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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

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 07-01-2012 , 2012, and ending 06-30-2013

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
(303) 298-9100

G Gross receipts $ 1,639,118,386

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**	14
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 2012 (Part V, line 2a)	**5**	3,111
6	Total number of volunteers (estimate if necessary)	**6**	13
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	43,657,148
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	4,076,747

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	0	1,566,868
9	Program service revenue (Part VIII, line 2g)	1,154,902,851	1,421,045,100
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	126,456,157	205,677,182
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12,217,138	10,829,236
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,293,576,146	1,639,118,386
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	10,181,057	7,107,132
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)	251,071,566	313,766,403
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)	1,099,795,893	1,450,526,281
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,361,048,516	1,771,399,816
19	Revenue less expenses Subtract line 18 from line 12	-67,472,370	-132,281,430
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	6,520,487,703	6,590,100,034
21	Total liabilities (Part X, line 26)	6,043,215,137	7,322,706,897
22	Net assets or fund balances Subtract line 21 from line 20	477,272,566	-732,606,863

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2014-05-13

DEAN SWINDLE PRESIDENT EBL AND CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Pamela Krohn				P01210500

Firm's name ▶ CATHOLIC HEALTH INITIATIVES — Firm's EIN ▶ 47-0617373

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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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 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 $ 927,819,881 including grants of $ 7,107,132) (Revenue $ 1,377,376,882)

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** ▶ 927,819,881

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	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts 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 for escrow or custodial account liability, 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, line 10? *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 and XII*	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 and XII 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, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts 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 United States? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to any government or organization 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 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**	Yes	
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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, 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 11b 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	4,207		
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	3,111		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .		3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	Yes	
b	If "Yes," enter the name of the foreign country ▶ CJ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		14b		

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

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a** 14		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
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 this 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 ☐ Other (explain in Schedule O)

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 during the tax year

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 (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 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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 (list any hours for related organizations below dotted line)	(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			
1b **Sub-Total** ▶										
c **Total from continuation sheets to Part VII, Section A** ▶										
d **Total (add lines 1b and 1c)** ▶								20,092,769	18,000	2,443,687

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 ▶ 542

			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
DELOITTE CONSULTING LLP 30 ROCKEFELLER PLAZA NEW YORK NY 101120015	CONSULTING SERVICES	63,566,110
CONIFER HEALTH SOLUTIONS 3560 DALLAS PARKWAY FRISCO TX 75034	REVENUE CYCLE SERVICES	32,619,363
MCKINSEY & COMPANY INC 55 EAST 52ND STREET NEW YORK NY 10022	CONSULTING SERVICES	28,274,233
TGC LLC 7141 DEER VALLEY ROAD HIGHLAND MD 207779513	HEALTH POLICY AND REGULATORY CONSULTANTS	17,787,724
NAVIN HAFFTY & ASSOCIATES 1900 WEST PARK DR SUITE 180 WESTBOROUGH MA 01581	IT CONSULTING SERVICES	14,136,026

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 ▶ 322

Part VIII Statement of Revenue

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

				(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	1,566,868			
	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 $		15,199			
	h	**Total.** Add lines 1a-1f			1,566,868		
Program Service Revenue			Business Code				
	2a	ASSESSMENTS	900099		1,319,594,377	1,280,083,459	39,510,918	
	b	INTEREST INCOME	900099		123,766,247	123,766,247		
	c	PREMIUMS	900099		3,259,171	3,259,171		
	d	SERVICES SOLD	900099		1,295,001	70,000	1,225,001	
	e	EQUITY CHANGES OF UNCONSOLIDATED ORGS	900099		-28,503,290	-31,435,589	2,932,299	
	f	All other program service revenue			1,633,594	1,633,594	0	0
	g	**Total.** Add lines 2a–2f			1,421,045,100			
	3	Investment income (including dividends, interest, and other similar amounts)			105,706,834		-11,070	105,717,904
	4	Income from investment of tax-exempt bond proceeds			64,146			64,146
	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	99,906,202					
	b	Less cost or other basis and sales expenses						
	c	Gain or (loss)	99,906,202	0				
	d	Net gain or (loss)			99,906,202			99,906,202
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	3,376,295			3,376,295
	b	EPAYABLES REBATE		900099	3,047,857			3,047,857
	c	LAWSUIT REVENUE		900099	1,417,031			1,417,031
	d	All other revenue			2,988,053	0	0	2,988,053
	e	**Total.** Add lines 11a–11d			10,829,236			
	12	**Total revenue.** See Instructions			1,639,118,386	1,377,376,882	43,657,148	216,517,488

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)

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	6,542,328	6,542,328		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	12,750	12,750		
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	552,054	552,054		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	15,645,386		15,645,386	
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	204,424,596	43,751,352	160,673,244	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	57,720,265	1,741,315	55,978,950	
9 Other employee benefits	18,613,552	5,934,511	12,679,041	
10 Payroll taxes	17,362,604	3,078,732	14,283,872	
11 Fees for services (non-employees)				
a Management	0			
b Legal	13,624,399		13,624,399	
c Accounting	14,517,083		14,517,083	
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	238,831,035	5,134,296	233,696,739	0
12 Advertising and promotion	310,055	14,640	295,415	
13 Office expenses	21,360,576	1,717,327	19,643,249	
14 Information technology	10,221,323	137,500	10,083,823	
15 Royalties . .	0			
16 Occupancy	10,169,628	15,374	10,154,254	
17 Travel	15,708,054	1,994,281	13,713,773	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	3,915,793	226,663	3,689,130	
20 Interest	202,184,545	202,082,448	102,097	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	37,721,298	4,502,805	33,218,493	
23 Insurance	122,636,467	122,056,338	580,129	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a GROUP MEDICAL PLAN	413,430,774	413,430,774		
b REPAIRS AND MAINTENANCE	184,729,362	104,414,301	80,315,061	
c RESTRUCTURING LOSSES	27,342,264		27,342,264	
d UNRELATED BUSINESS TAXES	1,698,504		1,698,504	
e All other expenses	132,125,121	10,480,092	121,645,029	0
25 **Total functional expenses.** Add lines 1 through 24e	1,771,399,816	927,819,881	843,579,935	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	750	1	548
	2	Savings and temporary cash investments	77,940,531	2	346,259,064
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	145,943,422	4	20,577,100
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	0
	7	Notes and loans receivable, net	2,954,391,202	7	2,901,164,610
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	34,421,801	9	88,826,129
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 1,018,656,506			
	b	Less accumulated depreciation — 10b: 268,464,900	475,473,218	10c	750,191,606
	11	Investments—publicly traded securities		11	0
	12	Investments—other securities See Part IV, line 11	1,595,050,652	12	967,565,598
	13	Investments—program-related See Part IV, line 11	0	13	0
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	1,237,266,127	15	1,515,515,379
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	6,520,487,703	16	6,590,100,034
Liabilities	17	Accounts payable and accrued expenses	371,442,361	17	274,211,449
	18	Grants payable		18	
	19	Deferred revenue	15,080,975	19	51,953,988
	20	Tax-exempt bond liabilities	4,190,231,456	20	5,500,320,587
	21	Escrow or custodial account liability Complete Part IV of Schedule D	15,530	21	15,719
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	0
	23	Secured mortgages and notes payable to unrelated third parties	475,625,000	23	702,475,000
	24	Unsecured notes and loans payable to unrelated third parties	0	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	990,819,815	25	793,730,154
	26	**Total liabilities.** Add lines 17 through 25	6,043,215,137	26	7,322,706,897
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	476,785,808	27	-733,094,418
	28	Temporarily restricted net assets	486,758	28	487,555
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), 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	477,272,566	33	-732,606,863
	34	Total liabilities and net assets/fund balances	6,520,487,703	34	6,590,100,034

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	1,639,118,386
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,771,399,816
3	Revenue less expenses Subtract line 2 from line 1	3	-132,281,430
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	477,272,566
5	Net unrealized gains (losses) on investments	5	109,241,396
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-1,186,839,395
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-732,606,863

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
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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	Yes	
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	Yes	

Additional Data

Software ID: 12000266
Software Version: v2012.1.0
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 (list any hours for related organizations below dotted line)	(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			
DAVID LINCOLN FACHE TRUSTEE/VICE CHAIR	2 00 0	X		X				0	0	0
KEVIN LOFTON FACHE PRESIDENT AND CEO	58 00 2 00	X		X				2,765,511	0	365,692
PHYLLIS HUGHES RSM DRPH TRUSTEE/BOARD CHAIR	4 00 12 00	X		X				0	0	0
ANDREA LEE IHM TRUSTEE	2 00 0	X						0	0	0
ANTOINETTE HARDY-WALLER RN TRUSTEE	2 00 12 00	X						0	18,000	0
CHRISTOPHER LOWNEY TRUSTEE	2 00 0	X						0	0	0
ELEANOR MARTIN SCN ESQ TRUSTEE	2 00 0	X						0	0	0
JAMES HAMILL Trustee	2 00 0	X						0	0	0
MARTHA WALSH SC RN TRUSTEE	2 00 0	X						0	0	0
MARY JO POTTER TRUSTEE	2 00 0	X						0	0	0
MARY MARGARET MOONEY PBVM DNSC TRUSTEE	2 00 0	X						0	0	0
MAUREEN COMER OP TRUSTEE	2 00 0	X						0	0	0
PATRICIA SMITH OSF JCD PHD TRUSTEE	2 00 0	X						0	0	0
ROBERT SMOLDT TRUSTEE	2 00 0	X						0	0	0
DEAN SWINDLE CPA EVP Business Services & CFO/Treasurer	58 00 2 00			X				1,303,966	0	187,885
DEBRA HANKS ASSISTANT SECRETARY	40 00 0			X				75,141	0	10,180
JOYCE ROSS SVP COMMUNICATIONS/ASSIST SEC	60 00 0			X				406,294	0	60,880
MICHAEL ROWAN FACHE EVP & CHIEF OPERATING OFFICER	45 00 15 00			X				1,652,367	0	220,553
MITCH MELFI ESQ SVP LEGAL SRVC & GEN COUNSEL/SEC	60 00 0			X				817,682	0	134,590
JOHN DICOLA SVP STRATEGY & BUS DEVELOPMENT	50 00 10 00				X			912,976	0	147,477
KATHLEEN SANFORD RN DBA FACHE SVP & CHIEF NURSING OFFICER	58 00 2 00				X			690,296	0	112,002
MICHAEL O'ROURKE SVP & CHIEF INFORMATION OFFICER	60 00 0				X			858,251	0	88,033
PATRICIA WEBB SVP & CHIEF HR OFFICER	60 00 1 00				X			769,567	0	115,566
PHILIP FOSTER SVP & CHIEF RISK OFFICER	60 00 0				X			460,352	0	73,907
STEPHEN MOORE MD SVP & CHIEF MEDICAL OFFICER	59 00 1 00				X			885,173	0	133,747

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 (list any hours for related organizations below dotted line)	(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			
STEVEN KEHRBERG SVP SUPPLY CHAIN MANAGEMENT	60 00 0				X			448,005	0	78,152
THOMAS CLIFFORD DEVENY MD SVP-PHYS SERV & CLIN INTEGR	60 00 0				X			581,793	0	98,621
THOMAS KOPFENSTEINER SVP MISSION	57 00 3 00				X			825,100	0	113,284
DAVID VELLINGA SVP/MBO CEO	0 00 60 00					X		1,017,837	0	46,301
JOSEPH WILCZEK SVP/MBO CEO	0 00 60 00					X		1,356,215	0	36,077
MARY ELIZABETH O'BRIEN SVP Group Executive Officer	42 00 18 00					X		924,954	0	116,308
ROBERT LANIK SVP/MBO CEO	0 00 60 00					X		1,024,255	0	47,149
RUTH WILLIAMS BRINKLEY SVP/MBO CEO	0 00 60 00					X		994,417	0	134,196
CAROL KEENAN FORMER INTERIM SVP HUMAN RESOURCES	60 00 0						X	384,773	0	50,073
JOHN NEWTON JR FORMER GEN COUNSEL/SECRETARY	60 00 0						X	390,924	0	40,575
SUSANNA LAUNDY FORMER INTERIM SVP & CFO/Treasurer	59 00 1 00						X	546,920	0	32,439

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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

2012

Open to Public Inspection

Name of the organization
CATHOLIC HEALTH INITIATIVES

Employer identification number
47-0617373

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	**11g(i)**		
(ii) A family member of a person described in (i) above?	**11g(ii)**		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**		

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2011 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2012.** 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—2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2012.** 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—2011.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	2,409,585	845,437	27,141	0	1,566,868	4,849,031
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	994,629,193	1,121,777,652	1,087,339,067	1,119,120,292	1,418,547,498	5,741,413,702
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	997,038,778	1,122,623,089	1,087,366,208	1,119,120,292	1,420,114,366	5,746,262,733
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	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	598,949,588	642,927,453	664,110,246	709,296,407	868,708,297	3,483,991,991
c Add lines 7a and 7b	598,949,588	642,927,453	664,110,246	709,296,407	868,708,297	3,483,991,991
8 **Public support** (Subtract line 7c from line 6)						2,262,270,742

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	997,038,778	1,122,623,089	1,087,366,208	1,119,120,292	1,420,114,366	5,746,262,733
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	65,227,627	121,504,449	118,941,786	111,228,083	105,717,904	522,619,849
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	924,903	680,968	1,803,446	2,235,209	4,076,747	9,721,273
c Add lines 10a and 10b	66,152,530	122,185,417	120,745,232	113,463,292	109,794,651	532,341,122
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)	294,982	43,155	1,703,661	12,217,138	10,829,235	25,088,171
13 **Total support.** (Add lines 9, 10c, 11, and 12)	1,063,486,290	1,244,851,661	1,209,815,101	1,244,800,722	1,540,738,252	6,303,692,026

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 2012 (line 8, column (f) divided by line 13, column (f))	15	35 890 %
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	39 900 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	8 440 %
18	Investment income percentage from **2011** Schedule A, Part III, line 17	18	8 510 %

19a **33 1/3% support tests—2012.** 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—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

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

Facts And Circumstances Test

Explanation

SCHEDULE A, PART III, LINE 12, OTHER INCOME, DESCRIPTION - NCL CONFERENCE, COLUMN A - 195380, COLUMN B - 0, COLUMN C - 0, COLUMN D - , COLUMN E - , COLUMN F - 195380, DESCRIPTION - LOAN REPAYMENTS, COLUMN A - 98052, COLUMN B - 0, COLUMN C - 0, COLUMN D - , COLUMN E - , COLUMN F - 98052, DESCRIPTION - REFUNDS, COLUMN A - 0, COLUMN B - 38885, COLUMN C - 0, COLUMN D - , COLUMN E - , COLUMN F - 38885, DESCRIPTION - DISCOUNTS TAKEN, COLUMN A - 0, COLUMN B - 3821, COLUMN C - 0, COLUMN D - , COLUMN E - , COLUMN F - 3821, DESCRIPTION - INTERCO TRANSACTIONS, COLUMN A - 0, COLUMN B - 0, COLUMN C - 579005, COLUMN D - 2440968, COLUMN E - 3376295, COLUMN F - 6396268, DESCRIPTION - LAWSUIT PROCEEDS, COLUMN A - 0, COLUMN B - 0, COLUMN C - 1003919, COLUMN D - 2125356, COLUMN E - 1417031, COLUMN F - 4546306, DESCRIPTION - TAX PREP REVENUE, COLUMN A - 0, COLUMN B - 0, COLUMN C - 120436, COLUMN D - , COLUMN E - , COLUMN F - 120436, DESCRIPTION - MEDICARE/MEDICAID INS SETTLEMENTS, COLUMN A - 0, COLUMN B - 0, COLUMN C - 0, COLUMN D - 5685802, COLUMN E - , COLUMN F - 5685802, DESCRIPTION - MISCELLANEOUS REVENUE, COLUMN A - 1550, COLUMN B - 449, COLUMN C - 301, COLUMN D - 1965012, COLUMN E - 2988052, COLUMN F - 4955364, DESCRIPTION - EPAYABLE REBATE, COLUMN A - , COLUMN B - , COLUMN C - , COLUMN D - , COLUMN E - 3047857, COLUMN F - 3047857,

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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

2012

Open to Public Inspection

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

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

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

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

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 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 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 function 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable 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)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(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		223,600
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?		No	
j	Total Add lines 1c through 1i			223,600
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 carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible 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, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 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 1 A - CATHOLIC HEALTH INITIATIVES' ONLINE ADVOCACY ACTION CENTER WAS AVAILABLE TO THE GENERAL PUBLIC AND CHI EMPLOYEES FOR USE IN SENDING LETTERS BY E-MAIL TO MEMBERS OF CONGRESS DRAFT LETTERS WERE PROVIDED ON CHI ADVOCACY PRIORITIES INDIVIDUALS WERE ABLE TO CREATE THEIR OWN LETTERS AS WELL LINE 1 B - CHI HAS A SENIOR VICE PRESIDENT OF 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 1 D - CHI COMMUNICATES WITH LEADERS OF THE SYSTEM'S HOSPITALS AND HEALTH CARE ORGANIZATIONS ON ADVOCACY ACTIVITIES PRIMARILY THROUGH E-MAIL MOST COMMUNICATIONS WITH CONGRESS OCCUR ELECTRONICALLY THROUGH THE ADVOCACY ACTION CENTER CHI ADVOCACY ACTIVITIES INCLUDED COMMUNICATIONS ON CHI ADVOCACY PRIORITIES, INCLUDING ACCESS AND COVERAGE, RURAL HEALTH CARE, MEDICARE AND MEDICAID REIMBURSEMENT, 340B DRUG DISCOUNT PROGRAM, REDUCTION OF DISPROPORTIONATE SHARE HOSPITAL PAYMENTS, ACCESS TO OUTPATIENT THERAPIES IN CRITICAL ACCESS HOSPITALS, EXTENSION OF RURAL HOSPITAL LOW VOLUME ADJUSTMENTS, FAIRNESS IN MEDICARE AUDIT PROGRAMS, CHANGES TO THE CRITICAL ACCESS HOSPITAL PROGRAM, AND THE FEDERAL BUDGET LINE 1 G - CHI LEADERS HAVE OCCASIONALLY MET WITH MEMBERS OF CONGRESS OR THEIR STAFFS AND MADE TELEPHONE CALLS TO EXPRESS POSITIONS ON CHI ADVOCACY PRIORITIES MANY OF CHI'S EFFORTS ARE FOCUSED THROUGH OUR NATIONAL AND STATE 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 17 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 EXPAND 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, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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 XIII 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 XIII Check here if the explanation has been provided in Part XIII . . . . . ☑

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	Net investment earnings, gains, and losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

The percentages in lines 2a, 2b, and 2c should equal 100%

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 XIII 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	4,503,574	18,036,681
c Leasehold improvements		19,348,283	7,253,767	12,094,516
d Equipment		395,368,259	256,707,559	138,660,700
e Other		574,390,637		574,390,637
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				750,191,606

