA 19603 23-2649362	FUNDRAISING	PA	501(C)(3)	11 - Type I	SJRHN	Yes	
ST JOSEPH MEDICAL CENTER FOUNDATION INC 7601 OSLER DRIVE TOWSON, MD 21204 52-1681044	FUNDRAISING	MD	501(C)(3)	7	SJMC	Yes	
ST JOSEPH MEDICAL CENTER INC 7601 OSLER DRIVE TOWSON, MD 21204 52-0591461	HEALTHCARE	MD	501(C)(3)	3	CHI	Yes	
ST JOSEPH MEDICAL GROUP 2500 BERNVILLE ROAD PO BOX 316 READING, PA 19603 20-8544021	HEALTHCARE	PA	501(C)(3)	9	BHC	Yes	
ST JOSEPH PHYSICIAN ENTERPRISES 7601 OSLER DRIVE TOWSON, MD 21204 52-1311775	PHYSICIANS	MD	501(C)(3)	11 - Type I	SJMC	Yes	
ST JOSEPH REGIONAL HEALTH NETWORK 2500 BERNVILLE ROAD PO BOX 316 READING, PA 19603 23-1352211	HEALTHCARE	PA	501(C)(3)	3	CHI	Yes	
ST JOSEPH'S AREA HEALTH SERVICES 600 PLEASANT AVENUE PARK RAPIDS, MN 56470 41-0695603	HEALTHCARE	MN	501(C)(3)	3	CHI	Yes	
ST JOSEPH'S HOSPITAL AND HEALTH CENTER 30 WEST 7TH STREET DICKINSON, ND 58601 45-0226429	HEALTHCARE	ND	501(C)(3)	3	CHI	Yes	
MERCY MEDICAL CENTER - CENTERVILLE ONE ST JOSEPHS DRIVE CENTERVILLE, IA 52544 42-0680308	HEALTHCARE	IA	501(C)(3)	3	CHI-IA CORP	Yes	
ST MARY'S COMMUNITY HOSPITAL 1314 3RD AVENUE NEBRASKA CITY, NE 68410 47-0443636	HEALTHCARE	NE	501(C)(3)	3	CHI NEBRASKA	Yes	
ST MARY'S HEALTHCARE CENTER 801 EAST SIOUX AVENUE PIERRE, SD 57501 46-0230199	HEALTHCARE	SD	501(C)(3)	3	CHI	Yes	
ST MARY'S HOSPITAL FOUNDATION 1314 3RD AVENUE NEBRASKA CITY, NE 68410 47-0707604	FUNDRAISING	NE	501(C)(3)	7	SMH	Yes	
ST VINCENT FOUNDATION TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 51-0169537	FUNDRAISING	AR	501(C)(3)	11 - Type I	SVIMC	Yes	
ST VINCENT INFIRMARY MEDICAL CENTER TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 71-0236917	HEALTHCARE	AR	501(C)(3)	3	CHI	Yes	
ST VINCENT MEDICAL GROUP TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 71-0830696	HEALTHCARE	AR	501(C)(3)	9	SVIMC	Yes	
THE COMMUNITY LIMITED CARE DIALYSIS CENTER 619 OAK STREET ACCOUNTING-3 W CINCINNATI, OH 45206 23-7419853	DIALYSIS	OH	501(C)(2)	N/A	GSH	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity	g Section 512(b)(13) controlled organization	
THE GOOD SAMARITAN HOSPITAL OF CINCINNATI OH 619 OAK STREET ACCOUNTING-3 W CINCINNATI, OH 45206 31-0537486	HEALTHCARE	OH	501(C)(3)	3	CHI	Yes	
THE MERCY HOSPITAL OF DEVILS LAKE FDN 1031 SEVENTH STREET NE DEVILS LAKE, ND 58301 35-2367360	FUNDRAISING	ND	501(C)(3)	7	MHDL	Yes	
THE PHYSICIAN NETWORK 2000 Q STREET SUITE 500 LINCOLN, NE 68503 47-0780857	PHYS PRACTICE	NE	501(C)(3)	11 - Type I	CHI NEBRASKA	Yes	
TOTAL HEALTHCARE 188 INVERNESS DRIVE WEST SUITE 500 ENGLEWOOD, CO 80112 84-0927232	HEALTHCARE	CO	501(C)(3)	3	CHIC	Yes	
UNITY FAMILY HEALTHCARE 815 2ND STREET SE LITTLE FALLS, MN 56345 41-0721642	HEALTHCARE	MN	501(C)(3)	3	CHI	Yes	
VILLA NAZARETH INC 801 PAGE DRIVE FARGO, ND 58103 45-0226714	LT CARE	ND	501(C)(3)	9	CHI	Yes	
VISITING NURSE ASSOCIATION OF SAINT CLARE'S 191 WOODPORT ROAD SPARTA, NJ 07871 22-1768334	HOME HEALTH	NJ	501(C)(3)	9	SCHS	Yes	