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	484,829,619	F
(B) CHI OIP - EQUITY SECURITIES	453,624,563	F
(C) CHI OIP - MONEY MARKET	6,973,753	F
(D) HELD FOR DEBT REQ - CHI DEBT PROGRAM	27	F
(E) INT DESIGINATED CHV II LP	11,251,358	F
(F) INT DESIGINATED CHV III LP	4,306,630	F
(G) INVESTMENT STATE STREET BANK	6,579,648	C
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	967,565,598	

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) must equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
See Additional Data Table	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	1,515,515,379

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

1 (a) Description of liability	(b) Book value
Federal income taxes	0
PENSION LIABILITY	427,403,653
SELF-INSURANCE RESERVES AND CLAIMS	48,077,963
INTEREST RATE SWAPS	96,868,390
LOSSES INCURRED BUT NOT REPORTED	50,585,747
UNCLAIMED PROPERTY	2,601,145
INTERCOMPANY PAYABLES	142,241,980
ITS ONECARE	163,176
WIPRO/CONIFER VALUATION/ITS	23,184,813
ACCRUED SWAP INTEREST	2,603,287
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	793,730,154

2. Fin 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

Part XI 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 XIII)	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 XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	

Part XII 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 XIII)	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 XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, 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: 12000266
Software Version: v2012.1.0
EIN: 47-0617373
Name: CATHOLIC HEALTH INITIATIVES

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

(a) Description	**(b)** Book value
(1) WIPRO/CONIFER VALUATION	23,291,168
(2) EXECUFLEX DEFERRED INCOME PLAN	11,118,172
(3) CASH SURRENDOR VALUE LIFE INSURANCE	3,189,670
(4) CHI 457(B) PLAN	8,410,780
(5) NON-FIIL OTHER ASSETS (REINSURANCE)	48,077,963
(6) ITS WIPRO	5,152,048
(7) INTERCOMPANY RECEIVABLES	207,716,070
(8) DEFERRED FINANCING COSTS - CHI PROGRAM	36,344,364
(9) INVESTMENTS IN UNCONSOLIDATED ORGS - CONTROLLING INTEREST	1,003,234,378
(10) INVESTMENTS IN UNCONSOLIDATED ORGS - NONCONTROLLING INTEREST	168,800,766
(11) DEPOSITS	180,000

Form 990, Schedule D, Part X, - Other Liabilities

1 **(a)** Description of Liability	**(b)** Book Value
PENSION LIABILITY	427,403,653
SELF-INSURANCE RESERVES AND CLAIMS	48,077,963
INTEREST RATE SWAPS	96,868,390
LOSSES INCURRED BUT NOT REPORTED	50,585,747
UNCLAIMED PROPERTY	2,601,145
INTERCOMPANY PAYABLES	142,241,980
ITS ONECARE	163,176
WIPRO/CONIFER VALUATION/ITS	23,184,813
ACCRUED SWAP INTEREST	2,603,287

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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

2012

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 (The following Part I, line 3 table can be duplicated if additional space is needed)

	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(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 and investments in region
	See Add'l Data					
3a	Sub-total					
b	Total from continuation sheets to Part I					
c	**Totals** (add lines 3a and 3b)	1	36			24,652,820

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. Part II can be duplicated 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)
See Add'l Data								

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 . . . . ▶ 5

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. Part III can be duplicated 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, Return by a U.S. Transferor of Property to a Foreign Corporation (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 organizationmay be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (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 required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	ReturnReference	Explanation
See Additional Data		

Additional Data

Software ID: 12000266
Software Version: v2012.1.0
EIN: 47-0617373
Name: CATHOLIC HEALTH INITIATIVES

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, 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
EUROPE (INCLUDING ICELAND AND GREENLAND)		6	PROGRAM SERVICES	INDEPENDENT CONTRACTOR	8,830
NORTH AMERICA (CANADA & MEXICO ONLY)		25	PROGRAM SERVICES	INDEPENDENT CONTRACTOR	363,504
CENTRAL AMERICA AND THE CARIBBEAN			CONDUCTING BOARD MEETINGS		86,362

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, 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
NORTH AMERICA (CANADA & MEXICO ONLY)			CONDUCTING BOARD MEETINGS		69,476
CENTRAL AMERICA AND THE CARIBBEAN			INVESTMENTS		573,410
CENTRAL AMERICA AND THE CARIBBEAN	1	1	PROGRAM SERVICES	MAINTAINING OFFICES	362,468

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, 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
SOUTH ASIA		3	PROGRAM SERVICES	INDEPENDENT CONTRACTOR	22,631,237
MIDDLE EAST AND NORTH AFRICA		1	PROGRAM SERVICES	INDEPENDENT CONTRACTOR	5,479
CENTRAL AMERICA AND THE CARIBBEAN			GRANTMAKING	HAITI CAMPAIGN	333,333

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, 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
SUB-SAHARAN AFRICA			GRANTMAKING	TANZANIA SCHOLARSHIPS	10,000
CENTRAL AMERICA AND THE CARIBBEAN			GRANTMAKING	JAMAICAN OUTREACH - CATHOLIC SOCIAL TEACHING	35,300
NORTH AMERICA (CANADA & MEXICO ONLY)			GRANTMAKING	EMPOWER WOMEN AND FAMILIES	32,500

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, 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
CENTRAL AMERICA AND THE CARIBBEAN			GRANTMAKING	HEALTH CLINIC AND HEALTH EDUCATION IN LAS FLORES, BELIZE	45,921
CENTRAL AMERICA AND THE CARIBBEAN			GRANTMAKING	TO PROVIDE ASSISTANCE TO ALMA MATER HOSPITAL IN GROS MORNE, HAITI	95,000

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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 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			
		CENTRAL AMERICA AND THE CARIBBEAN	JAMAICAN OUTREACH - CATHOLIC SOCIAL TEACHING	35,300	WIRE			
		CENTRAL AMERICA AND THE CARIBBEAN	HEALTH CLINIC AND HEALTH EDUCATION IN LAS FLORES, BELIZE	45,921	ACH DEBIT			
		CENTRAL AMERICA AND THE CARIBBEAN	TO PROVIDE ASSISTANCE TO ALMA MATER HOSPITAL IN GROSMORNE, HAITI	95,000	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA (CANADA & MEXICO ONLY)	EMPOWER WOMEN AND FAMILIES	32,500	WIRE			
		SUB-SAHARAN AFRICA	TANZANIA SCHOLARSHIPS	10,000	CHECK			

Form 990 Schedule F - Supplemental Information

Identifier	ReturnReference	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 REL IGIOUS CONGREGATIONS TO BE USED FOR THE PLANNING, DEVELOPMENT AND IMPLEMENTATION OF INITIA TIVES TO PROMOTE HEALTHY COMMUNITIES MOST GRANTS MADE BY CHI COME FROM THE MISSION AND MI NISTRY FUND FACILITIES AND GROUPS ASSOCIATED WITH CHI ARE ELIGIBLE TO APPLY FOR GRANT FUN DING FOR HEALTHY COMMUNITY COALITIONS AND PROJECTS GRANTS FROM THE MISSION AND MINISTRY F UND ARE AWARDED BASED UPON A REVIEW OF GRANT APPLICATIONS SUBMITTED A COMMITTEE OF THE BO ARD OF STEWARDSHIP TRUSTEES IS CHARGED WITH GRANTEE SELECTION FUNDS AWARDED THROUGH THE M ISSION 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 IN TENDED PURPOSE BY ENSURING THAT THE GRANT RECIPIENTS ARE PRIMARILY IRC 501(C)(3) ORGANIZAT IONS IN MOST CIRCUMSTANCES THE RECIPIENT IS A CHI AFFILIATE THAT CHI-RELATED ENTITY SUPE RVISES THE GRANT INITIATIVE, INCLUDING THE EXPENDITURE OF FUNDS IN FURTHERANCE OF THAT INI TIATIVE MISSION AND MINISTRY FUND GRANT RECIPIENTS ALSO PROVIDE SEMI-ANNUAL PROGRESS REPO RTS 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

Form 990 Schedule F - Supplemental Information

Identifier	ReturnReference	Explanation
DESCRIPTION OF ACCOUNTING METHOD FOR COSTS IN REGION	SCHEDULE F, PART I, LINE 3(F)	(1 & 11) THERE ARE A FEW CHI EMPLOYEES THAT SERVE ON THE BOARDS OF OFFSHORE CAPTIVES OF CH I 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 I NITIATIVES AND NAZARETH ASSURANCE COMPANY ARE REFLECTED IN LINE 2(F) ALSO INCLUDED IN LIN E 2(F) IS THE COMMON STOCK INVESTMENT IN FIRST INITIATIVES INSURANCE, LTD, A WHOLLY OWNED CORPORATION FIRST INITIATIVES INSURANCE, LTD IS INCLUDED IN CHI'S CONSOLIDATED FINANCIAL STATEMENTS (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 BEN EFITS THE INDIVIDUAL'S COMPENSATION WAS ESTIMATED TO EQUAL $362,468 (US) USING THE SAME M ETHODOLOGY AS IS REQUIRED FOR INDIVIDUALS REPORTABLE IN PART IX (8,9,10 & 13) CHI PAYS VA RIOUS FOREIGN INDEPENDENT CONTRACTORS FOR PROGRAM RELATED SERVICES INCLUDED IN LINE 13 IS APPROXIMATELY $22 6 MILLION PAID TO WIPRO FOR CENTRALIZED IT SUPPORT SHARED SERVICES PROV IDED TO CHI NATIONAL OFFICES AND MBOS (4,5,6,7,12 & 14) CATHOLIC HEALTH INITIATIVES PROVI DES CHARITABLE GRANTS TO OTHER US 501(C)(3) ORGANIZATIONS TO SUPPORT FOREIGN PROGRAMS (SEE DESCRIPTION FOR PART I, LINE 2)

Form 990 Schedule F - Supplemental Information

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

Form 990 Schedule F - Supplemental Information

Identifier	ReturnReference	Explanation
Method used to account for grants on organization's financial statements	Schedule F, Part II, Line 1	CENTRAL AMERICA AND THE CARIBBEAN ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY) ACCRUAL SUB-SAHARAN AFRICA ACCRUAL

Form 990 Schedule F - Supplemental Information

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

2012

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. Part II can be duplicated 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. Part III can be duplicated 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	16	12,750			

Part IV **Supplemental Information.**

Complete this part to provide the information required in Part I, line 2, Part III, column (b), 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 SEMI-ANNUAL PROGRESS REPORTS 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
Purpose of grant or assistance	Schedule I, Part II, Column H	JEWISH HOSPITAL & ST MARY'S HEALTHCARE, INC , 61-1029768 A CALL TO CARE (RADIOLOGY DEPARTMENT), LOCKDOWN SYSTEM, SPH&M EQUIPMENT, INPATIENT SUICIDE PREVENTION,FRANCISCAN HEALTH SYSTEM, 91-0564491 SAFE PATIENT HANDLING & MOVEMENT, EMERGENCY DEPARTMENT SAFE ROOM, DIALYSIS ROOM LIFT TRACKS, STERILIZATION CARTS,

Additional Data Return to Form

Software ID: 12000266
Software Version: v2012.1.0
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
ARUPE CORP WORK STUDY PROGRAM4343 UTICA ST DENVER,CO 80212	46-0508814	501(C)(3)	48,725				WORK STUDY PROGRAM
HEALTHCARE WITHOUT HARM12355 SUNRISE VALLEY DR SUITE 680 RESTON,VA 20191	52-2358837	501(C)(3)	25,000				HEALTHIER HOSPITALS

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 HEALTHPO BOX 642150 OMAHA,NE 68154	42-0782518	501(C)(3)	99,786				VIOLENCE PREVENTION
BENEDICTINE MULTICULTURAL CENTER 2500 5TH STREET SE WATERTOWN,SD 57201	46-0284619	501(C)(3)	57,500				EMPOWER IMM WOMEN

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

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CENTER FOR AFRICAN AMERICAN HEALTH3601 MARTIN LUTHER KING BLVD DENVER,CO 80205	84-1477546	501(C)(3)	10,000				HEALTH FAIR
DOMINICAN SISTERS OF PEACE2320 AIRPORT DRIVE COLUMBUS,OH 43219	26-3550703	501(C)(3)	20,300				INST SPIRITUALITY

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)	30,175				ECOLOGICAL CENTER
DOMINICAN SISTERS OF PEACE2320 AIRPORT DRIVE COLUMBUS,OH 43219	26-3550703	501(C)(3)	58,342				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
MERCY HOUSING NORTHWEST2505 THIRD AVE STE 204 SEATTLE,WA 98121	91-1546525	501(C)(3)	30,000				LOW INCOME HOUSING
MERCY HOUSING NORTHWEST2505 THIRD AVE STE 204 SEATTLE,WA 98121	91-1546525	501(C)(3)	34,600				SENIOR 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
SAINT ALPHONSUS MEDICAL CENTER ONTARIO INC351 SW 9TH ST ONTARIO,OR 97914	27-1789847	501(C)(3)	685,906				CREATE HLG RFLCT SPC
SAMARITAN BEHAVIORAL HEALTH INC601 EDWIN C MOSES BLVD DAYTON,OH 45417	02-0633634	501(C)(3)	94,080				TEEN PREG PROGRAM

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 HEALTH INC601 EDWIN C MOSES BLVD DAYTON,OH 45417	02-0633634	501(C)(3)	176,422				VIOLENCE PREVENTION
SAINT ALPHONSUS MEDICAL CENTER - BAKER CITY INC3325 POCAHONTAS ROAD BAKER CITY,OR 97814	27-1790052	501(C)(3)	86,402				OUR HERITAGE WALL

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 ALPHONSUS MEDICAL CENTER - BAKER CITY INC3325 POCAHONTAS ROAD BAKER CITY,OR 97814	27-1790052	501(C)(3)	369,495				COORDINATING CARE
SAINT ALPHONSUS MEDICAL CENTER - NAMPA INC1512 12TH AVE RD NAMPA,ID 83686	82-0200896	501(C)(3)	297,397				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 NAZARETHPO BOX 9 NAZARETH,KY 40048	75-3124022	501(C)(3)	25,000				VIOLENCE PREVENTION
BETHESDA HEALTHCARE INC616 OAK ST CINCINNATI,OH 45206	31-1027660	501(C)(3)	15,000				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
CARRINGTON HEALTH CENTER800 4TH STREET N CARRINGTON,ND 58421	45-0227311	501(C)(3)	11,200				VIOLENCE PREVENTION
CATHOLIC HEALTH INITIATIVES COLORADO FOUNDATION6385 CORPORATE DRIVE SUITE 301 COLORADO SPRINGS,CO 80919	84-0902211	501(C)(3)	104,696				TELEHEALTH PROJECT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FLAGET HEALTHCARE INC 4305 NEW SHEPHERDSVILLE RD BARDSTOWN,KY 40004	61-1345363	501(C)(3)	40,690				ELDERLY ASSISTANCE
FRANCISCAN FOUNDATION 1717 SOUTH J STREET TACOMA,WA 98405	91-1145592	501(C)(3)	26,925				LIVE & GROW RIGHT

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)	150,343				VIOLENCE PREVENTION
FRANCISCAN SISTERS OF LITTLE FALLS116 8TH AVENUE SE LITTLE FALLS,MN 56345	41-0695518	501(C)(3)	23,700				MENTORSHIP PGM

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

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GOOD SAMARITAN HOSPITAL616 OAK ST CINCINNATI,OH 45206	31-0537486	501(C)(3)	93,454				HEALTH & WELLNESS
GOOD SAMARITAN HOSPITAL FOUNDATION 10 E 31ST STREET KEARNEY,NE 68847	47-0659443	501(C)(3)	192,725				COMMUNITY HUB

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GOOD SAMARITAN HOSPITAL FOUNDATION 10 E 31ST STREET KEARNEY,NE 68847	47-0659443	501(C)(3)	39,487				PROJECT SEARCH
GOOD SAMARITAN HOSPITAL FOUNDATION 10 E 31ST STREET KEARNEY,NE 68847	47-0659443	501(C)(3)	56,255				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 & ST MARY'S HEALTHCARE INC 539 S 4TH STREET LOUISVILLE,KY 40202	61-1029768	501(C)(3)	156,934				VIOLENCE PREVENTION
JEWISH HOSPITAL & ST MARY'S HEALTHCARE INC 539 S 4TH STREET LOUISVILLE,KY 40202	61-1029768	501(C)(3)	218,345				COMMUNITY CHANGE

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

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LISBON AREA HEALTH SERVICES905 MAIN ST LISBON,ND 58054	82-0558836	501(C)(3)	12,600				VIOLENCE PREVENTION
MEMORIAL HEALTH CARE SYSTEM2525 DE SALES AVE CHATTANOOGA,TN 37404	62-0532345	501(C)(3)	94,480				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 SYSTEM2525 DE SALES AVE CHATTANOOGA,TN 37404	62-0532345	501(C)(3)	35,116				HEALTH & WELLNESS
MERCY COLLEGE OF HEALTH SCIENCES1111 6TH AVENUE DES MOINES,IA 50314	42-1511682	501(C)(3)	30,718				HEALTH SCIENCES

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 PARKWAY ROSEBURG,OR 97471	93-6088946	501(C)(3)	99,372				HEALTHY KIDS
MERCY FOUNDATION INC 2700 STEWART PARKWAY ROSEBURG,OR 97471	93-6088946	501(C)(3)	97,378				CHILD ABUSE

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 PARKWAY ROSEBURG,OR 97471	93-6088946	501(C)(3)	45,539				PATIENT VOICE
MERCY HOSPITAL OF VALLEY CITY570 CHAUTAUQUA BLVD VALLEY CITY,ND 58072	45-0226553	501(C)(3)	16,455				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
MERCY MEDICAL FOUNDATION1301 15TH AVE WEST WILLISTON,ND 58801	45-0381803	501(C)(3)	9,300				VIOLENCE PREVENTION
MERCY HOSPITAL OF DEVILS LAKE1031 7TH STREET NE DEVILS LAKE,ND 58301	45-0227012	501(C)(3)	8,575				PLANNING GRANT

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

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MERCY HEALTH NETWORK INC1111 6TH AVENUE DES MOINES,IA 50314	42-1478417	501(C)(3)	40,254				HEALTHY RELATIONSHIPS
OAKES COMMUNITY HOSPITAL314 SOUTH 8TH STREET OAKES,ND 58474	45-0231675	501(C)(3)	13,474				VIOLENCE PREVENTION

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

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SAINT CLARE'S HOSPITAL INC25 POCONO RD DENVILLE,NJ 07834	22-3319886	501(C)(3)	74,470				SAFE START
ST CATHERINE HOSPITAL DEVELOPMENT FOUNDATION401 E SPRUCE GARDEN CITY,KS 67846	20-0598702	501(C)(3)	87,139				VIOLENCE PREVENTION

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

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ST ELIZABETH FOUNDATION555 S 70TH STREET LINCOLN,NE 68510	47-0625523	501(C)(3)	107,656				HEALTH & WELLNESS
ST ELIZABETH FOUNDATION555 S 70TH STREET LINCOLN,NE 68510	47-0625523	501(C)(3)	104,399				HOPE THRU HEALING