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	
AUDUBON LAND COMPANY LLC 5390 N ACADEMY BLVD SUITE 300 COLORADO SPRINGS, CO 80918 84-1513085	REAL ESTATE	CO	CHIC	RELATED	34,991	-694,032		No			No	50 1 %
AVANTAS LLC 11128 JOHN GALT BLVD SUITE 400 OMAHA, NE 68137 39-2045003	HEALTHCARE	NE	AHBMHS	RELATED	-2,862,040	-2,537,888		No			No	95 %
BERYWOOD OFFICE PROPERTIES LLC 400 BERYWOOD TRAIL CLEVELAND, TN 37312 62-1875199	PHYS OFFICE	TN	MHCS	RELATED	57,545	1,013,237		No		Yes		63 %
BLUEGRASS REGIONAL IMAGING CENTER 1218 SOUTH BROADWAY SUITE 310 LEXINGTON, KY 40504 61-1386736	DIAGNOSTIC	KY	SJHS	RELATED				No			No	65 %
CENTRAL NEBRASKA HOME CARE SERVICES PO BOX 1146-4510 SECOND AVENUE KEARNEY, NE 68848 47-0692112	HEALTHCARE SRVC	NE	NA	RELATED	-92,336	745,068		No		Yes		1 00 %
CENTRAL NEBRASKA REHAB SERVICE 3004 W FAIDLEY AVE GRAND ISLAND, NE 68802 81-0653461	PHYSICAL THERAPY	NE	SFMC	RELATED	1,835,812	2,199,571		No			No	51 %
CHI OPERATING INVESTMENT PROGRAM LP 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 47-0727942	INVESTMENTS	CO	CHI	UNRELATED	397,241,271	6,272,650,880		No		Yes		1 00 %
HEALTHCARE SUPPORT SERVICES PO BOX 9804 GRAND ISLAND, NE 68802 72-1546196	LAUNDRY	NE	NA	RELATED	-11,179	3,069,835		No			No	1 00 %
MRI AT ST JOESPH MEDICAL DENTER LLC 7253 AMBASSADOR ROAD BALTIMORE, MD 21244 52-1958002	MEDICAL IMAGING	MD	SJMC	RELATED	423,167	2,174,155		No		Yes		51 %
NORTH RIVER SURGERY CENTER LLC 2209 WILDWOOD AVENUE SHERWOOD, AR 72120 71-0799771	AMBUL SURG CTR	AR	SVIMC	RELATED	81,071	1,077,536		No			No	57 44 %
O'DEA MEDICAL ARTS LIMITED PARTNERSHIP 7601 OSLER DRIVE TOWSON, MD 21204 52-1682964	REAL ESTATE	MD	TOWSON MANAGEMENT INC	RELATED	111,933	5,418,117		No			No	65 122 %
ORTHOCOLORADO LLC 11650 WEST 2ND PLACE LAKEWOOD, CO 80255 37-1577105	ORTHO HOSPITAL	CO	CHIC	RELATED	-3,249,434	-2,760,206		No			No	60 %
PENINSULA RADIATION ONCOLOGY 315 MARTIN LUTHER KING JR WAY 111 TACOMA, WA 98405 71-0799771	HEALTHCARE SRVC	WA	FHS	RELATED	135,014	85,985		No			No	60 %
PENRAD IMAGING 1390 KELLY JOHNSON BLVD COLORADO SPRINGS, CO 80920 84-1072619	MEDICAL IMAGING	CO	CHIC	RELATED	715,094	2,397,488		No			No	70 %
RUXTON SURGICENTER LLC 8322 BELLONA AVENUE SUITE 201 BALTIMORE, MD 21204 52-2095835	SURGERY CENTER	MD	SJMC	RELATED	-69,345	2,802,932		No		Yes		51 %

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	
SAINT JOSEPH - SCA HOLDINGS LLC 424 LEWIS HARGETT CIRCLE STE 160 LEXINGTON, KY 40503 45-3801157	OP SURGERY	DE	SJHS	RELATED				No		Yes		51 %
SCA PREMIER SURGERY CENTER OF LOUISVILLE LLC 200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 72-1386840	SURGERY CENTER	KY	JH	RELATED	68,676	446,063		No		Yes		51 %
ST FRANCIS LAND COMPANY 5390 N ACADEMY BLVD SUITE 300 COLORADO SPRINGS, CO 80918 26-3134100	REAL ESTATE	CO	CHIC	RELATED	-130,967	408,090		No			No	51 %
ST FRANCIS MEDICAL CENTER ASSOCIATES 1717 SOUTH J STREET TACOMA, WA 98405 91-1352698	MED OFFICE	WA	FHS	RELATED	110,986	1,672,098		No			No	54 21 %
ST JOSEPH-PAML LLC 424 LEWIS HARGETT CIRCLE STE 160 LEXINGTON, KY 40503 45-2116736	MGMT SVCS	KY	SJHS	RELATED				No		Yes		62 5 %
SUPERIOR MEDICAL IMAGING LLC 5000 NORTH 26TH STREET LINCOLN, NE 68521 26-2884555	OP DIAGNOSTICS	NE	SERMC	RELATED	-254,775	796,941		No	0		No	51 %
SURGERY CENTER OF LEXINGTON LLC 424 LEWIS HARGETT CIRCLE STE 160 LEXINGTON, KY 40503 62-1179539	SURGERY CENTER	DE	SJHS	RELATED	393,519	2,214,599		No		Yes		51 %
SURGERY CENTER OF LOUISVILLE LLC 200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 62-1179537	SURGERY CENTER	KY	JH	RELATED	-3,676	395,845		No		Yes		51 %

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, KY 41018 84-1112049	MANAGEMENT SERVICES	CO	CHI	C CORPORATION	0	3,267,441	1 00 %
AMERICAN NURSING CARE 1700 EDISON DRIVE MILFORD, OH 45150 31-1085414	HOME HEALTH	OH	CHS	C CORPORATION	4,648,726	44,654,199	1 00 %
AMERIMED INC 1700 EDISON DRIVE MILFORD, OH 45150 31-1158699	HOME HEALTH	OH	ANC	C CORPORATION	662,062	11,666,874	1 00 %
BC HOLDING COMPANY INC 1850 BLUEGRASS AVE LOUISVILLE, KY 40215 31-1542851	FITNESS CLUB	KY	JH	C CORPORATION	0	0	1 00 %
CADUCEUS MEDICAL ASSOCIATES INC 5600 BRAINERD ROAD SUITE 500 CHATTANOOGA, TN 37411 62-1570736	HEALTHCARE	TN	MHCS	C CORPORATION	0	1,008	1 00 %
CAPTIVE MANAGEMENT INITIATIVES PO BOX 10073 APO GEORGETOWN,GRAND CAYMAN KY1-1001 CJ 98-0663022	CAPTIVE MANAGEMENT	CJ	CHI	C CORPORATION	0	0	1 00 %
CATHOLIC HEALTH INITIATIVES CENTER FOR TRANSLATIONAL RESEARCH 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 27-2269511	RESEARCH	CO	CIRI	TRUST	-2,864,605	2,809,707	1 00 %
CGH REALTY COMPANY INC 215 N 12TH ST READING, PA 19603 23-2326801	REAL ESTATE	PA	SJHM	C CORPORATION			1 00 %
COMCARE SERVICES 4231 W 16TH AVENUE DENVER, CO 80204 84-0904813	INACTIVE	CO	CHIC	C CORPORATION	0	0	1 00 %
CONSOLIDATED HEALTH SERVICES 1700 EDISON DRIVE MILFORD, OH 45150 31-1378212	HOME HEALTH	OH	CHI	C CORPORATION	-1,525,246	65,844,862	1 00 %
DAVID DEYLE CHARITABLE REMAINDER UNITRUST PO BOX 1810 KEARNEY, NE 68848 47-6192395	INVESTMENTS	NE	GSHF	TRUST			1 00 %
DES MOINES MEDICAL CENTER INC 1111 6TH AVENUE DES MOINES, IA 50314 42-0837382	REAL ESTATE	IA	CHI-IA CORP	C CORPORATION	71,497	1,221,667	92 98 %
FIRST INITIATIVES INSURANCE LTD PO BOX 10073 APO GEORGETOWN,GRAND CAYMAN KY1-1001 CJ 98-0203038	INSURANCE	CJ	CHI	C CORPORATION	0	0	1 00 %
FRANCISCAN SERVICES INC 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 23-2487967	HEALTHCARE	CO	CHI	C CORPORATION	-5,719	5,837,142	1 00 %
GOOD SAMARITAN OUTREACH SERVICES PO BOX 1990 KEARNEY, NE 68848 47-0659440	MEDICAL CLINIC	NE	CHI NEBRASKA	C CORPORATION	-165,666	355,110	1 00 %
HAROLD W RASE 1995 CHARITABLE UNITRUST 30 WEST 7TH STREET DICKINSON, ND 58601 45-6090420	INVESTMENTS	ND	SJHHC	TRUST	1,240	22,148	1 00 %
HAROLD W RASE 1996 CHARITABLE UNITRUST 30 WEST 7TH STREET DICKINSON, ND 58601 20-6037112	INVESTMENTS	ND	SJHHC	TRUST	1,057	15,462	1 00 %
HAROLD W RASE 1997 CHARITABLE UNITRUST 30 WEST 7TH STREET DICKINSON, ND 58601 20-6037104	INVESTMENTS	ND	SJHHC	TRUST	0	20,520	1 00 %
HAROLD W RASE 1999 CHARITABLE UNITRUST 30 WEST 7TH STREET DICKINSON, ND 58601 20-6037099	INVESTMENTS	ND	SJHHC	TRUST	0	25,036	1 00 %
HEALTH SYSTEMS ENTERPRISES INC PO BOX 1990 KEARNEY, NE 68848 47-0664558	MANAGEMENT	NE	GSH	C CORPORATION	102,136	1,443,049	1 00 %