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

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ST FRANCIS MEDICAL CENTER2400 ST FRANCIS DRIVE BRECKENRIDGE,MN 56520	41-0695598	501(C)(3)	61,190				VIOLENCE PREVENTION
ST FRANCIS MEDICAL CENTER FOUNDATION2620 W FAIDLEY AVE GRAND ISLAND,NE 68803	47-0630267	501(C)(3)	79,402				VIOLENCE PREVENTION

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

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ST FRANCIS MEDICAL CENTER FOUNDATION 2620 W FAIDLEY AVE GRAND ISLAND,NE 68803	47-0630267	501(C)(3)	40,095				COMMUNITY SCREENING
ST FRANCIS MEDICAL CENTER FOUNDATION 2620 W FAIDLEY AVE GRAND ISLAND,NE 68803	47-0630267	501(C)(3)	56,986				TEEN PARENTING

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

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UNITY FAMILY HEALTHCARE815 SE 2ND STREET LITTLE FALLS,MN 56345	41-0721642	501(C)(3)	27,521				HEALTH & WELLNESS
UNITY FAMILY HEALTHCARE815 SE 2ND STREET LITTLE FALLS,MN 56345	41-0721642	501(C)(3)	46,469				VIOLENCE PREVENTION

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

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ST JOSEPH AREA HEALTH SERVICES600 PLEASANT AVE PARK RAPIDS,MN 56470	41-0695603	501(C)(3)	57,345				VIOLENCE PREVENTION
ST JOSEPH'S HOSPITAL & HEALTH CENTER30 W SEVENTH ST DICKINSON,ND 58601	45-0226429	501(C)(3)	10,500				VIOLENCE PREVENTION

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

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SAINT JOSEPH HEALTH SYSTEM INC424 LEWIS HARGETT CIRCLE SUITE 160 LEXINGTON,KY 40503	61-1334601	501(C)(3)	99,316				VIOLENCE PREVENTION
ST JOSEPH MEDICAL CENTER FOUNDATIONPO BOX 316 READING,PA 19603	23-2649362	501(C)(3)	148,432				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
BISHOP DRUMM RETIREMENT CENTER1111 6TH AVENUE DES MOINES,IA 50314	42-0725196	501(C)(3)	50,000				RESIDENT ELOPEMENT ALARM SYSTEM
CARRINGTON HEALTH CENTER800 4TH STREET N CARRINGTON,ND 58421	45-0227311	501(C)(3)	26,000				VEIN ABLATION THERAPY ERGONOMIC INTERVENTION

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

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CATHOLIC HEALTH INITIATIVES-COLORADO 188 INVERNESS DR W STE 500 DENVER,CO 80112	84-1335382	501(C)(3)	45,000				SAFE PATIENT HANDLING & MOVEMENT EQUIPMENT
CONTINUING CARE HOSPITAL150 NORTH EAGLE CREEK DRIVE LEXINGTON,KY 40509	61-1400619	501(C)(3)	45,922				CEILING LIFTS

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

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FRANCISCAN HEALTH SYSTEM1717 SOUTH J STREET TACOMA,WA 98405	91-0564491	501(C)(3)	129,807				SAFE PATIENT HANDLING & MOVEMENT, EMERGENCY DEPARTMENT SAFE ROOM, DIALYSIS ROOM LIFT TRACKS, STERILIZATION CARTS
GOOD SAMARITAN FOUNDATION OF CINCINNATI INC619 OAK STREET - ACCOUNTING 3 WEST CINCINNATI,OH 45206	31-1206047	501(C)(3)	42,234				SPH&M IN CRITICAL CARE UNITS

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

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GOOD SAMARITAN HOSPITALPO BOX 1990 KEARNEY,NE 68848	47-0379755	501(C)(3)	39,942				LIKO MASTER VEST IMPLEMENTATION
JEWISH HOSPITAL & ST MARY'S HEALTHCARE INC 200 ABRAHAM FLEXNER WAY LOUISVILLE,KY 40202	61-1029768	501(C)(3)	170,201				A CALL TO CARE (RADIOLOGY DEPARTMENT), LOCKDOWN SYSTEM, SPH&M EQUIPMENT, INPATIENT SUICIDE 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 PHYSICIAN GROUP 539 S 4TH STREET LOUISVILLE,KY 40202	61-1352729	501(C)(3)	46,613				FALL PREVENTION (SPH&M EQUIPMENT)
MEMORIAL HEALTH CARE SYSTEM2525 DE SALES AVE CHATTANOOGA,TN 37404	62-0532345	501(C)(3)	46,300				SPH&M EQUIPMENT

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

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MERCY HOSPITAL OF VALLEY CITY570 CHAUTAUQUA BLVD VALLEY CITY,ND 58072	45-0226553	501(C)(3)	63,110				BARIATRIC PATIENT EQUIPMENT
MERCY MEDICAL CENTER INC2700 STEWART PARKWAY ROSEBURG,OR 97471	93-0386868	501(C)(3)	24,570				LATERAL TRANSFER & PATIENT LIFTS

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 MEDICAL CENTER 1301 15TH AVENUE WEST WILLISTON,ND 58801	45-0231183	501(C)(3)	70,000				FACILITY ACCESS
MERCY MEDICAL CENTER - CENTERVILLEONE ST JOSEPHS DRIVE CENTERVILLE,IA 52544	42-0680308	501(C)(3)	42,000				ASSISTING PATIENTS IN/OUT OF CARS & SNOW MATS

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
NEBRASKA HEART HOSPITAL7500 SOUTH 91ST STREET LINCOLN,NE 68526	39-2031968	501(C)(3)	14,183				CRISIS MANIKINS
SAINT ELIZABETH REGIONAL MEDICAL CENTER555 SOUTH 70TH STREET LINCOLN,NE 68510	47-0379836	501(C)(3)	50,000				OVERHEAD LIFTS IN PROCEDURAL AREAS

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 CENTER2620 WEST FAIDLEY GRAND ISLAND,NE 68803	47-0376601	501(C)(3)	68,403				ULTRASOUND GUIDANCE OF IV ACCESS (PICC LINES)
SAINT JOSEPH HEALTH SYSTEM INC424 LEWIS HARGETT CIRCLE SUITE 160 LEXINGTON,KY 40503	61-1334601	501(C)(3)	112,371				PATIENT LIFTS, SPH&M MOBILE LIFT DEVICES, RADIOLOGY SAFETY

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ST MARY'S COMMUNITY HOSPITAL1314 3RD AVENUE NEBRASKA CITY,NE 68410	47-0443636	501(C)(3)	28,500				OPERATION CLEAN SWEEP
ST ANTHONY HOSPITAL 1601 SE COURT AVENUE PENDLETON,OR 97801	93-0391614	501(C)(3)	24,464				HOVER MATS (ER, RADIOLOGY, MED/SURG)

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ST FRANCIS MEDICAL CENTER2400 ST FRANCIS DRIVE BRECKENRIDGE,MN 56520	41-0695598	501(C)(3)	50,000				"PROTECT YOURSELF"
ST JOSEPH REGIONAL HEALTH NETWORK2500 BERNVILLE ROAD READING,PA 19605	23-1352211	501(C)(3)	28,000				SEXUAL ASSAULT NURSE EXAMINER & TEAM

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 SERVICES600 PLEASANT AVE PARK RAPIDS,MN 56470	41-0695603	501(C)(3)	45,740				SPH&M EQUIPMENT
ST VINCENT INFIRMARY MEDICAL CENTERTWO ST VINCENT CIRCLE LITTLE ROCK,AR 72205	71-0236917	501(C)(3)	83,000				OB AIRSTRIP TECHNOLOGY IMPLEMENTATION

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
THE PHYSICIAN NETWORK 2000 Q STREET SUITE 500 LINCOLN,NE 68503	47-0780857	501(C)(3)	57,237				SAFE PATIENT HANDLING & MOVEMENT
UNITY FAMILY HEALTHCARE815 SE 2ND STREET LITTLE FALLS,MN 56345	41-0721642	501(C)(3)	32,298				SPH&M EQUIPMENT

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
VILLA NAZARETH INC801 PAGE DRIVE FARGO,ND 58103	45-0226714	501(C)(3)	20,000				FULL BODY LIFTS
CATHOLIC HEALTH INITIATIVES COLORADO FOUNDATION6385 CORPORATE DRIVE SUITE 301 COLORADO SPRINGS,CO 80919	84-0902211	501(C)(3)	30,000				SAFE PATIENT HANDLING & MOVEMENT EQUIPMENT

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 19605	23-2649362	501(C)(3)	85,826				COMMUNITY OUTREACH
ST MARY'S COMMUNITY HOSPITAL1314 3RD AVENUE NEBRASKA CITY,NE 68410	47-0443636	501(C)(3)	80,448				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
AVERA ST MARY'S FKA ST MARY'S HEALTHCARE CENTER801 EAST SIOUX AVENUE PIERRE,SD 57501	46-0230199	501(C)(3)	76,689				CHILD ASSESSMENT
ST VINCENT INFIRMARY MEDICAL CENTER2 ST VINCENT CIRCLE LITTLE ROCK,AR 72205	71-0236917	501(C)(3)	19,830				HEALTH & WELLNESS

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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

2012

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 or provision of all of 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 filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ 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 Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	**(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 as deferred in prior Form 990
	(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, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
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 BECAUSE OF THE SIGNIFICANT TIME COMMITMENT ASSOCIATED WITH BOARD MEMBERSHIP AT CHI, BOARD MEMBERS WERE OCCASIONALLY INVITED TO BRING THEIR SPOUSES TO LEADERSHIP ACTIVITIES 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 2012 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) JOHN NEWTON, JR - $235,596
Supplemental nonqualified retirement plan	Schedule J, Part I, Line 4b	DURING THE 2012 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 THOMAS CLIFFORD DEVENY JOHN DICOLA PHILIP FOSTER STEVEN KEHRBERG THOMAS KOPFENSTEINER ROBERT LANIK KEVIN LOFTON MITCH MELFI STEPHEN MOORE MARY ELIZABETH O'BRIEN MICHAEL O'ROURKE JOYCE ROSS MICHAEL ROWAN KATHLEEN SANFORD DEAN SWINDLE DAVID VELLINGA PATRICIA WEBB JOSEPH WILCZEK RUTH WILLIAMS-BRINKLEY DURING 2012 THE FOLLOWING CONTRIBUTIONS WERE MADE BY CHI TO THE DEFERRED COMPENSATION PLAN THOMAS CLIFFORD DEVENY - $61,192 JOHN DICOLA - $92,784 PHILIP FOSTER - $28,094 STEVEN KEHRBERG - $29,854 THOMAS KOPFENSTEINER - $81,469 KEVIN LOFTON - $318,311 MITCH MELFI - $82,209 STEPHEN MOORE - $94,164 MARY ELIZABETH O'BRIEN - $83,869 MICHAEL O'ROURKE - $47,464 JOYCE ROSS - $23,882 MICHAEL ROWAN - $177,916 KATHLEEN SANFORD - $71,885 DEAN SWINDLE - $145,692 PATRICIA WEBB - $79,705 RUTH WILLIAMS-BRINKLEY - $103,125 DURING 2012 THE FOLLOWING DISTRIBUTIONS WERE MADE BY CHI FROM THE DEFERRED COMPENSATION PLAN JOHN DICOLA - $82,269 PHILIP FOSTER - $14,984 THOMAS KOPFENSTEINER - $98,144 ROBERT LANIK - $152,674 KEVIN LOFTON - $371,715 MITCH MELFI - $68,071 STEPHEN MOORE - $71,432 JOHN NEWTON, JR - $27,111 MARY ELIZABETH O'BRIEN - $43,883 MICHAEL O'ROURKE - $43,768 JOYCE ROSS - $18,307 MICHAEL ROWAN - $150,422 KATHLEEN SANFORD - $49,451 DAVID VELLINGA - $40,870 JOSEPH WILCZEK - $175,847 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 WERE ELIGIBLE TO RECEIVE THEIR 2012 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 2012, THE FOLLOWING CONTRIBUTIONS THAT WOULD HAVE BEEN MADE BY CHI TO THE DEFERRED COMPENSATION PLAN WERE PAID IN CASH ROBERT LANIK - $66,797 DAVID VELLINGA - $79,136 JOSEPH WILCZEK - $98,125
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, ELIGIBLE AWARDS PAYABLE UNDER THIS PROGRAM ARE DEPENDENT ON HITTING MINIMUM LEVELS OF OPERATING MARGIN AND CHARITY CARE LEVELS, UNLESS THE HR COMMITTEE OF THE BOARD OF STEWARDSHIP TRUSTEES USES THEIR DISCRETION TO APPROVE AN EXCEPTION

Additional Data

Return to Form

Software ID: 12000266
Software Version: v2012.1.0
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)	273,562	71,400	39,811	30,596	19,477	434,846	0
	(II)	0	0	0	0	0	0	0
DAVID VELLINGA	(I)	650,833	220,054	146,950	33,096	13,205	1,064,138	40,870
	(II)	0	0	0	0	0	0	0
DEAN SWINDLE CPA	(I)	836,953	443,681	23,332	166,288	21,597	1,491,851	0
	(II)	0	0	0	0	0	0	0
JOHN DICOLA	(I)	610,649	193,114	109,213	125,880	21,597	1,060,453	82,269
	(II)	0	0	0	0	0	0	0
JOHN NEWTON JR	(I)	82,857	0	308,067	33,096	7,479	431,499	27,111
	(II)	0	0	0	0	0	0	0
JOSEPH WILCZEK	(I)	788,016	262,159	306,040	25,596	10,481	1,392,292	175,847
	(II)	0	0	0	0	0	0	0
JOYCE ROSS	(I)	288,490	75,357	42,447	51,978	8,902	467,174	18,307
	(II)	0	0	0	0	0	0	0
KATHLEEN SANFORD RN DBA FACHE	(I)	468,107	148,194	73,995	94,981	17,021	802,298	49,451
	(II)	0	0	0	0	0	0	0
KEVIN LOFTON FACHE	(I)	1,411,949	951,835	401,727	343,907	21,785	3,131,203	371,715
	(II)	0	0	0	0	0	0	0
MARY ELIZABETH O'BRIEN	(I)	714,927	139,200	70,827	106,965	9,343	1,041,262	43,883
	(II)	0	0	0	0	0	0	0
MICHAEL O'ROURKE	(I)	536,209	251,330	70,712	68,060	19,973	946,284	43,768
	(II)	0	0	0	0	0	0	0
MICHAEL ROWAN FACHE	(I)	1,010,071	468,458	173,838	201,012	19,541	1,872,920	150,422
	(II)	0	0	0	0	0	0	0
MITCH MELFI ESQ	(I)	538,400	186,199	93,083	112,805	21,785	952,272	68,071
	(II)	0	0	0	0	0	0	0
PATRICIA WEBB	(I)	528,729	142,790	98,048	100,301	15,265	885,133	0
	(II)	0	0	0	0	0	0	0
PHILIP FOSTER	(I)	325,250	97,613	37,489	53,690	20,217	534,259	14,984
	(II)	0	0	0	0	0	0	0
ROBERT LANIK	(I)	584,152	188,534	251,569	33,096	14,053	1,071,404	152,674
	(II)	0	0	0	0	0	0	0
RUTH WILLIAMS BRINKLEY	(I)	816,304	90,508	87,605	126,221	7,975	1,128,613	0
	(II)	0	0	0	0	0	0	0
STEPHEN MOORE MD	(I)	587,701	201,028	96,444	114,760	18,987	1,018,920	71,432
	(II)	0	0	0	0	0	0	0
STEVEN KEHRBERG	(I)	343,573	77,952	26,480	62,950	15,202	526,157	0
	(II)	0	0	0	0	0	0	0
SUSANNA LAUNDY	(I)	435,565	88,990	22,365	23,096	9,343	579,359	0
	(II)	0	0	0	0	0	0	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				
THOMAS CLIFFORD DEVENY MD	(I)	456,459	102,002	23,332	81,788	16,833	680,414	0
	(II)	0	0	0	0	0	0	0
THOMAS KOPFENSTEINER	(I)	534,010	167,934	123,156	104,565	8,719	938,384	98,144
	(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 Part VI.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

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	52,950,000	9,520,000	13,456,585
2	Amount of bonds legally defeased	0	1,100,000	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	104,194	0	0
5	Capitalized interest from proceeds	0	0	0	0
6	Proceeds in refunding escrows	0	0	0	0
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		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 of bond-financed property?	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 00000%		0%		0 00000%		0 00000%	
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 00000%		0%		0 00000%		0 00000%	
6	Total of lines 4 and 5	0 00000%		0%		0 00000%		0 00000%	
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X	X			X	X	
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	0%		0%		0%		0%	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X	X			X	X	
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X		X		X		X	
b	Exception to rebate?		X		X		X		X
c	No rebate due?		X		X		X		X
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X		X		X		X	
4a	Has the organization or the governmental issuer entered into a qualified 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		X		X		X
e	Was a hedge terminated?		X		X		X		X

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider								
c	Term of GIC		0		0		0 0		0
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?		X		X		X		X
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has 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?	X		X		X		X	

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

Identifier	Return Reference	Explanation
See Additional Data Table		

Additional Data

Return to Form

Software ID: 12000266
Software Version: v2012.1.0
EIN: 47-0617373
Name: CATHOLIC HEALTH INITIATIVES

Form 990 Schedule K, Part VI - Supplemental Information

Identifier	Return Reference	Explanation
WASHINGTON HEALTH FACILITIES AUTHORITY 2008A4-6	SCHEDULE K, PART VI	PART I, LINE F PURPOSE REISSUANCE OF WASH HFA 2008A4-6, ORIGINALLY ISSUED ON APRIL 21, 2 008 ALL OF THE DEEMED PROCEEDS OF THE REISSUANCE WERE TREATED AS REFUNDING ALL OF THE OUTS TANDING WASHINGTON HEALTH CARE FACILITIES AUTH SERIES 2008A4-6 BONDS ON JULY 29, 2010 PA RT III, LINE 7 DOES THE BOND ISSUE MEET THE PRIVATE SECURITY OR PAYMENT TEST? CHI MONITORS THE PRIVATE BUSINESS USE PERCENTAGE FOR EACH BOND ISSUE, AND THEREFORE, HAS NOT CALCULATE D THE AMOUNT OF PRIVATE PAYMENTS BECAUSE CHI HAS NOT CALCULATED THE AMOUNT OF PRIVATE PAY MENTS, SOLELY FOR SCHEDULE K REPORTING PURPOSES, WE HAVE ASSUMED THAT THE PRIVATE PAYMENT TEST HAS NOT BEEN MET