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
HEALTHCARE MGMT SERVICES ORG INC 1149 MARKET ST TACOMA, WA 98402 91-1865474	HEALTH ORG	WA	FHS	C CORPORATION	0	0	1 00 %
JAMES & HENRIETTA NISTLER UNITRUST 30 WEST 7TH STREET DICKINSON, ND 58601 20-6021899	INVESTMENTS	ND	SJHHC	TRUST	692	39,075	1 00 %
JEANNE DEYLE CHARITABLE REMAINDER UNITRUST PO BOX 1810 KEARNEY, NE 68848 47-6192398	INVESTMENTS	NE	GSHF	TRUST			1 00 %
JOSEPH A SCHUSTER ANNUITY TRUST #1 400 UNIVERSITY AVENUE DES MOINES, IA 50314 42-1195122	INVESTMENTS	IA	MFDM	TRUST	7,834	416,349	1 00 %
LODESCA MILLER CHARITABLE REMAINDER UNITRUST PO BOX 1810 KEARNEY, NE 68848 47-6186933	INVESTMENTS	NE	GSHF	TRUST			1 00 %
MEDQUEST 1301 15TH AVENUE WEST WILLISTON, ND 58801 45-0392137	SALE OF DME	ND	MMC WILLISTON	C CORPORATION	151,498	962,554	1 00 %
MERCY PARK APARTMENTS LTD 1111 6TH AVENUE DES MOINES, IA 50314 42-1202422	HOUSING	IA	CHI-IA CORP	C CORPORATION	369,905	1,937,220	1 00 %
MERCY SERVICES CORP 2700 STEWART PARKWAY ROSEBURG, OR 97470 93-0824308	RETAIL SALES	OR	MMC	C CORPORATION	0	956,003	1 00 %
MHSERVICES CORPORATION 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 43-1457881	DME	MO	SJRMC	C CORPORATION	-4,061	0	1 00 %
MOUNTAIN MANAGEMENT SERVICES INC 5600 BRAINERD ROAD SUITE 500 CHATTANOOGA, TN 37411 62-1570739	MGMT SVC ORG	TN	MHCS	C CORPORATION	-33,152	4,679,435	1 00 %
NAZARETH ASSURANCE COMPANY PO BOX 10073 APO GEORGETOWN,GRAND CAYMAN KY1-1001 CJ 03-0304831	INSURANCE	CJ	CHI	C CORPORATION	0	0	1 00 %
PATIENT TRANSPORT SERVICES INC 1700 EDISON DRIVE MILFORD, OH 45150 31-1100798	HOME HEALTH	OH	ANC	C CORPORATION	479,940		1 00 %
PHYSICIAN HEALTH SYSTEM NETWORK 1149 MARKET ST TACOMA, WA 98402 91-1746721	HEALTH ORG	WA	FHS	C CORPORATION	0	0	1 00 %
RAY & SHIRLEY DAVID 1999 UNITRUST 30 WEST 7TH STREET DICKINSON, ND 58601 20-6037077	INVESTMENTS	ND	SJHHC	TRUST	0	26,110	1 00 %
ROBERT & WANDA CHARITABLE REMAINDER UNITRUST PO BOX 1810 KEARNEY, NE 68848 26-6191916	INVESTMENTS	NE	GSHF	TRUST			1 00 %
SAINT CLARE''S PRIMARY CARE INC 66 FORD ROAD DENVILLE, NJ 07834 22-2441202	BILLING SERVICES	NJ	SCCC	C CORPORATION	-469,962	1,772,016	1 00 %
SAMARITAN FAMILY CARE INC 40 W FOURTH ST 1700 DAYTON, OH 45402 31-1299450	HEALTHCARE	OH	SHP	C CORPORATION			1 00 %
SJH SERVICES CORPORATION 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 23-2307408	HEALTHCARE	CO	FSI	C CORPORATION	-192,777	2,973,858	1 00 %
SJL PHYSICIAN MANAGEMENT SERVICES INC 424 LEWIS HARGETT CR 160 LEXINGTON, KY 40503 27-0164198	MANAGEMENT	KY	SJHS	C CORPORATION	0	0	1 00 %
ST ANTHONY DEVELOPMENT COMPANY 1415 SOUTHGATE PENDLETON, OR 97801 93-1216943	ATHLETIC CLUB	OR	SAH	C CORPORATION	92,139	3,007,550	1 00 %

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
ST VINCENT COMMUNITY HEALTH SERVICES INC TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 71-0710785	HEALTHCARE	AR	SVIMC	C CORPORATION	2,804,485	14,049,374	1 00 %
ST JOSEPH DEVELOPMENT COMPANY INC 1717 SOUTH J STREET TACOMA, WA 98405 91-1480569	RENTAL	WA	FSI	C CORPORATION	63,164	11,845,439	1 00 %
ST JOSEPH OFFICE PARK ASSOCIATION 1401 HARRODSBURG ROAD BLDG B70 LEXINGTON, KY 40504 61-1079899	MANAGEMENT	KY	SJHS	C CORPORATION		882,139	85 %
TOM DEYLE CHARITABLE REMAINDER UNITRUST PO BOX 1810 KEARNEY, NE 68848 47-6192393	INVESTMENTS	NE	GSHF	TRUST			1 00 %
TOWSON MANAGEMENT INC 7601 OSLER DRIVE TOWSON, MD 21204 52-1710750	MANAGEMENT SERVICES	MD	FSI	C CORPORATION		266,960	1 00 %