Form 990 Schedule K, Part VI - Supplemental Information

Identifier	Return Reference	Explanation
SERIES 2009 A/B COMPOSITE ISSUE	SCHEDULE K, PART VI	THE BONDS DESCRIBED ON LINES B, C AND D IN PART I ARE PART OF A COMPOSITE ISSUE FOR FEDERA L INCOME TAX PURPOSES (THE SERIES 2009 COMPOSITE ISSUE) ALL AMOUNTS REPORTED BELOW ARE FO R 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 20 09 A/B - CAPITAL IMPROVEMENTS, ACQUISITIONS AND EQUIPMENT ACQUISITIONS FOR AFFILIATES IN C OLORADO, 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 ACQUIS ITIONS FOR AFFILIATES IN KENTUCKY COUNTY OF MONTGOMERY, OHIO 2009 A/B - CAPITAL IMPROVEME NTS 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) $108,439 OF PROCEEDS OF THE COUNTY OF MONTGOMGERY, OHIO 2009A AND 2009B BONDS WERE REISSUED ON OCTOBER 1, 2012 AS AN "ALTERNATE USE OF DISPOSITION PROCEEDS " REMEDIAL ACTION FOR CHANGE IN OWNERSHIP OF CERTAIN BOND FINANCED PROPERTY THESE "REISSU ED" PORTIONS OF THE BONDS HAVE BEEN SEPARATELY REPORTED IN A FORM 8038 AND NOT REPORTED IN THIS SCHEDULE K $66,585 OF PROCEEDS OF THE COUNTY OF MONTGOMGERY, OHIO 2009A AND 2009B B ONDS WERE REISSUED ON FEBRUARY 14, 2013 AS AN "ALTERNATE USE OF DISPOSITION PROCEEDS" REME DIAL ACTION FOR CHANGE IN OWNERSHIP OF CERTAIN BOND FINANCED PROPERTY THESE "REISSUED" PO RTIONS OF THE BONDS HAVE BEEN SEPARATELY REPORTED IN A FORM 8038 AND NOT REPORTED IN THIS SCHEDULE K PART II LINE 1 AMOUNT OF BONDS RETIRED $75,926,585 LINE 2 AMOUNT OF BONDS LEGA LLY DEFEASED $1,100,000 LINE 3 TOTAL PROCEEDS OF ISSUE $1,110,718,482 INCLUDES INVESTMENT EARNINGS LINE 4 GROSS PROCEEDS IN RESERVE FUNDS $104,194 CHI HAS PROVIDED FOR THE DEFEASAN CE OF $100,000 OF THE COLORADO HEALTH FACILITIES AUTHORITY SERIES 2009B-2 TO THEIR EARLIES T CALL DATE LINE 5 CAPITALIZED INTEREST FROM PROCEEDS $0 LINE 6 PROCEEDS IN REFUNDING ESC ROWS $0 LINE 7 ISSUANCE COSTS FROM PROCEEDS $10,176,162 LINE 8 CREDIT ENHANCEMENT FROM PRO CEEDS $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 PA RTNER 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 THAT MAY RESULT IN PRIVATE BUSINESS USE OF BOND-FINANCED PROPERTY? YES LINE 3 A ARE THERE ANY MANAGEMENT OR SERVICE CONTRACTS THA T MAY RESULT IN PRIVATE USE OF BOND-FINANCED PROPERTY? YES LINE 3 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? YES LINE 3 C ARE THERE ANY RESEARCH AGREEMENTS THAT MAY RESULT IN PRIVATE USE OF BOND-FINANCED PROPERTY? YES LIN E 3 D IF "YES" TO LINE 3C, DOES THE ORGANIZATION ROUTINELY ENGAGE BOND COUNSEL OR OTHER OU TSIDE COUNSEL TO REVIEW ANY RESEARCH AGREEMENTS RELATING TO THE FINANCED PROPERTY? YES PRI VATE USE IS COMPUTED FOR THE COMPOSITE ISSUE AS A WHOLE, RATHER THAN BASED ON ITS COMPONEN T 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 C OMPONENT OF THE COMPOSITE ISSUE THE SECTIONS OF THE TABLE FOR THE REMAINING COMPONENT PAR TS OF THE COMPOSITE ISSUE WERE LEFT BLANK LINE 4 ENTER THE PERCENTAGE OF FINANCED PROPERT Y USED IN A PRIVATE BUSINESS USE BY ENTITIES OTHER THAN A SECTION 501(C)(3) ORGANIZATION O R A STATE OR LOCAL GOVERNMENT [0 09%] LINE 5 ENTER THE PERCENTAGE OF FINANCED PROPERTY USE D 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 14%] LINE 7 DOES THE BOND ISSUE MEET THE PRIVATE SECUR ITY OR PAYMENT TEST? CHI MONITORS THE PRIVATE BUSINESS USE PERCENTAGE FOR EACH BOND ISSUE, AND THEREFORE, HAS NOT CALCULATED THE AMOUNT OF PRIVATE PAYMENTS BECAUSE CHI HAS NOT CAL CULATED THE AMOUNT OF PRIVATE PAYMENTS, SOLELY FOR SCHEDULE K REPORTING PURPOSES, WE HAVE ASSUMED THAT THE PRIVATE PAYMENT TEST HAS NOT BEEN MET LINE 9 HAS THE ORGANIZATION ESTABL ISHED WRITTEN PROCEDURES TO ENSURE THAT ALL NONQUALIFIED BONDS OF THE ISSUE ARE REMEDIATED IN ACCORDANCE WITH THE REQUIREMENTS UNDER REGULATATIONS SECTIONS 1 141-12 AND 1 145-2? YE S PART IV LINE 6 WERE ANY GROSS PROCEEDS INVESTED BEYOND AN AVAILABLE TEMPORARY PERIOD? NO

Form 990 Schedule K, Part VI - Supplemental Information

Identifier	Return Reference	Explanation
SERIES 2008D COMPOSITE ISSUE	SCHEDULE K, PART VI	THE BONDS DESCRIBED ON LINES A,B,C AND D IN PART I ARE PART OF A COMPOSITE ISSUE FOR FEDER AL 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 20 08D - CAPITAL IMPROVEMENTS AND EQUIPMENT ACQUISITIONS FOR AFFILIATES IN COLORADO, IOWA, MI NNESOTA, NEBRASKA, NEW JERSEY AND OREGON COUNTY OF MONTGOMERY, OHIO 2008D - CAPITAL IMPRO VEMENTS AND EQUIPMENT ACQUISITIONS FOR AFFILIATES IN OHIO CHATTANOOGA TN HEALTH ED & HOUS ING FAC BD 2008D - CAPITAL IMPROVEMENTS AND EQUIPMENT ACQUISITIONS FOR AFFILIATES IN TENNE SSEE WASHINGTON HEALTH CARE FACILITIES AUTHORITY 2008D - REFUND WA AUTH BONDS 2007A1-3 (O RIGINAL ISSUANCE DATE NOVEMBER 8, 2007) $30,256 OF PROCEEDS OF THE COUNTY OF MONTGOMGERY, OHIO 2008D-1 AND SERIES 2008 D-2 BONDS WERE REISSUED ON FEBRUARY 14, 2013 AS AN "ALTERNAT E USE OF DISPOSITION PROCEEDS" REMEDIAL ACTION FOR CHANGE IN OWNERSHIP OF CERTAIN BOND FIN ANCED PROPERTY THESE "REISSUED" PORTIONS OF THE BONDS HAVE BEEN SEPARATELY REPORTED IN A FORM 8038 AND NOT REPORTED IN THIS SCHEDULE K PART II LINE 1 AMOUNT OF BONDS RETIRED $30, 256 LINE 2 AMOUNT OF BONDS LEGALLY DEFEASED $5,655,000 LINE 3 TOTAL PROCEEDS OF ISSUE $469 ,141,627 INCLUDES INVESTMENT EARNINGS LINE 4 GROSS PROCEEDS IN RESERVE FUNDS $5,812,911 CH I HAS PROVIDED FOR THE DEFEASANCE OF $5,655,000 OF THE COLORADO HEALTH FACILITIES AUTHORIT Y SERIES 2008D-2 TO THEIR EARLIEST CALL DATE LINE 5 CAPITALIZED INTEREST FROM PROCEEDS $0 LINE 6 PROCEEDS IN REFUNDING ESCROWS $0 LINE 7 ISSUANCE COSTS FROM PROCEEDS $6,135,034 LI NE 8 CREDIT ENHANCEMENT FROM PROCEEDS $0 LINE 9 WORKING CAPITAL EXPENDITURES FROM PROCEEDS $0 LINE 10 CAPITAL EXPENDITURES FROM PROCEEDS $292,624,724 LINE 11 OTHER SPENT PROCEEDS 0 LINE 12 OTHER UNSPENT PROCEEDS $4,459 LINE 13 YEAR OF SUBSTANTIAL COMPLETION 2013 PART I II LINE 1 WAS THE ORGANIZATION A PARTNER IN A PARTNERSHIP, OR A MEMBER OF AN LLC, WHICH OW NED PROPERTY FINANCED BY TAX-EXEMPT BONDS? NO LINE 2 ARE THERE ANY LEASE ARRANGEMENTS THAT MAY RESULT IN PRIVATE BUSINESS USE OF BOND-FINANCED PROPERTY? YES LINE 3 A ARE THERE ANY MANAGEMENT OR SERVICE CONTRACTS THAT MAY RESULT IN PRIVATE USE OF BOND-FINANCED PROPERTY? YES LINE 3 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 FINANC ED PROPERTY? YES LINE 3 C ARE THERE ANY RESEARCH AGREEMENTS THAT MAY RESULT IN PRIVATE USE OF BOND-FINANCED PROPERTY? YES LINE 3 D IF "YES" TO LINE 3C, DOES THE ORGANIZATION ROUTIN ELY ENGAGE BOND COUNSEL OR OTHER OUTSIDE COUNSEL TO REVIEW ANY RESEARCH AGREEMENTS RELATIN G 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, H AVE BEEN REPORTED UNDER THE FIRST COMPONENT OF THE COMPOSITE ISSUE THE SECTIONS OF THE TA BLE 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 13%] LINE 5 ENTER THE PERCENTAGE OF FINANCED PROPERTY USED IN A PRIVATE BUSINESS USE AS A RESULT OF UNRELATED TR ADE OR BUSINESS ACTIVITY CARRIED ON BY YOUR ORGANIZATION, ANOTHER 501(C)(3) ORGANIZATIO N O R A STATE OR LOCAL GOVERNMENT [0 01%] LINE 6 TOTAL OF LINES 4 AND 5 [0 14] LINE 7 DOES THE BOND ISSUE MEET THE PRIVATE SECURITY OR PAYMENT TEST? CHI MONITORS THE PRIVATE BUSINESS U SE PERCENTAGE FOR EACH BOND ISSUE, AND THEREFORE, HAS NOT CALCULATED THE AMOUNT OF PRIVATE PAYMENTS BECAUSE CHI HAS NOT CALCULATED THE AMOUNT OF PRIVATE PAYMENTS, SOLELY FOR SCHED ULE K REPORTING PURPOSES, WE HAVE ASSUMED THAT THE PRIVATE PAYMENT TEST HAS NOT BEEN MET LINE 9 HAS THE ORGANIZATION ESTABLISHED WRITTEN PROCEDURES TO ENSURE THAT ALL NONQUALIFIED BONDS OF THE ISSUE ARE REMEDIATED IN ACCORDANCE WITH THE REQUIREMENTS UNDER REGULATATIONS SECTIONS 1 141-12 AND 1 145-2? YES PART IV LINE 6 WERE ANY GROSS PROCEEDS INVESTED BEYOND AN AVAILABLE TEMPORARY PERIOD? YES SOME OF THE SALES PROCEEDS OF THE COUNTY OF MONTGOMER Y, 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 O N THE PROJECTS IF NECESSARY, A YIELD REDUCTION PAYMENT WILL BE MADE IN ADDITION, GROSS P ROCEEDS 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

Form 990 Schedule K, Part VI - Supplemental Information

Identifier	Return Reference	Explanation
SERIES 2006/2008 COMPOSITE ISSUE	SCHEDULE K, PART VI	THE BONDS DESCRIBED ON LINES A AND B IN PART I, TOGETHER WITH COUNTY OF MONTGOMERY, OHIO V ARIABLE 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 FED ERAL INCOME TAX PURPOSES (THE SERIES 2006/2008 COMPOSITE ISSUE) ALL AMOUNTS REPORTED BELO W 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 - CA PITAL IMPROVEMENTS AND EQUIPMENT ACQUISITIONS FOR AFFILIATES IN OHIO COUNTY OF MONTGOMERY , OHIO 2006C - CAPITAL IMPROVEMENTS AND EQUIPMENT ACQUISITIONS FOR AFFILIATES IN OHIO COL ORADO HEALTH FACILITIES AUTHORITY 2006C - CAPITAL IMPROVEMENTS AND EQUIPMENT ACQUISITIONS FOR AFFILIATES IN COLORADO, ARKANSAS, IOWA, MISSOURI AND NEBRASKA $27,110 OF PROCEEDS OF THE COUNTY OF MONTGOMGERY, OHIO 2006C-1 BONDS WERE REISSUED ON OCTOBER 1, 2012 AS AN "ALTE RNATE USE OF DISPOSITION PROCEEDS" REMEDIAL ACTION FOR CHANGE IN OWNERSHIP OF CERTAIN BOND FINANCED PROPERTY THESE "REISSUED" PORTIONS OF THE BONDS HAVE BEEN SEPARATELY REPORTED I N A FORM 8038 AND NOT REPORTED IN THIS SCHEDULE K $27,110 OF PROCEEDS OF THE COUNTY OF MO NTGOMGERY, OHIO 2008C-2 BONDS WERE REISSUED ON OCTOBER 1, 2012 AS AN "ALTERNATE USE OF DIS POSITION PROCEEDS" REMEDIAL ACTION FOR CHANGE IN OWNERSHIP OF CERTAIN BOND FINANCED PROPER TY THESE "REISSUED" PORTIONS OF THE BONDS HAVE BEEN SEPARATELY REPORTED IN A FORM 8038 AN D NOT REPORTED IN THIS SCHEDULE K $10,508 OF PROCEEDS OF THE COUNTY OF MONTGOMGERY, OHIO 2006C-1 BONDS WERE REISSUED ON FEBRUARY 14, 2013 AS AN "ALTERNATE USE OF DISPOSITION PROCE EDS" REMEDIAL ACTION FOR CHANGE IN OWNERSHIP OF CERTAIN BOND FINANCED PROPERTY THESE "REI SSUED" PORTIONS OF THE BONDS HAVE BEEN SEPARATELY REPORTED IN A FORM 8038 AND NOT REPORTED IN THIS SCHEDULE K $10,508 OF PROCEEDS OF THE COUNTY OF MONTGOMGERY, OHIO 2008C-2 BONDS WERE REISSUED ON FEBRUARY 14, 2013 AS AN "ALTERNATE USE OF DISPOSITION PROCEEDS" REMEDIAL ACTION FOR CHANGE IN OWNERSHIP OF CERTAIN BOND FINANCED PROPERTY THESE "REISSUED" PORTION S OF THE BONDS HAVE BEEN SEPARATELY REPORTED IN A FORM 8038 AND NOT REPORTED IN THIS SCHED ULE K 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 $3 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 CRED IT 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 THAT MA Y RESULT IN PRIVATE BUSINESS USE OF BOND-FINANCED PROPERTY? YES LINE 3 A ARE THERE ANY MAN AGEMENT OR SERVICE CONTRACTS THAT MAY RESULT IN PRIVATE USE OF BOND-FINANCED PROPERTY? YES LINE 3 B IF "YES", TO LINE 3A, DOES THE ORGANIZATION ROUTINELY ENGAGE BOND COUNSEL OR OTH ER OUTSIDE COUNSEL TO REVIEW ANY MANAGEMENT OR SERVICE CONTRACTS RELATING TO THE FINANCED PROPERTY? YES LINE 3 C ARE THERE ANY RESEARCH AGREEMENTS THAT MAY RESULT IN PRIVATE USE OF BOND-FINANCED PROPERTY? YES LINE 3 D IF "YES" TO LINE 3C, DOES THE ORGANIZATION ROUTINELY ENGAGE BOND COUNSEL OR OTHER OUTSIDE COUNSEL TO REVIEW ANY RESEARCH AGREEMENTS RELATING T O THE FINANCED PROPERTY? YES PRIVATE USE IS COMPUTED FOR THE COMPOSITE ISSUE AS A WHOLE, R ATHER THAN BASED ON ITS COMPONENT PARTS FOR PRESENTATION PURPOSES ON LINES 4-6 OF THE SCH EDULE 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 TH E 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 11%] LINE 5 ENTER THE PER CENTAGE 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 12%] LINE 7 DOES THE B OND ISSUE MEET THE PRIVATE SECURITY OR PAYMENT TEST? CHI MONITORS THE PRIVATE BUSINESS USE PERCENTAGE FOR EACH BOND ISSUE, AND THEREFORE, HAS NOT CALCULATED THE AMOUNT OF PRIVATE P AYMENTS BECAUSE CHI HAS NOT CALCULATED THE AMOUNT OF PRIVATE PAYMENTS, SOLELY FOR SCHEDUL E K REPORTING PURPOSES, WE HAVE ASSUMED THAT THE PRIVATE PAYMENT TEST HAS NOT BEEN MET LI NE 9 HAS THE ORGANIZATION ESTABLISHED WRITTEN PROC

Form 990 Schedule K, Part VI - Supplemental Information

Identifier	Return Reference	Explanation
SERIES 2006/2008 COMPOSITE ISSUE	SCHEDULE K, PART VI	EDURES TO ENSURE THAT ALL NONQUALIFIED BONDS OF THE ISSUE ARE REMEDIATED IN ACCORDANCE WIT H THE REQUIREMENTS UNDER REGULATATIONS SECTIONS 1 141-12 AND 1 145-2? YES PART IV LINES 4A -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 A ND 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 CON VERSION TRANSACTIONS OR CONVERSION AND EXCHANGE TRANSACTIONS ACCORDINGLY, ON AND AFTER EA CH RESPECTIVE CONVERSION DATE, THE NOTIONAL AMOUNT OF THE HEDGES CORRESPONDING TO THE CONV ERTED HEDGED BONDS IS NO LONGER TREATED AS A QUALIFIED HEDGE OF THE HEDGED BONDS LINE 6 W ERE ANY GROSS PROCEEDS INVESTED BEYOND AN AVAILABLE TEMPORARY PERIOD? NO

Form 990 Schedule K, Part VI - Supplemental Information

Identifier	Return Reference	Explanation
SERIES 2006A COMPOSITE ISSUE	SCHEDULE K, PART VI	THE BONDS DESCRIBED ON LINE C IN PART I, TOGETHER WITH BALTIMORE COUNTY, MARYLAND REVENUE BONDS (CATHOLIC HEALTH INITIATIVES) SERIES 2006A, WHICH WERE DEFEASED ON DECEMBER 10, 2012 AND ARE NO LONGER OUTSTANDING, ARE PART OF A COMPOSITE ISSUE FOR FEDERAL INCOME TAX PURPO SES (THE SERIES 2006A COMPOSITE ISSUE) ALL AMOUNTS REPORTED BELOW ARE FOR THE COMPOSITE I SSUE RATHER THAN THE COMPONENT PARTS PART I LINE D DATE ISSUED 9-NOV-06 LINE E ISSUE PRIC E $402,830,297 LINE F PURPOSE COLORADO HEALTH FACILITIES AUTHORITY 2006A - CAPITAL IMPROV EMENTS AND EQUIPMENT ACQUISITIONS FOR AFFILIATES IN COLORADO, ARKANSAS, IOWA, MISSOURI AND NEBRASKA PART II LINE 1 AMOUNT OF BONDS RETIRED $15,565,000 LINE 2 AMOUNT OF BONDS LEGAL LY DEFEASED $113,500,000 CHI HAS PROVIDED FOR THE DEFEASANCE OF $113,500,000 OF THE BALTIM ORE COUNTY, MARYLAND 2006A BONDS ON DECEMBER 10, 2012 LINE 3 TOTAL PROCEEDS OF ISSUE $420 ,074,822 INCLUDES INVESTMENT EARNINGS LINE 4 GROSS PROCEEDS IN RESERVE FUNDS $128,691,978 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 YE AR OF SUBSTANTIAL COMPLETION 2009 PART III LINE 1 WAS THE ORGANIZATION A PARTNER IN A PAR TNERSHIP, OR A MEMBER OF AN LLC, WHICH OWNED PROPERTY FINANCED BY TAX-EXEMPT BONDS? NO LIN E 2 ARE THERE ANY LEASE ARRANGEMENTS THAT MAY RESULT IN PRIVATE BUSINESS USE OF BOND-FINAN CED PROPERTY? YES LINE 3 A ARE THERE ANY MANAGEMENT OR SERVICE CONTRACTS THAT MAY RESULT I N PRIVATE USE OF BOND-FINANCED PROPERTY? YES LINE 3 B IF "YES", TO LINE 3A, DOES THE ORGAN IZATION ROUTINELY ENGAGE BOND COUNSEL OR OTHER OUTSIDE COUNSEL TO REVIEW ANY MANAGEMENT OR SERVICE CONTRACTS RELATING TO THE FINANCED PROPERTY? YES LINE 3 C ARE THERE ANY RESEARCH AGREEMENTS THAT MAY RESULT IN PRIVATE USE OF BOND-FINANCED PROPERTY? YES LINE 3 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? YES PRIVATE USE IS CO MPUTED FOR THE COMPOSITE ISSUE AS A WHOLE, RATHER THAN BASED ON ITS COMPONENT PARTS FOR P RESENTATION PURPOSES ON LINES 4-6 OF THE SCHEDULE K, PART III TABLE, PRIVATE USE PERCENTAG ES FOR THE COMPOSITE ISSUE, AS A WHOLE, HAVE BEEN REPORTED UNDER THE FIRST COMPONENT OF TH E COMPOSITE ISSUE THE SECTIONS OF THE TABLE FOR THE REMAINING COMPONENT PARTS OF THE COMP OSITE ISSUE WERE LEFT BLANK LINE 4 ENTER THE PERCENTAGE OF FINANCED PROPERTY USED IN A PR IVATE BUSINESS USE BY ENTITIES OTHER THAN A SECTION 501 (C)(3) ORGANIZATION OR A STATE OR L OCAL GOVERNMENT [0 41%] 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 ORGAN IZATION, ANOTHER 501(C)(3) ORGANIZATION OR A STATE OR LOCAL GOVERNMENT [0 04%] LINE 6 TOTA L OF LINES 4 AND 5 [0 45%] LINE 7 DOES THE BOND ISSUE MEET THE PRIVATE SECURITY OR PAYMENT TEST? CHI MONITORS THE PRIVATE BUSINESS USE PERCENTAGE FOR EACH BOND ISSUE, AND THEREFORE , HAS NOT CALCULATED THE AMOUNT OF PRIVATE PAYMENTS BECAUSE CHI HAS NOT CALCULATED THE AM OUNT OF PRIVATE PAYMENTS, SOLELY FOR SCHEDULE K REPORTING PURPOSES, WE HAVE ASSUMED THAT T HE PRIVATE PAYMENT TEST HAS NOT BEEN MET LINE 9 HAS THE ORGANIZATION ESTABLISHED WRITTEN PROCEDURES TO ENSURE THAT ALL NONQUALIFIED BONDS OF THE ISSUE ARE REMEDIATED IN ACCORDANCE WITH THE REQUIREMENTS UNDER REGULATATIONS SECTIONS 1 141-12 AND 1 145-2? YES PART IV LINE 6 WERE ANY GROSS PROCEEDS INVESTED BEYOND AN AVAILABLE TEMPORARY PERIOD? NO

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Identifier	Return Reference	Explanation
SERIES 2004BCD COMPOSITE ISSUE	SCHEDULE K, PART VI	THE BONDS DESCRIBED ON LINES D, A, B, C AND D IN PART I, ARE PART OF A COMPOSITE ISSUE FOR FEDERAL INCOME TAX PURPOSES (THE SERIES 2004BCD COMPOSITE ISSUE) ALL AMOUNTS REPORTED BE LOW 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 AUTH ORITY 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 (ORIG INAL ISSUANCE DATE APRIL 1, 1994) AND IOWA FIN AUTH SERIES 1994A BONDS (ORIGINAL ISSUAN CE DATE APRIL 1, 1994) COUNTY OF MONTGOMERY, OHIO 2004B - CAPITAL IMPROVEMENTS AND EQUIP MENT ACQUISITIONS FOR AFFILIATES IN OHIO AND CURRENT REFUNDING OF HAMILTON CTY, OH 1994 BO NDS (ORIGINAL ISSUANCE DATE FEBRUARY 2, 1994) AND MONT CTY, OH 1994 BONDS (ORIGINAL ISSU ANCE DATE FEBRUARY 2, 1994) KENTUCKY ECONOMIC DEV FINANCE AUTHORITY 2004C/D - CAPITAL I MPROVEMENTS AND EQUIPMENT ACQUISITIONS FOR AFFILIATES IN KENTUCKY CHATTANOOGA TN HEALTH E D & HOUSING FAC BD 2004C - CAPITAL IMPROVEMENTS AND EQUIPMENT ACQUISITIONS FOR AFFILIATES IN TENNESSEE SAINT MARY HOSPITAL AUTHORITY (PA) 2004B/C - CAPITAL IMPROVEMENTS AND EQUIPM ENT ACQUISITIONS FOR AFFILIATES IN PENNSYLVANIA $8,184 OF PROCEEDS OF THE COUNTY OF MONTG OMGERY, OHIO 2004B BONDS WERE REISSUED ON OCTOBER 1, 2012 AS AN "ALTERNATE USE OF DISPOSIT ION PROCEEDS" REMEDIAL ACTION FOR CHANGE IN OWNERSHIP OF CERTAIN BOND FINANCED PROPERTY T HESE "REISSUED" PORTIONS OF THE BONDS HAVE BEEN SEPARATELY REPORTED IN A FORM 8038 AND NOT REPORTED IN THIS SCHEDULE K PART II LINE 1 AMOUNT OF BONDS RETIRED $164,275,000 LINE 2 A MOUNT OF BONDS LEGALLY DEFEASED $0 LINE 3 TOTAL PROCEEDS OF ISSUE $636,268,525 INCLUDES IN VESTMENT EARNINGS LINE 4 GROSS PROCEEDS IN RESERVE FUNDS $0 LINE 5 CAPITALIZED INTEREST FR OM PROCEEDS $0 LINE 6 PROCEEDS IN REFUNDING ESCROWS $0 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 SP ENT 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 LL C, WHICH OWNED PROPERTY FINANCED BY TAX-EXEMPT BONDS? NO LINE 2 ARE THERE ANY LEASE ARRANG EMENTS THAT MAY RESULT IN PRIVATE BUSINESS USE OF BOND-FINANCED PROPERTY? YES LINE 3 A ARE THERE ANY MANAGEMENT OR SERVICE CONTRACTS THAT MAY RESULT IN PRIVATE USE OF BOND-FINANCED PROPERTY? YES LINE 3 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? YES LINE 3 C ARE THERE ANY RESEARCH AGREEMENTS THAT MAY RESULT IN PRIVATE USE OF BOND-FINANCED PROPERTY? YES LINE 3 D IF "YES" TO LINE 3C, DOES THE ORGANIZA TION ROUTINELY ENGAGE BOND COUNSEL OR OTHER OUTSIDE COUNSEL TO REVIEW ANY RESEARCH AGREEME NTS 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 SECTION S OF THE TABLE FOR THE REMAINING COMPONENT PARTS OF THE COMPOSITE ISSUE WERE LEFT BLANK L INE 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 44%] LINE 5 ENTER THE PERCENTAGE OF FINANCED PROPERTY USED IN A PRIVATE BUSINESS USE AS A RESULT OF U NRELATED TRADE OR BUSINESS ACTIVITY CARRIED ON BY YOUR ORGANIZATION, ANOTHER 501(C)(3) ORG ANIZATION OR A STATE OR LOCAL GOVERNMENT [0 09%] LINE 6 TOTAL OF LINES 4 AND 5 [0 53%] LIN E 7 DOES THE BOND ISSUE MEET THE PRIVATE SECURITY OR PAYMENT TEST? CHI MONITORS THE PRIVAT E BUSINESS USE PERCENTAGE FOR EACH BOND ISSUE, AND THEREFORE, HAS NOT CALCULATED THE AMOUN T OF PRIVATE PAYMENTS BECAUSE CHI HAS NOT CALCULATED THE AMOUNT OF PRIVATE PAYMENTS, SOLE LY FOR SCHEDULE K REPORTING PURPOSES, WE HAVE ASSUMED THAT THE PRIVATE PAYMENT TEST HAS NO T BEEN MET LINE 9 HAS THE ORGANIZATION ESTABLISHED WRITTEN PROCEDURES TO ENSURE THAT ALL NONQUALIFIED BONDS OF THE ISSUE ARE REMEDIATED IN ACCORDANCE WITH THE REQUIREMENTS UNDER R EGULATATIONS SECTIONS 1 141-12 AND 1 145-2? YES PART IV LINE 6 WERE ANY GROSS PROCEEDS INV ESTED BEYOND AN AVAILABLE TEMPORARY PERIOD? NO

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Identifier	Return Reference	Explanation
SERIES 2004A COMPOSITE ISSUE	SCHEDULE K, PART VI	THE BONDS DESCRIBED ON LINES A, B, AND C IN PART I ARE PART OF A COMPOSITE ISSUE FOR FEDER AL 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 MO NTGOMERY, OHIO 2004A - CAPITAL IMPROVEMENTS AND EQUIPMENT ACQUISITIONS FOR AFFILIATES IN O HIO HOSP FACILITIES AUTHORITY OF UMATILLA OR 2004A - CAPITAL IMPROVEMENTS AND EQUIPMENT A CQUISITIONS FOR AFFILIATES IN OREGON AND CURRENT REFUNDING OF HOSP AUTH 2 DOUGLAS CTY 19 94B BONDS PART II LINE 1 AMOUNT OF BONDS RETIRED $0 LINE 2 AMOUNT OF BONDS LEGALLY DEFEASE D $14,700,000 LINE 3 TOTAL PROCEEDS OF ISSUE $164,653,282 INCLUDES INVESTMENT EARNINGS LIN E 4 GROSS PROCEEDS IN RESERVE FUNDS $15,183,490 CHI HAS PROVIDED FUNDS FOR THE DEFEASANCE OF $14,575,000 OF THE HOSP FACILITIES OF UMATILLA OREGON 2004A BONDS TO THEIR EARLIEST CA LL DATE CHI HAS PROVIDED FUNDS FOR THE DEFEASANCE OF $125,000 OF THE CITY OF BRECKENRIDGE , MINNESOTA 2004A BONDS TO THEIR EARLIEST CALL DATE LINE 5 CAPITALIZED INTEREST FROM PROC EEDS $0 LINE 6 PROCEEDS IN REFUNDING ESCROWS $0 LINE 7 ISSUANCE COSTS FROM PROCEEDS $1,614 ,670 LINE 8 CREDIT ENHANCEMENT FROM PROCEEDS $0 LINE 9 WORKING CAPITAL EXPENDITURES FROM P ROCEEDS $0 LINE 10 CAPITAL EXPENDITURES FROM PROCEEDS $155,337,302 LINE 11 OTHER SPENT PRO CEEDS $0 LINE 12 OTHER UNSPENT PROCEEDS $0 LINE 13 YEAR OF SUBSTANTIAL COMPLETION 2008 PA RT III LINE 1 WAS THE ORGANIZATION A PARTNER IN A PARTNERSHIP, OR A MEMBER OF AN LLC, WHIC H OWNED PROPERTY FINANCED BY TAX-EXEMPT BONDS? NO LINE 2 ARE THERE ANY LEASE ARRANGEMENTS THAT MAY RESULT IN PRIVATE BUSINESS USE OF BOND-FINANCED PROPERTY? YES LINE 3 A ARE THERE ANY MANAGEMENT OR SERVICE CONTRACTS THAT MAY RESULT IN PRIVATE USE OF BOND-FINANCED PROPER TY? YES LINE 3 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 FI NANCED PROPERTY? YES LINE 3 C ARE THERE ANY RESEARCH AGREEMENTS THAT MAY RESULT IN PRIVATE USE OF BOND-FINANCED PROPERTY? YES LINE 3 D IF "YES" TO LINE 3C, DOES THE ORGANIZATION RO UTINELY ENGAGE BOND COUNSEL OR OTHER OUTSIDE COUNSEL TO REVIEW ANY RESEARCH AGREEMENTS REL ATING TO THE FINANCED PROPERTY? YES PRIVATE USE IS COMPUTED FOR THE COMPOSITE ISSUE AS A W HOLE, 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 WHOL E, HAVE BEEN REPORTED UNDER THE FIRST COMPONENT OF THE COMPOSITE ISSUE THE SECTIONS OF TH E TABLE FOR THE REMAINING COMPONENT PARTS OF THE COMPOSITE ISSUE WERE LEFT BLANK LINE 4 E NTER 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 UNRELATE D TRADE OR BUSINESS ACTIVITY CARRIED ON BY YOUR ORGANIZATION, ANOTHER 501(C)(3) ORGANIZATI ON OR A STATE OR LOCAL GOVERNMENT [0 03%] LINE 6 TOTAL OF LINES 4 AND 5 [0 12%] LINE 7 DOE S THE BOND ISSUE MEET THE PRIVATE SECURITY OR PAYMENT TEST? CHI MONITORS THE PRIVATE BUSIN ESS USE PERCENTAGE FOR EACH BOND ISSUE, AND THEREFORE, HAS NOT CALCULATED THE AMOUNT OF PR IVATE PAYMENTS BECAUSE CHI HAS NOT CALCULATED THE AMOUNT OF PRIVATE PAYMENTS, SOLELY FOR SCHEDULE K REPORTING PURPOSES, WE HAVE ASSUMED THAT THE PRIVATE PAYMENT TEST HAS NOT BEEN MET LINE 9 HAS THE ORGANIZATION ESTABLISHED WRITTEN PROCEDURES TO ENSURE THAT ALL NONQUAL IFIED BONDS OF THE ISSUE ARE REMEDIATED IN ACCORDANCE WITH THE REQUIREMENTS UNDER REGULATA TIONS SECTIONS 1 141-12 AND 1 145-2? YES PART IV LINE 6 WERE ANY GROSS PROCEEDS INVESTED B EYOND 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 2 004A BONDS HAVE BEEN INVESTED BEYOND AN AVAILABLE TEMPORARY PERIOD AT A RESTRICTED YIELD

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Identifier	Return Reference	Explanation
SERIES 2002B COMPOSITE ISSUE	SCHEDULE K, PART VI	THE BONDS DESCRIBED ON LINES D AND A IN PART I ARE PART OF A COMPOSITE ISSUE FOR FEDERAL I NCOME 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 LI NE 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 WASH INGTON 2002B PART II LINE 1 AMOUNT OF BONDS RETIRED $22,600,000 LINE 2 AMOUNT OF BONDS LEG ALLY DEFEASED $0 LINE 3 TOTAL PROCEEDS OF ISSUE $123,000,000 LINE 4 GROSS PROCEEDS IN RESE RVE FUNDS $0 LINE 5 CAPITALIZED INTEREST FROM PROCEEDS $0 LINE 6 PROCEEDS IN REFUNDING ESC ROWS $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 PRO CEEDS $0 LINE 11 OTHER SPENT PROCEEDS $0 LINE 12 OTHER UNSPENT PROCEEDS $0 LINE 13 YEAR OF SUBSTANTIAL COMPLETION 2005 PART IV LINE 6 WERE ANY GROSS PROCEEDS INVESTED BEYOND AN AV AILABLE TEMPORARY PERIOD? NO

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Identifier	Return Reference	Explanation
SERIES 2002AB REMEDIATED ISSUE	SCHEDULE K, 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 200 2A 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 20 02AB REMEDIATED ISSUE LINE 10 CAPITAL EXPENDITURES FROM PROCEEDS $500,000 $500,000 OF DISP OSITION PROCEEDS WERE APPLIED TO AN ALTERNATIVE USE LINE 12 OTHER UNSPENT PROCEEDS $0 LIN E 13 YEAR OF SUBSTANTIAL COMPLETION 2010 PART IV LINE 6 WERE ANY GROSS PROCEEDS INVESTED BEYOND AN AVAILABLE TEMPORARY PERIOD? NO

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Identifier	Return Reference	Explanation
SERIES 2011A COMPOSITE ISSUE	SCHEDULE K, PART VI	THE BONDS DESCRIBED ON LINES C AND D IN PART I ARE PART OF A COMPOSITE ISSUE FOR FEDERAL I NCOME 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 L INE 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 EQUI PMENT ACQUISITIONS FOR AFFILIATES IN ARKANSAS, COLORADO, IOWA, KANSAS AND NEBRASKA AND CUR RENT 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 A MOUNT 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 $0 LINE 5 CAPITALIZED INTEREST FROM PROCEEDS $0 LINE 6 PROCEEDS IN REFUNDING ESCROWS $0 L INE 7 ISSUANCE COSTS FROM PROCEEDS $4,922,927 LINE 8 CREDIT ENHANCEMENT FROM PROCEEDS $0 L INE 9 WORKING CAPITAL EXPENDITURES FROM PROCEEDS $334 LINE 10 CAPITAL EXPENDITURES FROM PR OCEEDS $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 THAT MAY RESULT IN PRIVATE BUSINESS USE OF BOND -FINANCED PROPERTY? YES LINE 3 A ARE THERE ANY MANAGEMENT OR SERVICE CONTRACTS THAT MAY RE SULT IN PRIVATE USE OF BOND-FINANCED PROPERTY? YES LINE 3 B IF "YES", TO LINE 3A, DOES THE ORGANIZATION ROUTINELY ENGAGE BOND COUNSEL OR OTHER OUTSIDE COUNSEL TO REVIEW ANY MANAGEM ENT OR SERVICE CONTRACTS RELATING TO THE FINANCED PROPERTY? YES LINE 3 C ARE THERE ANY RES EARCH AGREEMENTS THAT MAY RESULT IN PRIVATE USE OF BOND-FINANCED PROPERTY? YES LINE 3 D IF "YES" TO LINE 3C, DOES THE ORGANIZATION ROUTINELY ENGAGE BOND COUNSEL OR OTHER OUTSIDE CO UNSEL TO REVIEW ANY 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 PER CENTAGES 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 TH E COMPOSITE ISSUE WERE LEFT BLANK LINE 4 ENTER THE PERCENTAGE OF FINANCED PROPERTY USED I N A PRIVATE BUSINESS USE BY ENTITIES OTHER THAN A SECTION 501(C) (3) ORGANIZATION OR A STAT E OR LOCAL GOVERNMENT [0 02%] LINE 5 ENTER THE PERCENTAGE OF FINANCED PROPERTY USED IN A P RIVATE 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 02%] LINE 7 DOES THE BOND ISSUE MEET THE PRIVATE SECURITY OR P AYMENT TEST? CHI MONITORS THE PRIVATE BUSINESS USE PERCENTAGE FOR EACH BOND ISSUE, AND THE REFORE, HAS NOT CALCULATED THE AMOUNT OF PRIVATE PAYMENTS BECAUSE CHI HAS NOT CALCULATED THE AMOUNT OF PRIVATE PAYMENTS, SOLELY FOR SCHEDULE K REPORTING PURPOSES, WE HAVE ASSUMED THAT THE PRIVATE PAYMENT TEST HAS NOT BEEN MET LINE 9 HAS THE ORGANIZATION ESTABLISHED WR ITTEN PROCEDURES TO ENSURE THAT ALL NONQUALIFIED BONDS OF THE ISSUE ARE REMEDIATED IN ACCO RDANCE WITH THE REQUIREMENTS UNDER REGULATATIONS SECTIONS 1 141-12 AND 1 145-2? YES PART I V LINE 6 WERE ANY GROSS PROCEEDS INVESTED BEYOND AN AVAILABLE TEMPORARY PERIOD? NO