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	7,576,410	FMV
(2)	ALVERNA APARTMENTS	A	69,942	FMV
(3)	CARRINGTON HEALTH CENTER	A	17,491	FMV
(4)	CENTRAL KANSAS MEDICAL CENTER	A	335,926	FMV
(5)	CATHOLIC HEALTH INITIATIVES-COLORADO	A	11,381,625	FMV
(6)	CATHOLIC HEALTH INITIATIVES-IOWA CORP	A	7,259,049	FMV
(7)	ENUMCLAW REGIONAL HOSPITAL ASSOCIATION	A	840,399	FMV
(8)	FLAGET HEALTHCARE	A	838,294	FMV
(9)	FRANCISCAN HEALTH SYSTEM	A	7,342,890	FMV
(10)	FRANCISCAN VILLA OF SOUTH MILWAUKEE INC	A	190,520	FMV
(11)	GOOD SAMARITAN HOSPITAL	A	1,288,906	FMV
(12)	THE GOOD SAMARITAN HOSPITAL OF CINCINNATI OH	A	5,617,066	FMV
(13)	GOOD SAMARITAN HOSPITAL	A	5,583,945	FMV
(14)	JEWISH HOSPITAL & ST MARY'S HEALTHCARE	A	6,144,508	FMV
(15)	LAKEWOOD HEALTH CENTER	A	138,015	FMV
(16)	LISBON AREA HEALTH SERVICES	A	63,739	FMV
(17)	MEMORIAL HEALTH CARE SYSTEM INC	A	1,691,996	FMV
(18)	MERCY MEDICAL CENTER	A	1,770,535	FMV
(19)	MERCY MEDICAL CENTER - CENTERVILLE	A	61,182	FMV
(20)	MERCY MEDICAL CENTER	A	8,666	FMV

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
(21) OAKES COMMUNITY HOSPITAL	A	271,600	FMV
(22) SAINT CLARE'S HOSPITAL	A	5,548,485	FMV
(23) ST FRANCIS LIFE CARE CORPORATION	A	1,166,112	FMV
(24) ST ANTHONY HOSPITAL	A	437,855	FMV
(25) ST CATHERINE HOSPITAL	A	847,075	FMV
(26) ST FRANCIS MEDICAL CENTER	A	448,419	FMV
(27) SAINT JOSEPH HEALTH SYSTEM INC	A	13,731,332	FMV
(28) ST JOSEPH MEDICAL CENTER INC	A	5,137,653	FMV
(29) ST JOSEPH REGIONAL HEALTH NETWORK	A	6,243,573	FMV
(30) ST JOSEPH'S AREA HEALTH SERVICES	A	93,143	FMV
(31) ST JOSEPH'S HOSPITAL AND HEALTH CENTER	A	977,899	FMV
(32) ST MARY'S COMMUNITY HOSPITAL	A	49,303	FMV
(33) ST VINCENT INFIRMARY MEDICAL CENTER	A	4,289,159	FMV
(34) UNITY FAMILY HEALTHCARE	A	803,496	FMV
(35) VILLA NAZARETH INC	A	207,768	FMV
(36) CHI NEBRASKA	A	3,478,381	FMV
(37) GOOD SAMARATIN HOSPITAL FOUNDATION	B	157,412	FMV
(38) CATHOLIC HEALTH INITIATIVES COLORADO FOUNDATION	B	57,000	FMV
(39) GOOD SAMARITAN HOSPITAL	B	194,664	FMV
(40) JEWISH HOSPITAL & ST MARY'S HEALTHCARE	B	78,467	FMV

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
(41)	MEMORIAL HEALTH CARE SYSTEM INC	B	134,796	FMV
(42)	MERCY FOUNDATION INC	B	186,570	FMV
(43)	ST CATHERINE HOSPITAL	B	73,708	FMV
(44)	SAINT ELIZABETH FOUNDATION	B	283,930	FMV
(45)	ST FRANCIS MEDICAL CENTER	B	64,520	FMV
(46)	SAINT FRANCIS MEDICAL CENTER FOUNDATION	B	76,915	FMV
(47)	SAINT JOSEPH HEALTH SYSTEM INC	B	342,059	FMV
(48)	ST JOSEPH MEDICAL CENTER FOUNDATION INC	B	80,240	FMV
(49)	ST JOSEPH MEDICAL CENTER FOUNDATION	B	331,703	FMV
(50)	ST JOSEPH'S AREA HEALTH SERVICES	B	50,825	FMV
(51)	ST MARY'S HEALTHCARE CENTER	B	85,050	FMV
(52)	ST MARY'S COMMUNITY HOSPITAL	B	103,548	FMV
(53)	FRANCISCAN FOUNDATION	B	251,416	FMV
(54)	UNITY FAMILY HEALTHCARE	B	71,768	FMV
(55)	CATHOLIC HEALTH INITIATIVES-COLORADO	D	25,000,000	FMV
(56)	JEWISH HOSPITAL & ST MARY'S HEALTHCARE	D	401,881,064	FMV
(57)	MEMORIAL HEALTH CARE SYSTEM INC	D	30,000,000	FMV
(58)	ST FRANCIS LIFE CARE CORPORATION	D	32,732,985	FMV
(59)	SAINT JOSEPH HEALTH SYSTEM INC	D	14,000,000	FMV
(60)	ST VINCENT INFIRMARY MEDICAL CENTER	D	53,000,000	FMV