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Identifier	Return Reference	Explanation
SERIES 2011BC COMPOSITE ISSUE	SCHEDULE K, PART VI	SERIES 2011BC COMPOSITE ISSUE THE BONDS DESCRIBED ON LINES D AND A 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 HE ALTH FACILITIES AUTHORITY 2011 C - CAPITAL IMPROVEMENTS, ACQUISITIONS AND EQUIPMENT ACQUIS ITIONS FOR AFFILIATES IN ARKANSAS, COLORADO, IOWA, KANSAS AND NEBRASKA AND CURRENT REFUNDI NG OF COMMERICAL PAPER NOTES KENTUCKY ECONOMIC DEV FINANCE AUTH 2011 B - CAPITAL IMPROVE MENTS AND EQUIPMENT ACQUISITIONS FOR AFFILIATES IN KENTUCKY AND CURRENT REFUNDING OF KENTU CKY COMMERCIAL PAPER NOTES PART II LINE 1 AMOUNT OF BONDS RETIRED $0 LINE 2 AMOUNT OF BOND S LEGALLY DEFEASED $0 LINE 3 TOTAL PROCEEDS OF ISSUE $283,155,431 INCLUDES INVESTMENT EARN INGS LINE 4 GROSS PROCEEDS IN RESERVE FUNDS $0 LINE 5 CAPITALIZED INTEREST FROM PROCEEDS $ 0 LINE 6 PROCEEDS IN REFUNDING ESCROWS $0 LINE 7 ISSUANCE COSTS FROM PROCEEDS $1,380,000 L INE 8 CREDIT ENHANCEMENT FROM PROCEEDS $0 LINE 9 WORKING CAPITAL EXPENDITURES FROM PROCEED S $431 LINE 10 CAPITAL EXPENDITURES FROM PROCEEDS $225,000,000 LINE 11 OTHER SPENT PROCEED S $0 LINE 12 OTHER UNSPENT PROCEEDS $0 LINE 13 YEAR OF SUBSTANTIAL COMPLETION 2011 PART I II LINE 1 WAS THE ORGANIZATION A PARTNER IN A PARTNERSHIP, OR A MEMBER OF AN LLC, WHICH OW NED PROPERTY FINANCED BY TAX-EXEMPT BONDS? NO LINE 2 ARE THERE ANY LEASE ARRANGEMENTS THAT MAY RESULT IN PRIVATE BUSINESS USE OF BOND-FINANCED PROPERTY? YES LINE 3 A ARE THERE ANY MANAGEMENT OR SERVICE CONTRACTS THAT MAY RESULT IN PRIVATE USE OF BOND-FINANCED PROPERTY? YES LINE 3 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 FINANC ED PROPERTY? YES LINE 3 C ARE THERE ANY RESEARCH AGREEMENTS THAT MAY RESULT IN PRIVATE USE OF BOND-FINANCED PROPERTY? YES LINE 3 D IF "YES" TO LINE 3C, DOES THE ORGANIZATION ROUTIN ELY ENGAGE BOND COUNSEL OR OTHER OUTSIDE COUNSEL TO REVIEW ANY RESEARCH AGREEMENTS RELATIN G 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, H AVE BEEN REPORTED UNDER THE FIRST COMPONENT OF THE COMPOSITE ISSUE THE SECTIONS OF THE TA BLE 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 TR ADE OR BUSINESS ACTIVITY CARRIED ON BY YOUR ORGANIZATION, ANOTHER 501(C)(3) ORGANIZATION O R A STATE OR LOCAL GOVERNMENT [0 00%] LINE 6 TOTAL OF LINES 4 AND 5 [0 09%] LINE 7 DOES TH E BOND ISSUE MEET THE PRIVATE SECURITY OR PAYMENT TEST? CHI MONITORS THE PRIVATE BUSINESS USE PERCENTAGE FOR EACH BOND ISSUE, AND THEREFORE, HAS NOT CALCULATED THE AMOUNT OF PRIVAT E PAYMENTS BECAUSE CHI HAS NOT CALCULATED THE AMOUNT OF PRIVATE PAYMENTS, SOLELY FOR SCHE DULE K REPORTING PURPOSES, WE HAVE ASSUMED THAT THE PRIVATE PAYMENT TEST HAS NOT BEEN MET LINE 9 HAS THE ORGANIZATION ESTABLISHED WRITTEN PROCEDURES TO ENSURE THAT ALL NONQUALIFIE D BONDS OF THE ISSUE ARE REMEDIATED IN ACCORDANCE WITH THE REQUIREMENTS UNDER REGULATATION S SECTIONS 1 141-12 AND 1 145-2? YES PART IV LINE 6 WERE ANY GROSS PROCEEDS INVESTED BEYON D AN AVAILABLE TEMPORARY PERIOD? NO

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Identifier	Return Reference	Explanation
LOUISVILLE/JEFFERSON METRO COUNTY GOVT 2012A	SCHEDULE K, 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) LINE 7 DOES THE BOND ISSUE MEET THE PRIVATE SECURITY OR PAYMENT TEST? CHI MONITORS THE PRIVATE BUSINESS USE PERCENTAGE FOR EACH BOND ISSUE, AND THEREFORE, HAS NOT CALCULATED THE AMOUNT OF PRIVATE PAYMENTS BECAUS E CHI HAS NOT CALCULATED THE AMOUNT OF PRIVATE PAYMENTS, SOLELY FOR SCHEDULE K REPORTING P URPOSES, WE HAVE ASSUMED THAT THE PRIVATE PAYMENT TEST HAS NOT BEEN MET

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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 Part VI.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

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 legally defeased	5,655,000	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	5,812,911	0	0	0
5	Capitalized interest from proceeds	0	0	0	0
6	Proceeds in refunding escrows	0	0	0	0
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	58,344,333	23,824,719	0
11	Other spent proceeds	0	0	0	0
12	Other unspent proceeds	0	4,459	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 of bond-financed property?	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 00000%		0 00000%		0 00000%	
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 00000%		0 00000%		0 00000%	
6	Total of lines 4 and 5	0%		0 00000%		0 00000%		0 00000%	
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?	X		X			X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	0%		0%		0%		0%	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?	X		X			X		X
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X		X		X		X	
b	Exception to rebate?		X		X		X		X
c	No rebate due?		X		X		X		X
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X		X		X		X	
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
c	Term of hedge		0		0 0		0		0
d	Was the hedge superintegrated?		X		X		X		X
e	Was a hedge terminated?		X		X		X		X

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider								
c	Term of GIC		0		0 0		0		0
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?		X		X		X		X
6	Were any gross proceeds invested beyond an available temporary period?	X		X			X		X
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has 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?	X		X		X		X	

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 Part VI.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

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	COLORADO HEALTH FACILITIES AUTHORITY 2004B	84-0752932	195474T34	11-18-2004	279,100,000	SEE PART VI - (2004BCD COMP ISSUE)		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	0	345,021,016	15,565,000	107,400,000
2	Amount of bonds legally defeased	0	0	0	0
3	Total proceeds of issue	102,795,250	461,183,160	297,652,875	281,995,277
4	Gross proceeds in reserve funds	0	3	0	0
5	Capitalized interest from proceeds	2,175,153	13,409	0	0
6	Proceeds in refunding escrows	0	0	0	0
7	Issuance costs from proceeds	0	0	0	720,425
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	265,737,369
11	Other spent proceeds	0	0	0	0
12	Other unspent proceeds	0	0	0	0
13	Year of substantial completion	2008	2009	2009	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 of bond-financed property?	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 00000%		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 00000%		0%		0%	
6	Total of lines 4 and 5	0%		0 00000%		0%		0%	
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?	X		X		X			X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	0%		0%		0%		0%	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X		X
b	Exception to rebate?	X		X		X		X	
c	No rebate due?		X		X		X		X
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X		X			X	X	
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X	X			X	X	
b	Name of provider	SEE PART VI		SEE PART VI					
c	Term of hedge	0 0		28 8		0		19 0	
d	Was the hedge superintegrated?		X		X		X		X
e	Was a hedge terminated?		X	X			X		X

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider								
c	Term of GIC		0 0		0 0		0		0 0
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?		X		X		X		X
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has 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?	X		X		X		X	

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 Part VI.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

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 2004B	31-6000172	613549FE9	11-18-2004	73,700,000	SEE PART VI - (2004BCD COMP ISSUE)		X		X		X
B	KENTUCKY ECONOMIC DEV FINANCE AUTHORITY 2004CD	61-0600439	49126PCL2	11-18-2004	94,575,000	SEE PART VI - (2004BCD COMP ISSUE)		X		X		X
C	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
D	SAINT MARY HOSPITAL AUTHORITY (PA) 2004BC	23-1913910	792222EW7	11-18-2004	119,500,000	SEE PART VI - (2004BCD COMP ISSUE)		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	0	56,775,000	0	100,000
2	Amount of bonds legally defeased	0	0	0	0
3	Total proceeds of issue	74,913,742	96,850,606	59,737,305	122,771,595
4	Gross proceeds in reserve funds	0	0	0	0
5	Capitalized interest from proceeds	0	0	0	0
6	Proceeds in refunding escrows	0	0	0	0
7	Issuance costs from proceeds	1,450,721	428,619	152,050	697,193
8	Credit enhancement from proceeds	0	0	0	0
9	Working capital expenditures from proceeds	0	0	0	0
10	Capital expenditures from proceeds	61,092,780	96,421,987	59,585,255	122,074,402
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 of bond-financed property?	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 00000%		0 00000%		0 00000%		0 00000%	
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 00000%		0 00000%		0 00000%		0 00000%	
6	Total of lines 4 and 5	0 00000%		0 00000%		0 00000%		0 00000%	
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?	X			X		X	X	
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	0%		0%		0%		0%	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?	X			X		X	X	
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X		X
b	Exception to rebate?	X		X		X		X	
c	No rebate due?		X		X		X		X
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X		X		X		X	
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X			X		X	X	
b	Name of provider	UBS AG							
c	Term of hedge		23 0		0 0		0 0		28 0
d	Was the hedge superintegrated?		X		X		X		X
e	Was a hedge terminated?		X		X		X		X

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider								
c	Term of GIC		0		0 0		0 0		0 0
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?		X		X		X		X
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has 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?	X		X		X		X	

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 Part VI.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

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	CITY OF BRECKENRIDGE MINNESOTA 2004A	41-6005005	106520AB5	11-18-2004	31,040,504	SEE PART VI - (2004A COMP ISSUE)	X			X		X
B	COUNTY OF MONTGOMERY OHIO 2004A	31-6000172	613549FE9	11-18-2004	72,052,967	SEE PART VI - (2004A COMP ISSUE)		X		X		X
C	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
D	COLORADO HEALTH FACILITIES AUTHORITY 2002B	84-0752932	196474H42	12-01-2004	55,700,000	SEE PART VI - (2002B COMP ISSUE)		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	0	0	0	10,200,000
2	Amount of bonds legally defeased	125,000	0	14,575,000	0
3	Total proceeds of issue	31,241,060	73,736,287	59,675,935	55,700,000
4	Gross proceeds in reserve funds	128,991	0	15,054,499	0
5	Capitalized interest from proceeds	0	0	0	0
6	Proceeds in refunding escrows	0	0	0	0
7	Issuance costs from proceeds	310,220	714,250	590,200	0
8	Credit enhancement from proceeds	0	0	0	0
9	Working capital expenditures from proceeds	0	0	0	0
10	Capital expenditures from proceeds	30,930,840	73,022,036	51,384,426	0
11	Other spent proceeds	0	0	0	0
12	Other unspent proceeds	0	0	0	0
13	Year of substantial completion	2006	2006	2008	2005

		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 of bond-financed property?	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 00000%		0 00000%		0 00000%	
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 00000%		0 00000%		0 00000%	
6	Total of lines 4 and 5	0%		0 00000%		0 00000%		0 00000%	
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?	X			X	X		X	
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	0%		0%		0%		0%	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X		X
b	Exception to rebate?	X		X		X		X	
c	No rebate due?		X		X		X		X
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X		X	X	
4a	Has the organization or the governmental issuer entered into a qualified 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 0
d	Was the hedge superintegrated?		X		X		X		X
e	Was a hedge terminated?		X		X		X		X

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider								
c	Term of GIC		0		0 0		0 0		0 0
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?		X		X		X		X
6	Were any gross proceeds invested beyond an available temporary period?	X			X	X			X
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has 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?	X		X		X		X	

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 Part VI.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

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 2002B	91-1108929	93978ETY8	12-01-2004	67,300,000	SEE PART VI - (2002B COMP ISSUE)		X		X		X
B	COLORADO HEALTH FACILITIES AUTHORITY 2002AB	84-0752932	196474G20	03-01-2010	1,223,728	SEE PART VI - (2002A/B REMD ISSUE)	X			X		X
C	COLORADO HEALTH FACILITIES AUTHORITY 2011A	84-0752932	19648AWL5	11-10-2011	432,722,079	SEE PART VI - (2011A COMP ISSUE)		X		X		X
D	WASHINGTON HEALTH CARE AUTHORITY 2011A	91-1108929	93978HDP7	11-10-2011	106,950,848	SEE PART VI - (2011A COMP ISSUE)		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	12,400,000	0	0	0
2	Amount of bonds legally defeased	0	848,846	0	0
3	Total proceeds of issue	67,300,000	1,223,728	432,722,413	106,950,848
4	Gross proceeds in reserve funds	0	0	0	0
5	Capitalized interest from proceeds	0	0	0	0
6	Proceeds in refunding escrows	0	0	0	0
7	Issuance costs from proceeds	0	0	3,772,079	1,150,848
8	Credit enhancement from proceeds	0	0	0	0
9	Working capital expenditures from proceeds	0	0	334	0
10	Capital expenditures from proceeds	0	500,000	151,100,000	105,800,000
11	Other spent proceeds	0	0	0	0
12	Other unspent proceeds	0	0	0	0
13	Year of substantial completion	2004	2010	2011	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 of bond-financed property?	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 00000%		0 00000%		0%		0 00000%	
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 00000%		0 00000%		0 00000%		0 00000%	
6	Total of lines 4 and 5	0 00000%		0 00000%		0%		0 00000%	
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	0%		0%		0%		0%	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X	X			X		X
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X	X		X	
b	Exception to rebate?	X		X			X		X
c	No rebate due?		X		X		X		X
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X		X			X		X
4a	Has the organization or the governmental issuer entered into a qualified 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?		X		X		X		X
e	Was a hedge terminated?		X		X		X		X

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (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?		X		X		X		X
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has 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?	X		X		X		X	

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 Part VI.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

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	KENTUCKY ECONOMIC DEV FINANCE AUTH 2011B	61-0600439	49126PDY3	11-10-2011	158,155,000	SEE PART VI - (2011BC COMP ISSUE)		X		X		X
B	COLORADO HEALTH FACILITIES AUTHORITY 2011C	84-0752932		11-10-2011	125,000,000	SEE PART VI - (2011BC COMP ISSUE)		X		X		X
C	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	
2	Amount of bonds legally defeased	0	0	0	
3	Total proceeds of issue	158,155,431	125,000,000	299,657,170	
4	Gross proceeds in reserve funds	0	0	0	
5	Capitalized interest from proceeds	0	0	0	
6	Proceeds in refunding escrows	0	0	0	
7	Issuance costs from proceeds	1,380,000	0	2,602,216	
8	Credit enhancement from proceeds	0	0	0	
9	Working capital expenditures from proceeds	431	0	0	
10	Capital expenditures from proceeds	100,000,000	125,000,000	0	
11	Other spent proceeds	0	0	0	
12	Other unspent proceeds	0	0	0	
13	Year of substantial completion	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		
15	Were the bonds issued as part of an advance refunding issue?		X		X	X			
16	Has the final allocation of proceeds been made?		X		X	X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	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		
2	Are there any lease arrangements that may result in private business use of bond-financed property?	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 of bond-financed property?	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			
c	Are there any research agreements that may result in private business use of bond-financed property?	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			
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 00000%		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 00000%		0 00000%		0 00000%		%	
6	Total of lines 4 and 5	0%		0 00000%		0%		%	
7	Does the bond issue meet the private security or payment test?		X		X		X		
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	0%		0%		0%		%	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X		X		X		
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X			

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X		X		X		
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X		X		X			
b	Exception to rebate?		X		X		X		
c	No rebate due?		X		X		X		
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X		X			X		
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
b	Name of provider								
c	Term of hedge		0		0		0		
d	Was the hedge superintegrated?		X		X		X		
e	Was a hedge terminated?		X		X		X		

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
b	Name of provider								
c	Term of GIC		0		0		0		
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?		X		X		X		
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X			

Part V Procedures To Undertake Corrective Action

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has 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?	X		X		X			

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 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, line 38a or 40b.**

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

OMB No 1545-0047

2012

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) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

2 Enter the amount of tax incurred by 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-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	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 assistance	(d) Type of assistance	(e) Purpose 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	5,910,981	COMM EXCESS & PRIM MALPRAC INS		No

Part V Supplemental Information

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

Identifier	Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization	Employer identification number
CATHOLIC HEALTH INITIATIVES	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-BAS ED SYSTEM OPERATES IN 17 STATES AND COMPRISES 87 HOSPITALS, INCLUDING THREE ACADEMIC MEDIC AL CENTERS, THREE TEACHING HOSPITAL AFFILIATIONS, AND 23 CRITICAL-ACCESS FACILITIES, COMMU NITY HEALTH SERVICES ORGANIZATIONS, ACCREDITED NURSING COLLEGES, HOME-HEALTH AGENCIES, AND OTHER FACILITIES THAT SPAN THE INPATIENT AND OUTPATIENT CONTINUUM OF CARE IN FISCAL YEAR 2013, CHI PROVIDED APPROXIMATELY $762 MILLION IN CHARITY CARE AND COMMUNITY BENEFIT, INCL UDING 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 ENT ITIES, WHICH ARE DESCRIBED AS MARKET-BASED ORGANIZATIONS, OR MBOS AN MBO IS A DIRECT PROV IDER OF CARE OR SERVICES WITHIN A DEFINED MARKET AREA THAT MAY BE AN INTEGRATED HEALTH SYS TEM AND/OR A STAND-ALONE HOSPITAL OR OTHER FACILITY OR SERVICE PROVIDER TO FULFILL ITS MI SSION, 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, PROMOTE S 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 MANAGEMEN T AND SHARED SERVICES - INCLUDING AREAS SUCH AS ACCOUNTING, HUMAN RESOURCES, PAYROLL AND S UPPLY CHAIN - PROVIDES ECONOMIES OF SCALE AND PURCHASING POWER TO THE MBOS COST SAVINGS A SSOCIATED WITH CENTRALIZED SERVICES FOR THE FISCAL YEAR ENDED JUNE 30, 2013, INCLUDE MORE THAN $164 5 MILLION IN SUPPLY CHAIN EXPENSE AND APPROXIMATELY $49 3 MILLION FOR INSURANCE COSTS THE COST SAVINGS ACHIEVED THROUGH CHI'S CENTRALIZATION ENABLE MBOS TO DEDICATE ADDI TIONAL RESOURCES TO HIGH-QUALITY HEALTH CARE AND COMMUNITY OUTREACH SERVICES TO THE MOST V ULNERABLE MEMBERS OF OUR SOCIETY REPORTING ACROSS THE SYSTEM THE FOLLOWING EXAMPLES OF C OMMUNITY BENEFIT ACTIVITIES IN 2012 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 ST JOSEPH COMMUNITY HEALTH ("S JCH") IS A NON-PROFIT ORGANIZATION THAT WORKS TO ENSURE CHILDREN REACH KINDERGARTEN WITH T HE HEALTH AND FAMILY CAPACITY NECESSARY TO SUPPORT LEARNING SJCH ACHIEVES THIS GOAL THROU GH 3 PRIMARY PROGRAMS HOME VISITING, ENHANCED REFERRAL SERVICES, AND ADVOCACY THE HOME V ISITING INITIATIVE IS THE FLAGSHIP PROGRAM OF SJCH, PROVIDING HOME VISITS BY TRAINED PROFE SSIONALS TO EXPECTANT MOMS AND FAMILIES WITH FIRST BORN CHILDREN SJCH UTILIZES AN OUTCOME S-BASED MODEL (FIRST BORNÂ®) THAT HAS PROVEN RESULTS IN IMPROVING CHILD AND FAMILY OUTCOME S THE BENEFITS OF EARLY INTERVENTION AND HEALTH PROMOTION IN MATERNAL AND CHILD HEALTH AR E WELL-DOCUMENTED AND HAVE A LIFETIME AFFECT THE NET BENEFIT PROVIDED TO THE COMMUNITY BY THIS PROGRAM DURING FISCAL YEAR 2013 WAS $1,862,283 AND INCLUDED 6,608 CONTACTS DURING F ISCAL YEAR FY 2013 SJCH PROVIDED BENEFITS TO THE ECONOMICALLY DISADVANTAGED IN THE AMOUNT OF $1,981,097 AND TO THE BROADER COMMUNITY IN THE AMOUNT OF $1,548,951 THOSE DOLLARS REPR ESENTED 17,041 CONTACTS WITH RESIDENTS OF THE STATE OF NEW MEXICO ST FRANCIS MEDICAL CEN TER, BRECKENRIDGE, MN ST FRANCIS MEDICAL CENTER ("SFMC") PROVIDES PRESCRIPTION MEDICATION S TO PERSONS WHO HAVE NO MEANS TO PROCURE THOSE MEDICATIONS PROVISION OF THESE MEDICATION S HELPS THE RECIPIENTS TO RECOVER MORE QUICKLY FROM THEIR ILLNESSES, BETTER MANAGE CHRONIC CONDITIONS, AND AVOID COSTLY HOSPITALIZATIONS AND INTERVENTIONS IN FISCAL YEAR 2013, PRE SCRIPTION DRUGS (VALUED AT $3,143) WERE PROVIDED TO 30 LOW-INCOME, ELDERLY, AND/OR UNINSUR ED INDIVIDUALS IN AN EFFORT TO ADDRESS THE SAFETY NEEDS OF THE RURAL COMMUNITY, SFMC PROV IDES AN EDUCATIONAL PROGRAM ON FARM SAFETY FOR AREA YOUTH IN CONJUNCTION WITH THE LOCAL SC HOOLS OVER 200 CHILDREN ATTENDED THIS YEARS PROGRAM SFMC PARTNERED WITH THE LOCAL ROTARY CLUB TO PROVIDE BLOOD TESTS AS A SCREEN FOR THOSE IN THE COMMUNITY WHO WOULD NOT HAVE PRE VENTATIVE SERVICES COVERED BY THEIR INSURANCE A NOMINAL FEE WAS PAID BY EACH PARTICIPANT TO COVER THE COSTS OF THE REAGENTS HOWEVER, STAFF TIME, ADVERTISING, POSTAGE, ETC WAS NO T COVERED BY THE FEE ABOUT 100 PEOPLE PARTICIPATED IN THE SCREENINGS MEMORIAL HEALTH CAR E SYSTEM, INC , CHATTANOOGA, TN IN FISCAL YEAR 2013, MEMORIAL HEALTH CARE SYSTEM, INC ("M HCS") PROVIDED COMMUNITY BENEFITS AND COMMUNITY BUILDING ACTIVITIES TO APPROXIMATELY 44,97 7 PEOPLE AT A TOTAL COST OF $70,284,845 DONATIONS

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STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III, LINE 4A	, GRANTS, AND OTHER RECEIPTS TOTALING $42,743,421 WERE AVAILABLE AS DIRECT OFFSETS TO THES E COSTS MHCS HAS PARTNERED WITH DISPENSARY OF HOPE, A NATIONAL ORGANIZATION THAT HELPS QU ALIFY ING UNINSURED PATIENTS OBTAIN NECESSARY MEDICATIONS AND OTHER PHARMACEUTICAL ASSISTAN CE PROGRAMS MHCS IS ONE OF 80 DISPENSARY OF HOPE SITES THAT REDISTRIBUTE PHARMACEUTICALS THAT HAVE BEEN RECEIVED AS A DONATION FROM PHY SICIANS, DISTRIBUTORS, AND MANUFACTURERS PA TIENTS ARE MADE AWARE OF THIS PROGRAM THROUGH PHY SICIANS, CASE MANAGERS, NURSES AND OTHER CAREGIVERS MHCS WAS ABLE TO ASSIST 1,485 INDIVIDUALS RECEIVE THEIR PRESCRIPTION DRUGS THR OUGH DISPENSARY OF HOPE AND OTHER PROGRAMS MHCS INCURRED $123,160 IN EXPENSES RELATED TO THIS PROGRAM MERCY MEDICAL CENTER - CENTERVILLE, CENTERVILLE, IA MERCY MEDICAL CENTER - C ENTERVILLE ("MMC") PROVIDED MORE THAN $352,000 IN TOTAL COSTS OF COMMUNITY BENEFIT TO MORE THAN 8,400 INDIVIDUALS IN FY 13 MMC SPONSORS A COMMUNITY BUS WHICH PROVIDES TRANSPORTATIO N TO MEDICAL APPOINTMENTS FOR THE ELDERLY AND THOSE WITH LOW INCOME WHO ARE UNABLE TO DRIV E OR HAVE NO ONE TO TRANSPORT THEM MMC PROVIDES MEAL PREPARATION AND DIETICIAN CONSULTANT SERVICE FOR THE COUNTY MEALS ON WHEELS PROGRAM MMC ALSO OFFERS A CERTIFIED DIABETES EDUC ATION AND SUPPORT GROUP FOR PATIENTS WITH DIABETES AND THEIR SPOUSES THIS PROGRAM OFFERS PRESENTATIONS FROM VARIOUS DISCIPLINES INVOLVED IN MANAGING DIABETES AND DISCUSSIONS MMC OFFERS DIABETES SCREENINGS TO THE COMMUNITY IN AN EFFORT TO IDENTIFY POTENTIAL DIABETICS A S A WAY TO PROVIDE INTERVENTIONS WITH THEIR PHY SICIANS ST JOSEPH'S HOSPITAL AND HEALTH C ENTER, DICKINSON, ND ST JOSEPH'S HOSPITAL AND HEALTH CENTER ("SJHHC") OFFERS COMMUNITY ED UCATION AND SCREENINGS FOR A VARIETY OF DIFFERENT TOPICS, SUCH AS ADVANCED DIRECTIVES, PAR ENT DEPRESSION AWARENESS, LAB SCREENINGS, DRUG EDUCATION, MEDICAL EXPLORERS (MEDICAL CAREE RS), AND INFECTION CONTROL SJHHC ALSO SPONSORS SPEAKING ENGAGEMENTS ON HEATH TOPICS AND I NFORMATIONAL HEALTH FAIRS THESE WERE HELD IN PUBLIC SCHOOLS AND BUSINESSES IN DICKINSON A ND SURROUNDING COMMUNITIES IN ADDITION TO TELEVISION SPOTS AND RADIO ADS SJHHC OFFERS A F OUR-WEEK GRIEF-LOSS RECOVERY SERIES SEMINAR THIS SEMINAR INCLUDES AN OVERVIEW OF THE NATU RAL RESPONSES TO GRIEF AND AN INTRODUCTION TO AID IN THE ADJUSTMENT TO GRIEF AND LOSS IT IS AN OPPORTUNITY TO DISCOVER AND STRENGTHEN COPING SKILLS AND PROVIDES PARTICIPANTS WITH THE ABILITY TO MOVE POSITIVELY TOWARD RECOVERY SJHHC OFFERS EDUCATION TO EXPECTANT MOTHER S THAT INCLUDES LAMAZE CHILDBIRTH CLASSES, BREAST-FEEDING CLASSES, FREE HEARING TESTS FOR INFANTS, AND TOURS OF THE LABOR AND DELIVERY AND NURSERY PROGRAM AT SJHHC

Identifier	Return Reference	Explanation
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED)	FORM 990, PART III, LINE 4A	ST JOSEPH HEALTH MINISTRIES, LANCASTER, PA ST JOSEPH HEALTH MINISTRIES ("SJHM") PROVIDED A TOTAL OF MORE THAN $992,000 IN TOTAL COMMUNITY BENEFIT TO MORE THAN 10,000 INDIVIDUALS IN FY13 SJHM OPERATES A CHILDREN'S ORAL HEALTH PROGRAM CALLED BRUSH BRUSH SMILE!Â® ("BB S") BBS DELIVERS CLINICAL CARE VIA TWO 40 FOOT MOBILE DENTAL CLINICS THAT PROVIDE COMPREH ENSIVE DENTAL CARE TO ECONOMICALLY DISADVANTAGED CHILDREN THROUGHOUT LANCASTER COUNTY THE MOBILE CLINICS PROVIDED CARE IN ALL OF THE SIXTEEN SCHOOL DISTRICTS WITHIN LANCASTER COUN TY DURING THE MONTHS OF SEPTEMBER THROUGH MAY AND IN THE FIRST WEEK OF JUNE DURING THE SU MMER MONTHS, JULY AND AUGUST, CARE WAS PROVIDED TO CHILDREN AT LOCAL COMMUNITY ORGANIZATIO NS AS WELL AS TO CHILDREN IN THE PLAIN COMMUNITY WITHIN THE COUNTY THOSE SERVICES WERE PR OVIDED BY OUR NINE PERSON TEAM THAT INCLUDES TWO FULLY LICENSED DENTISTS, A DENTAL HYGIEN IST, TWO DENTAL ASSISTANTS, AN EXPANDED-FUNCTION DENTAL ASSISTANT, A CHILDREN'S HEALTH COO RDINATOR, AN ORAL HEALTH CARE NAVIGATOR, AND A TRANSPORTATION SPECIALIST THE TEAM MEMBERS PROVIDED CARE TO A TOTAL OF 1,149 CHILDREN, WITH AN AVERAGE OF TWO VISITS TO THE CLINICS BY EACH CHILD THE RANGE OF CARE INCLUDED EXAMS, X-RAYS, CLEANINGS, FLUORIDE TREATMENTS, S EALANTS AND, WHEN NEEDED, RESTORATIVE DENTAL PROCEDURES AS WELL AS EDUCATION REGARDING PRO PER ORAL HYGIENE TECHNIQUES ANOTHER PROGRAM IS THE CHILDREN'S DENTAL SERVICES OF COLUMBIA , WHICH WAS ESTABLISHED IN JANUARY 2013 IN THE BOROUGH OF COLUMBIA TO PROVIDE A DENTAL HOM E FOR CHILDREN, FROM NEWBORN THROUGH KINDERGARTEN AGE, WHO ARE UNINSURED OR UNDERINSURED THE CLINIC, WHICH CURRENTLY OPERATES USING ONE OF SJHM'S MOBILE DENTAL CLINICS ONE TO TWO DAYS A WEEK, PROVIDES THE FULL RANGE OF DENTAL CARE TO THESE CHILDREN WITH AN EMPHASIS ON ORAL HEALTH EDUCATION FOR BOTH THE CHILDREN AND THEIR PARENTS OR GUARDIANS THE LONG-TERM GOAL OF THIS SERVICE IS TO INCREASE THE AWARENESS OF THE IMPACT OF ORAL HEALTH ON THE OVER ALL HEALTH OF A CHILD AND TO INCREASE THE NUMBER OF CHILDREN WHO ENTER KINDERGARTEN CAVITY FREE FIFTY-SIX CHILDREN WERE SEEN IN THE FIRST SIX MONTHS THAT THE CLINIC WAS IN OPERATI ON UNITY FAMILY HEALTHCARE, LITTLE FALLS, MN UNITY FAMILY HEALTHCARE ("UFH") FACILITIES O FFER A VARIETY OF SUPPORT GROUPS AND SIMILAR ACTIVITIES, INCLUDING SUCH ACTIVITIES AS THE PROSTATE CANCER SUPPORT GROUP, EATING DISORDERS SUPPORT GROUP, ADOPTION SUPPORT GROUP, THE ALANON GROUP, THE HOSPICE FAMILY SUPPORT ACTIVITIES, AND SPECIAL SPIRITUAL SERVICES IN F Y 2013, THE VALUE OF THE SUPPORT FOR THIS ACTIVITY TOTALED NEARLY $5,125 MOST OF THE GROU PS WERE DEVELOPED IN RESPONSE TO SPECIFIC REQUESTS FROM INDIVIDUALS IN THE COMMUNITY IN S OME CASES, UFH PROVIDES THE GROUP FACILITATORS IN OTHER CASES, REPRESENTATIVES FROM THE C OMMUNITY PROVIDE THAT LEADERSHIP THE SUPPORT GROUPS SERVED 544 PEOPLE IN 2013 UFH FACILIT IES, ESPECIALLY ST GABRIEL'S HOSPITAL AND ALBANY AREA HOSPITAL, OFFER A VARIETY OF FREE H EALTH SCREENINGS THE TOTAL VALUE OF THIS ACTIVITY WAS NEARLY $2,760 IN FY 2013, WITH 252 PEOPLE RECEIVING THE HEALTH SCREENINGS THE SCREENINGS INCLUDE SUCH THINGS AS BLOOD PRESSU RE CHECKS AT A LOCAL EXTENDED CARE FACILITY (NOT PART OF UFH), OTHER SCREENINGS, FIREMEN P HYSICALS, PULMONARY SCREENING, AND FLU SHOTS UFH FACILITIES DONATE THE USE OF THE FACILIT IES TO NON-PROFIT ORGANIZATIONS SOME OF THESE INCLUDE "TOPS" (TAKE OFF POUNDS SENSIBLY), THE MENTAL HEALTH SUPPORT GROUP, AND OASIS SHARE-A-MEAL, TO NAME JUST A FEW THE TOTAL VAL UE OF THE DONATED SPACE IN FISCAL YEAR 2013 WAS $15,231, WITH APPROXIMATELY 860 PEOPLE USI NG THE FACILITIES ENUMCLAW REGIONAL HOSPITAL ASSOCIATION DBA ST ELIZABETH HOSPITAL, ENUM CLAW, WA AMONG OTHER COMMUNITY ASSISTANCE, IMMUNIZATION CLINICS AND INTERPRETER SERVICES W ERE OFFERED FREE OF CHARGE OTHER PROGRAMS INCLUDED FREE BLOOD-PRESSURE SCREENINGS OFFERED THROUGH THE EMERGENCY DEPARTMENT AND FIRST-AID CLASSES OFFERED TO THE COMMUNITY ON A MONT HLY BASIS ST ELIZABETH HOSPITAL ("SEH") SUPPORTED OTHER COMMUNITY EVENTS BY PROVIDING RE FRESHMENTS AND OTHER ASSISTANCE AS NECESSARY VARIOUS SUPPORT GROUPS, SPONSORED AT NO CHAR GE, DEALT WITH SUCH ISSUES AS GRIEF, FIBROMY ALGIA, CAREGIVERS, DIABETES, NEW MOMS, AND WID OWHOOD FREE MAMMOGRAMS ARE OFFERED FOUR TIMES EACH YEAR FOR UNDERINSURED WOMEN IN THE COM MUNITY OTHER CLASSES WERE ALSO OFFERED THESE CLASSES INCLUDED HEALTH CARE PROVIDER CPR A ND SAFE SITTER SELF-STUDY MATERIALS ABOUT HIV/AIDS ALSO WERE MADE AVAILABLE MERCY HOSPIT AL OF DEVILS LAKE, DEVIL'S LAKE, ND IN FISCAL YEAR 2013, MERCY HOSPITAL OF DEVILS LAKE ("M HDL") PROVIDES ASSISTANCE TO MORE THAN 5,000 PEOPLE, WITH A TOTAL COST IN EXCESS OF $1 5 M ILLION MHDL PROVIDES A VARIETY OF EDUCATION PROGRAMS TO THE COMMUNITY FOR NO CHARGE OR AT REDUCED COSTS LAST YEAR, A TOTAL OF 1,686 INDIVIDUALS BENEFITED FROM PROGRAMS AND/OR NEW SLETTERS ADDRESSING NUTRITION, PREPARING FOR CHILDBIRTH, GRIEF ISSUES, UNSAFE LIFESTYLE CH OICES, CAREER CHOICES, ADVANCE DIRECTIVES, WOMEN'S