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) ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM	K	1,146,060	FMV
(62) BLUEGRASS REGIONAL IMAGING CENTER	K	419,637	FMV
(63) CARRINGTON HEALTH CENTER	K	2,888,672	FMV
(64) CENTRAL KANSAS MEDICAL CENTER	K	5,783,166	FMV
(65) CENTRAL NEBRASKA HOME CARE SERVICES	K	743,908	FMV
(66) CATHOLIC HEALTH INITIATIVES-COLORADO	K	15,754,152	FMV
(67) CATHOLIC HEALTH INITIATIVES-IOWA CORP	K	107,677,233	FMV
(68) CATHOLIC HEALTH INITIATIVES CENTER FOR TRANSLATIONAL RESEARCH	K	52,876	FMV
(69) CONTINUING CARE HOSPITAL	K	1,310,807	FMV
(70) ENUMCLAW REGIONAL HOSPITAL ASSOCIATION	K	4,398,452	FMV
(71) FIRST INITIATIVES INSURANCE LTD	K	349,227	FMV
(72) FLAGET HEALTHCARE	K	8,395,526	FMV
(73) FRANCISCAN HEALTH SYSTEM	K	121,352,810	FMV
(74) FRANCISCAN VILLA OF SOUTH MILWAUKEE INC	K	1,856,347	FMV
(75) FRANSICIAN MEDICAL GROUP	K	70,423	FMV
(76) GOOD SAMARITAN HOSPITAL	K	14,574,448	FMV
(77) THE GOOD SAMARITAN HOSPITAL OF CINCINNATI OH	K	10,910,330	FMV
(78) GOOD SAMARITAN HOSPITAL	K	8,247,471	FMV
(79) JEWISH HOSPITAL & ST MARY'S HEALTHCARE	K	13,816,428	FMV
(80) LAKEWOOD HEALTH CENTER	K	2,885,251	FMV

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
(81)	LISBON AREA HEALTH SERVICES	K	2,189,969	FMV
(82)	MEMORIAL HEALTH CARE SYSTEM INC	K	74,553,302	FMV
(83)	MERCY MEDICAL CENTER	K	22,872,784	FMV
(84)	MERCY HOSPITAL OF DEVILS LAKE	K	3,982,091	FMV
(85)	MERCY HOSPITAL OF VALLEY CITY	K	2,624,843	FMV
(86)	MERCY MEDICAL CENTER - CENTERVILLE	K	151,158	FMV
(87)	MERCY MEDICAL CENTER	K	7,651,994	FMV
(88)	OAKES COMMUNITY HOSPITAL	K	1,745,606	FMV
(89)	SAINT CLARE'S HOSPITAL	K	47,166,894	FMV
(90)	ST ANTHONY'S HOSPITAL ASSOCIATION	K	186,884	FMV
(91)	ST ANTHONY HOSPITAL	K	6,852,989	FMV
(92)	ST CATHERINE HOSPITAL	K	12,312,088	FMV
(93)	SAINT ELIZABETH REGIONAL MEDICAL CENTER	K	22,977,322	FMV
(94)	ST FRANCIS MEDICAL CENTER	K	5,567,092	FMV
(95)	SAINT FRANCIS MEDICAL CENTER	K	11,010,936	FMV
(96)	ST JOSEPH COMMUNITY HEALTH	K	524,574	FMV
(97)	ST JOSEPH HEALTH MINISTRIES	K	219,577	FMV
(98)	SAINT JOSEPH HEALTH SYSTEM INC	K	90,358,480	FMV
(99)	ST JOSEPH MEDICAL CENTER INC	K	36,739,342	FMV
(100)	ST JOSEPH PHYSICIAN ENTERPRISES	K	128,336	FMV

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
(101)	ST JOSEPH REGIONAL HEALTH NETWORK	K	28,762,957	FMV
(102)	ST JOSEPH'S AREA HEALTH SERVICES	K	7,069,187	FMV
(103)	ST JOSEPH'S HOSPITAL AND HEALTH CENTER	K	6,847,331	FMV
(104)	ST MARY'S HEALTHCARE CENTER	K	7,975,485	FMV
(105)	ST MARY'S COMMUNITY HOSPITAL	K	1,409,723	FMV
(106)	ST VINCENT INFIRMARY MEDICAL CENTER	K	45,873,408	FMV
(107)	UNITY FAMILY HEALTHCARE	K	10,316,948	FMV
(108)	VILLA NAZARETH INC	K	2,128,857	FMV
(109)	CHI HEALTH CONNECT AT HOME - FARGO	K	1,657,748	FMV
(110)	CHI NEBRASKA	K	51,758,216	FMV
(111)	KENTUCKYONE HEALTH INC	K	693,035	FMV
(112)	BISHOP DRUMM RETIREMENT CENTER	P	331,091	FMV
(113)	CARRINGTON HEALTH CENTER	P	105,825	FMV
(114)	CENTRAL KANSAS MEDICAL CENTER	P	1,085,696	FMV
(115)	CATHOLIC HEALTH INITIATIVES-COLORADO	P	346,606	FMV
(116)	CATHOLIC HEALTH INITIATIVES-IOWA CORP	P	8,262,041	FMV
(117)	CONTINUING CARE HOSPITAL	P	95,961	FMV
(118)	ENUMCLAW REGIONAL HOSPITAL ASSOCIATION	P	539,734	FMV
(119)	FLAGET HEALTHCARE	P	752,951	FMV
(120)	FRANCISCAN HEALTH SYSTEM	P	13,689,923	FMV

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)	FRANCISCAN VILLA OF SOUTH MILWAUKEE INC	P	395,867	FMV
(122)	FRANSICIAN MEDICAL GROUP	P	1,200,441	FMV
(123)	GETTYSBURG MEDICAL CENTER	P	75,090	FMV
(124)	THE GOOD SAMARITAN HOSPITAL OF CINCINNATI OH	P	4,830,354	FMV
(125)	JEWISH HOSPITAL & ST MARY'S HEALTHCARE	P	6,292,661	FMV
(126)	LAKEWOOD HEALTH CENTER	P	136,328	FMV
(127)	LISBON AREA HEALTH SERVICES	P	118,449	FMV
(128)	MEMORIAL HEALTH CARE SYSTEM INC	P	6,731,749	FMV
(129)	MERCY MEDICAL CENTER	P	3,249,393	FMV
(130)	MERCY HOSPITAL OF DEVILS LAKE	P	162,264	FMV
(131)	MERCY HOSPITAL OF VALLEY CITY	P	82,611	FMV
(132)	MERCY MEDICAL CENTER - CENTERVILLE	P	221,586	FMV
(133)	MERCY MEDICAL CENTER	P	406,767	FMV
(134)	SAINT CLARE'S HOSPITAL	P	6,515,291	FMV
(135)	ST ANTHONY'S HOSPITAL ASSOCIATION	P	101,625	FMV
(136)	ST ANTHONY HOSPITAL	P	685,080	FMV
(137)	ST CATHERINE HOSPITAL	P	988,556	FMV
(138)	ST FRANCIS MEDICAL CENTER	P	390,526	FMV
(139)	ST JOSEPH DEVELOPMENT COMPANY INC	P	92,323	FMV
(140)	SAINT JOSEPH HEALTH SYSTEM INC	P	9,827,147	FMV

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
(141)	ST JOSEPH MEDICAL CENTER INC	P	6,536,848	FMV
(142)	ST JOSEPH REGIONAL HEALTH NETWORK	P	3,303,489	FMV
(143)	ST JOSEPH'S AREA HEALTH SERVICES	P	418,561	FMV
(144)	ST JOSEPH'S HOSPITAL AND HEALTH CENTER	P	383,625	FMV
(145)	ST MARY'S HEALTHCARE CENTER	P	448,501	FMV
(146)	ST VINCENT INFIRMARY MEDICAL CENTER	P	4,593,496	FMV
(147)	UNITY FAMILY HEALTHCARE	P	562,762	FMV
(148)	VILLA NAZARETH INC	P	233,368	FMV
(149)	CHI HEALTH CONNECT AT HOME - FARGO	P	93,678	FMV
(150)	CHI NEBRASKA	P	7,612,905	FMV
(151)	CONSOLIDATED HEALTH SERVICES	P	649,401	FMV
(152)	ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM	R	6,205,528	FMV
(153)	CARRINGTON HEALTH CENTER	R	376,347	FMV
(154)	CENTRAL KANSAS MEDICAL CENTER	R	1,400,812	FMV
(155)	CATHOLIC HEALTH INITIATIVES-COLORADO	R	11,681,333	FMV
(156)	ENUMCLAW REGIONAL HOSPITAL ASSOCIATION	R	571,503	FMV
(157)	FLAGET HEALTHCARE	R	1,839,881	FMV
(158)	FRANCISCAN HEALTH SYSTEM	R	16,436,457	FMV
(159)	FRANCISCAN VILLA OF SOUTH MILWAUKEE INC	R	294,723	FMV
(160)	GOOD SAMARITAN HOSPITAL	R	4,544,012	FMV

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
(161)	THE GOOD SAMARITAN HOSPITAL OF CINCINNATI OH	R	10,565,776	FMV
(162)	GOOD SAMARITAN HOSPITAL	R	7,244,662	FMV
(163)	JEWISH HOSPITAL & ST MARY'S HEALTHCARE	R	6,190,497	FMV
(164)	LAKEWOOD HEALTH CENTER	R	372,640	FMV
(165)	LISBON AREA HEALTH SERVICES	R	161,805	FMV
(166)	MEMORIAL HEALTH CARE SYSTEM INC	R	2,529,507	FMV
(167)	MERCY MEDICAL CENTER	R	3,593,728	FMV
(168)	MERCY MEDICAL CENTER - CENTERVILLE	R	11,110,520	FMV
(169)	MERCY MEDICAL CENTER	R	875,700	FMV
(170)	OAKES COMMUNITY HOSPITAL	R	169,040	FMV
(171)	SAINT CLARE'S HOSPITAL	R	3,831,474	FMV
(172)	ST ANTHONY HOSPITAL	R	989,452	FMV
(173)	ST CATHERINE HOSPITAL	R	737,312	FMV
(174)	SAINT ELIZABETH REGIONAL MEDICAL CENTER	R	2,545,262	FMV
(175)	ST FRANCIS MEDICAL CENTER	R	944,964	FMV
(176)	SAINT JOSEPH HEALTH SYSTEM INC	R	10,917,240	FMV
(177)	ST JOSEPH MEDICAL CENTER INC	R	5,261,212	FMV
(178)	ST JOSEPH REGIONAL HEALTH NETWORK	R	1,339,541	FMV
(179)	ST JOSEPH'S AREA HEALTH SERVICES	R	481,406	FMV
(180)	ST JOSEPH'S HOSPITAL AND HEALTH CENTER	R	1,137,599	FMV

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 MARY'S COMMUNITY HOSPITAL	R	99,425	FMV
(182)	ST VINCENT INFIRMARY MEDICAL CENTER	R	11,659,138	FMV
(183)	UNITY FAMILY HEALTHCARE	R	1,237,764	FMV
(184)	VILLA NAZARETH INC	R	524,061	FMV
(185)	CATHOLIC HEALTH INITIATIVES-COLORADO	B	109,852	FMV

Additional Data

Software ID: 11000230
Software Version: v2011.1.0
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			
DAVID LINCOLN FACHE TRUSTEE/VICE CHAIR	2 00	X		X				1,102	3,931	0
KEVIN LOFTON FACHE PRESIDENT AND CEO	60 00	X		X				2,473,270	1,614	260,019
PHYLLIS HUGHES RSM DRPH TRUSTEE/BOARD CHAIR	4 00	X		X				0	0	0
ANDREA LEE IHM TRUSTEE	2 00	X						0	0	0
ANTOINETTE HARDY-WALLER RN TRUSTEE	2 00	X						4,346	9,956	0
BLACKFORD MIDDLETON MD TRUSTEE	2 00	X						1,026	1,905	0
CHRISTOPHER LOWNEY TRUSTEE	2 00	X						0	0	0
DAVID EDWARDS TRUSTEE	2 00	X						983	1,825	0
ELEANOR MARTIN SCN ESQ TRUSTEE	2 00	X						0	0	0
MARTHA WALSH SC RN TRUSTEE	2 00	X						0	0	0
MARY JO POTTER TRUSTEE	2 00	X						2,917	2,784	0
MARY MARGARET MOONEY PBVM DNSC TRUSTEE	2 00	X						0	0	0
MAUREEN COMER OP TRUSTEE	2 00	X						0	0	0
PATRICIA SMITH OSF JCD PHD TRUSTEE	2 00	X						0	0	0
ROBERT SMOLDT TRUSTEE	2 00	X						1,103	2,048	0
DEBRA HANKS ASSISTANT SECRETARY	40 00			X				66,560	0	10,798
JAMES DEAN SWINDLE CPA EVP BUS SRVC & CFO/TREASURER	60 00			X				1,091,691	0	163,750
JOYCE ROSS SVP COMMUNICATIONS/ASSIST SEC	60 00			X				432,733	0	57,329
MICHAEL ROWAN FACHE EVP & CHIEF OPERATING OFFICER	60 00			X				1,435,786	4,843	195,279
MITCH MELFI ESQ SVP LEGAL SRVC & GEN COUNSEL/SEC	60 00			X				733,992	4,843	128,582
JOHN DICOLA SVP STRATEGY & BUS DEVELOPMENT	60 00				X			800,991	0	139,211
KATHLEEN SANFORD RN DBA FACHE SVP & CHIEF NURSING OFFICER	60 00				X			621,605	0	106,570
MICHAEL O'ROURKE SVP & CHIEF INFORMATION OFFICER	60 00				X			718,758	0	86,048
PATRICIA WEBB SVP & CHIEF HR OFFICER	60 00				X			647,693	5,273	106,001
PHILIP FOSTER SVP & CHIEF RISK OFFICER	60 00				X			430,559	0	72,073

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			
STEPHEN MOORE MD SVP & CHIEF MEDICAL OFFICER	60 00				X			808,980	0	131,278
STEVEN KEHRBERG SVP SUPPLY CHAIN MANAGEMENT	60 00				X			477,749	0	76,125
THOMAS KOPFENSTEINER SVP MISSION	60 00				X			702,089	0	107,874
DAVID VELLINGA SVP/MBO CEO	60 00					X		852,592	0	100,487
JOSEPH WILCZEK SVP/MBO CEO	60 00					X		1,133,775	0	34,688
LESLIE HIRSCH MBO CEO	60 00					X		799,542	0	99,198
MARY ELIZABETH O'BRIEN SVP GROUP EXECUTIVE OFFICER	60 00					X		1,268,057	0	87,218
ROBERT LANIK SVP/MBO CEO	60 00					X		882,209	0	46,446
CAROL KEENAN FORMER INTERIM SVP HUMAN RESOURCES	60 00						X	373,358	0	49,595
COLLEEN BLYE CPA FORMER EVP FIN/INTG SRVC & CFO	0 00						X	720,500	0	31,446
JOHN NEWTON JR FORMER GEN COUNSEL/SECRETARY	60 00						X	451,125	0	39,335
SUSANNA LAUNDY FORMER INTERIM SVP & CFO/TREAS	60 00						X	494,511	0	32,261