Identifier	Return Reference	Explanation
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED)	FORM 990, PART III, LINE 4A	HEALTH, SUICIDE PREVENTION, STRENGTH TRAINING, AND COMMUNITY HEALTH FAIRS CARDIAC RECOVE RY FOR THE POST CARDIAC PATIENT IS A TOP PRIORITY OF MHDL'S CARDIAC EXERCISE PROGRAM MAINT AINED BY THE CARDIAC REHABILITATION DEPARTMENT ALL CARDIAC PATIENTS UNDER THE CARE OF MHD L'S MEDICAL STAFF ARE ELIGIBLE FOR OUR EXERCISE PROGRAM FOR A NOMINAL MONTHLY FEE OTHER P ATIENTS WITH SPECIFIC DISEASE STATES ARE ALSO ELIGIBLE FOR THIS SERVICE AND ROUTINELY PART ICIPATE THE INCIDENCE OF PEDIATRIC ADMISSIONS, PARTICULARLY FOR NEWBORNS, HAS BEEN REDUCE D BY THE HOME BREAST FEEDING INSTRUCTION PROGRAM ORIGINALLY FUNDED BY THE SISTERS OF MERCY OF OMAHA THE "BABY AND I" PROGRAM PROVIDES IN-HOUSE INSTRUCTION TO MOTHERS ON THE BENEFI TS OF AND PROPER TECHNIQUES FOR BREAST-FEEDING FOLLOW UP VISITS AT HOME WITH THE MOTHER A RE CONDUCTED TO PROVIDE CONTINUITY OF CARE TO THE MOTHER AND INFANT A SUPPORT GROUP ALSO MEETS WEEKLY TO PROVIDE FURTHER SUPPORT AND ENHANCE THE BENEFITS OF BREAST-FEEDING SAINT JOSEPH BEREA, BEREA, KY AMONG THE PROGRAMS FOCUSED ON OUTREACH FOR THE POOR AT SAINT JOSEP H BEREA ("SJB") IS A PRESCRIPTION-ASSISTANCE PROGRAM WHAT GOES ON BEHIND THE SCENES TO HE LP PATIENTS OFTEN GOES UNNOTICED, ESPECIALLY WHEN IT COMES TO PAYING FOR MEDICATIONS SJB KNOWS ALL ABOUT HELPING PATIENTS RECEIVE THE MEDICATIONS THEY NEED BUT CANNOT AFFORD DUE T O LACK OF INSURANCE, LIMITED COVERAGE OR HIGH DEDUCTIBLES COLLABORATIVE EFFORTS WITH CHAP LAINS, NURSES, PHYSICIANS, AND CASE MANAGERS HELP IDENTIFY ASSISTANCE PROGRAMS FOR WHICH T HE PATIENT MAY QUALIFY WHEN THEY LEAVE THE HOSPITAL SJB'S PARTNERSHIP WITH BEREA HEALTH M INISTRIES ("BHM"), A FAITH-BASED MEDICAL CLINIC, WAS FORMED IN THE SPRING OF 2010 SJB PRO VIDES IN-KIND SUPPORT THAT INCLUDES OFFICE AND CLINICAL SPACE, MAINTENANCE, CLEANING, INFO RMATION TECHNOLOGY, AND OTHER SUPPORT AS NEEDED THE CLINIC PROVIDES PRIMARY CARE, EDUCATI ON, AND SUPPORT FOR ALL PEOPLE, BUT PRIMARILY THE POOR, UNINSURED, AND UNDERINSURED SINCE 1987, NEW OPPORTUNITY FOR WOMEN ("NOSW") HAS WORKED TO IMPROVE THE EDUCATIONAL, FINANCIAL , AND PERSONAL CIRCUMSTANCES OF LOW-INCOME MIDDLE-AGED WOMEN IN KENTUCKY AND THE SOUTH CEN TRAL APPALACHIAN REGION MANY JUST WANT A SECOND CHANCE TO GAIN NEW SKILLS, AND SJB IS GRA TEFUL FOR THE OPPORTUNITY TO HELP MAKE A DIFFERENCE IN THEIR LIVES SJB PROVIDES NOSW PART ICIPANTS WITH PHYSICALS, BLOOD TESTS, AND MAMMOGRAMS, PREVENTIVE SERVICES THE WOMEN MAY NO T OTHERWISE QUALIFY FOR THE SCREENINGS OFFER MORE THAN JOB PREPARATION, THEY ALSO HELP ID ENTIFY UNDETECTED HEALTH ISSUES AND BRING PEACE OF MIND TO THE DIVERSE POPULATION OF WOMEN ALSO, SJB'S HENRIETTA CHILD FUND PROVIDES ASSISTANCE FOR UNINSURED BEREA RESIDENTS WHO N EED TO HAVE SMALL PROCEDURES, BUT DO NOT HAVE THE MEANS TO PAY

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 OR 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, 2013, THE EXECUTIVE COMMITTEE WAS COMPRISED OF THE FOLLOWING INDIVIDUALS: PHYLLIS HUGHES KEVIN LOFTON CHRISTOPHER LOWNEY MARY JO POTTER PATRICIA SMITH DURING THE FISCAL YEAR ENDED JUNE 30, 2013, THE FOLLOWING INDIVIDUALS SERVED AS STAFF TO THE EXECUTIVE COMMITTEE: PATRICIA WEBB

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 OF THE ORGANIZATION, APPROVE AMENDMENTS TO THE ARTICLES AND BYLAWS AFFECTING ANY PROVISION GOVERNING THE QUALIFICATIONS, RIGHTS OR RESPONSIBILITIES OF THE PARTICIPATING CONGREGATIONS, SELECT AND REMOVE A PERSON WHO REPRESENTS THAT PARTICIPATING CONGREGATION IN EXERCISING ITS RIGHTS AND DUTIES, PARTICIPATE IN THE DISTRIBUTION OF ASSETS UPON THE DISSOLUTION OF THE ORGANIZATION, PARTICIPATE IN ORGANIZATIONAL ADVOCACY EFFORTS, ENCOURAGE MEMBERS OF THE PARTICIPATING CONGREGATIONS TO PARTICIPATE IN THE MINISTRIES SPONSORED BY THE ORGANIZATION, PARTICIPATE THROUGH THEIR REPRESENTATIVES IN MEETINGS HELD TWICE PER YEAR WITH THE BOARD OF STEWARDSHIP TRUSTEES (SECTION 3 1 1 OF THE BYLAWS OF CATHOLIC HEALTH INITIATIVES)

Identifier	Return Reference	Explanation
Review of form 990 by governing body	Form 990, Part VI, Section B, Line 11b	THE VICE PRESIDENT OF TAX AND TRANSACTIONS CONDUCTS A REVIEW OF THE FORM 990 IN A MEETING WITH THE CHI TAX DIRECTOR AFTER INCORPORATION OF ANY CHANGES RESULTING FROM THIS REVIEW, 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 VICE PRESIDENT OF TAX AND TRANSACTIONS OR THE DIRECTOR OF TAX 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 ADDITIONALLY, ALL CHI OFFICERS, TRUSTEES AND EMPLOYEES ARE REQUIRED TO ACT IN ACCORDANCE WITH CHI'S STANDARDS OF CONDUCT, WHICH INCLUDE THE AVOIDANCE OF CONFLICTS OF INTEREST OR THE APPEARANCE OF CONFLICTS THE BOARD OF STEWARDSHIP TRUSTEES CONFLICT OF INTEREST POLICY PROVIDES THAT ALL MEMBERS OF THE BOARD OF STEWARDSHIP TRUSTEES AND OF ANY BOARD COMMITTEE ARE REQUIRED TO PROMPTLY AND FULLY DISCLOSE TO THE BOARD CHAIR SITUATIONS THAT MAY CREATE A CONFLICT OF INTEREST WHEN THEY BECOME AWARE OF THE SITUATION IN ADDITION, ALL MEMBERS OF THE BOARD OF STEWARDSHIP TRUSTEES ARE REQUIRED TO ANNUALLY DISCLOSE ANY CONFLICTS OF INTEREST VIA COMPLETION OF A CONFLICT OF INTEREST DISCLOSURE FORM WHICH IS REVIEWED BY THE ORGANIZATION'S SENIOR VICE PRESIDENT LEGAL SERVICES, AND GENERAL COUNSEL ANY IDENTIFIED POTENTIAL CONFLICTS ARE REPORTED TO THE BOARD CHAIR, WHO IS CHARGED WITH FURTHER INVESTIGATION OF THE CONFLICT(S), AS HE OR SHE DEEMS APPROPRIATE, DOCUMENTATION OF CONCLUSIONS WITH RESPECT TO THE EXISTENCE OF A CONFLICT (INCLUDING RELEVANT FACTS AND CIRCUMSTANCES), AND REPORTING TO THE BOARD 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 EXECUTIVE COMMITTEE MAKES THE FINAL DETERMINATION AS TO THE EXISTENCE OF A CONFLICT THE POTENTIALLY CONFLICTED TRUSTEE 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 TRUSTEE HAS BEEN IDENTIFIED AS HAVING A CONFLICT OF INTEREST WITH RESPECT TO A PARTICULAR TRANSACTION, THAT TRUSTEE IS ALSO EXCLUDED FROM VOTING WITH RESPECT TO THAT TRANSACTION THE CONFLICT OF INTEREST POLICY WITH RESPECT TO CHI EMPLOYEES REQUIRES THAT ALL EMPLOYEES COMPLETE AND SIGN A CONFLICT OF INTEREST DISCLOSURE FORM AT THE TIME OF HIRING THEREAFTER, DIRECTOR LEVEL AND ABOVE EMPLOYEES MUST ANNUALLY CERTIFY AS PART OF THE PERFORMANCE EVALUATION PROCESS THAT THEY HAVE NO CONFLICTS OF INTEREST FURTHER, ALL CHI EMPLOYEES, REGARDLESS OF EMPLOYMENT LEVEL, ARE SUBJECT TO A GENERAL OBLIGATION TO DISCLOSE TO THEIR SUPERVISORS ANY CONFLICTS THAT ARISE DURING THE YEAR FAILURE TO DISCLOSE ACTUAL OR POTENTIAL CONFLICTS MAY RESULT IN DISCIPLINARY ACTION

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 THE 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 17, 2013 IN ADDITION, IN DECEMBER 2009, THE 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 MAXIMIZATION 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
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 Expenses	Form 990, Part IX, Line 11g	CONSULTING-CLINICAL - TOTAL EXPENSE 911876, PROGRAM SERVICE EXPENSE , MANAGEMENT AND GENERAL EXPENSES 911876, FUNDRAISING EXPENSES , CONSULTING-ADMINISTRATIVE - TOTAL EXPENSE 3591990, PROGRAM SERVICE EXPENSE 41500, MANAGEMENT AND GENERAL EXPENSES 3550490, FUNDRAISING EXPENSES , CONSULTING-STRATEGIC PLANNING - TOTAL EXPENSE 11687278, PROGRAM SERVICE EXPENSE , MANAGEMENT AND GENERAL EXPENSES 11687278, FUNDRAISING EXPENSES , CONTRACT SVCS-COLLECTION FEES - TOTAL EXPENSE 5078968, PROGRAM SERVICE EXPENSE , MANAGEMENT AND GENERAL EXPENSES 5078968, FUNDRAISING EXPENSES , CONTRACT SVCS-REV CYCLE - TOTAL EXPENSE 8884953, PROGRAM SERVICE EXPENSE , MANAGEMENT AND GENERAL EXPENSES 8884953, FUNDRAISING EXPENSES , CONTRACT SVCS-HIM - TOTAL EXPENSE 93357274, PROGRAM SERVICE EXPENSE , MANAGEMENT AND GENERAL EXPENSES 93357274, FUNDRAISING EXPENSES , CONTRACT SVCS-PATIENT ACCESS - TOTAL EXPENSE 3575316, PROGRAM SERVICE EXPENSE , MANAGEMENT AND GENERAL EXPENSES 3575316, FUNDRAISING EXPENSES , CONTRACT SVCS-ENHANCED SVC - TOTAL EXPENSE 2391709, PROGRAM SERVICE EXPENSE , MANAGEMENT AND GENERAL EXPENSES 2391709, FUNDRAISING EXPENSES , CONTRACT SVCS-SUPPORT COST - TOTAL EXPENSE 8375935, PROGRAM SERVICE EXPENSE , MANAGEMENT AND GENERAL EXPENSES 8375935, FUNDRAISING EXPENSES , OTHER CONTRACT LABOR - TOTAL EXPENSE 51873176, PROGRAM SERVICE EXPENSE 85837, MANAGEMENT AND GENERAL EXPENSES 51787339, FUNDRAISING EXPENSES , OTHER CONTRACT SERVICES - TOTAL EXPENSE 49102560, PROGRAM SERVICE EXPENSE 5006959, MANAGEMENT AND GENERAL EXPENSES 44095601, FUNDRAISING EXPENSES ,

Identifier	Return Reference	Explanation
Other changes in net assets or fund balances	Form 990 , Part XI, Line 9	CAPITAL RESOURCE POOL CONTRIBUTIONS - 69390864, EQUITY TRANSFERS TO\FROM AFFILIATES - 115777531, CAPITALIZED PROJECT COSTS - 202284, INVESTMENT IN ALEGENT - -553669500, INVESTMENT IN ST LUKE'S - -1234579550, MBO ALLOCATION OF CHI CONNECT DEPRECIATION - -3690460, PENSION ADJUSTMENT - 419729436,

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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

2012

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" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) CATHOLIC HEALTH INITIATIVES PHYSICIAN SERVICES LLC 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 46-2945938	HEALTHCARE	CO	0	0	CHI

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

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

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

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

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to 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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
See Additional Data Table									

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

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

		Yes	No
1 During the tax year, did the 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 or **(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	Yes	
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 Dividends from related organization(s)	1f	Yes	
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s	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-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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 section 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	

Software ID: 12000266
Software Version: v2012.1.0
EIN: 47-0617373
Name: CATHOLIC HEALTH INITIATIVES

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation

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? Yes	(h) Disproprtionate allocations? No	(i) Code V-UBI amount on Box 20 of K-1	(j) General or Managing Partner? Yes	(j) General or Managing Partner? No	(k) Percentage ownership
AUDUBON LAND COMPANY LLC 5390 N ACADEMY BLVD SUITE 300 COLORADO SPRINGS, CO 80918 84-1513085	REAL ESTATE	CO	CHIC	RELATED	34,991	8,665,388		No	0		No	50 1 %
AVANTAS LLC 11128 JOHN GALT BLVD SUITE 400 OMAHA, NE 68137 39-2045003	STAFFING OF NURSES	NE	AHBMHS	RELATED	-210,405	4,806,071		No	-439,536		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	0	Yes		63 %
BLUEGRASS REGIONAL IMAGING CENTER 1218 SOUTH BROADWAY SUITE 310 LEXINGTON, KY 40504 61-1386736	DIAGNOSTIC	KY	SJHS	RELATED	308,428	3,317,191		No	0		No	65 %
CENTRAL NEBRASKA HOME CARE SERVICES PO BOX 1146-4510 SECOND AVENUE KEARNEY, NE 68848 47-0692112	HEALTHCARE SRVC	NE	NA	RELATED	228,435	675,251		No	0	Yes		100 %
CENTRAL NEBRASKA REHAB SERVICES 3004 W FAIDLEY AVE GRAND ISLAND, NE 68802 81-0653461	PHYSICAL THERAPY	NE	SFMC	RELATED	1,710,199	2,712,656		No	0		No	51 %
CHI OPERATING INVESTMENT PROGRAM LP 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 47-0727942	INVESTMENTS	CO	CHI	UNRELATED	344,962,532	4,617,413,792		No	0	Yes		79 92 %
HEALTHCARE SUPPORT SERVICES PO BOX 9804 GRAND ISLAND, NE 68802 72-1546196	LAUNDRY	NE	NA	RELATED	98,583	3,190,677		No	0		No	100 %
MRI AT ST JOSEPH MEDICAL CENTER LLC 7253 AMBASSADOR ROAD BALTIMORE, MD 21244 52-1958002	MEDICAL IMAGING	MD	SJMC	RELATED	423,167	2,174,155		No	0	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	0		No	57 45 %
O'DEA MEDICAL ARTS LIMITED PARTNERSHIP 7601 OSLER DRIVE TOWSON, MD 21204 52-1682964	REAL ESTATE	MD	TMI	RELATED	9,490	0		No	0	Yes		66 58 %
ORTHOCOLORADO LLC 11650 WEST 2ND PLACE LAKEWOOD, CO 80255 37-1577105	ORTHO HOSPITAL	CO	THC	RELATED	1,846,153	8,411,844		No	0		No	60 %
PENINSULA RADIATION ONCOLOGY LLC 315 MARTIN LUTHER KING JR WAY 111 TACOMA, WA 98405 87-0808610	HEALTHCARE SRVC	WA	FHS	RELATED	256,567	3,262,002		No	0		No	60 %
PENRAD IMAGING 1390 KELLY JOHNSON BLVD COLORADO SPRINGS, CO 80920 84-1072619	MEDICAL IMAGING	CO	CHIC	RELATED	715,094	3,489,436		No	0		No	70 %
RUXTON SURGICENTER LLC 8322 BELLONA AVENUE SUITE 201 BALTIMORE, MD 21204 52-2095835	SURGERY CENTER	MD	SJMC	RELATED	-69,345	0		No	0	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 1451 HARRDOSBURG ROAD LEXINGTON, KY 40504 45-3801157	OP SURGERY	DE	SJHS	RELATED	0	0		No	0	Yes		51 %
SCA PREMIER SURGERY CENTER OF LOUISVILLE LLC 200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 72-1386840	SURGERY CENTER	KY	JH	RELATED	3,388	666,017		No	0	Yes		51 %
ST FRANCIS LAND COMPANY LLC 5390 N ACADEMY BLVD SUITE 300 COLORADO SPRINGS, CO 80918 26-3134100	REAL ESTATE	CO	CHIC	RELATED	-130,967	13,823,763		No	0		No	51 %
ST FRANCIS MEDICAL CENTER ASSOCIATES 1717 SOUTH J STREET TACOMA, WA 98405 91-1352698	MED OFFICE	WA	FHS	RELATED	238,717	1,907,063		No	0		No	58 46 %
ST JOSEPH-PAML LLC 424 LEWIS HARGETT CIRCLE STE 160 LEXINGTON, KY 40503 45-2116736	MGMT SVCS	KY	SJHS	RELATED	30,446	1,149,003		No	0	Yes		62 5 %
SUPERIOR MEDICAL IMAGING LLC 5000 NORTH 26TH STREET LINCOLN, NE 68521 26-2884555	OP DIAGNOSTICS	NE	SERMC	RELATED	-200,323	821,112		No	0	Yes		51 %
SURGERY CENTER OF LEXINGTON LLC 424 LEWIS HARGETT CIRCLE STE 160 LEXINGTON, KY 40503 62-1179539	SURGERY CENTER	DE	SJHS	RELATED	-200,318	4,079,584		No	0	Yes		51 %
SURGERY CENTER OF LOUISVILLE LLC 200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 62-1179537	SURGERY CENTER	KY	JH	RELATED	-15,452	396,101		No	0	Yes		51 %
ALEGENT HEALTH NORTHWEST IMAGING CENTER LLC 3606 N 156TH STREET OMAHA, NE 68116 06-1786985	OP DIAGNOSTICS	NE	ACH	RELATED	116,752	776,649		No	0	Yes		51 %
BERGAN MERCY SURGERY CENTER LLC 7710 MERCY ROAD STE 100 OMAHA, NE 68124 20-8671994	AMBUL SURG CTR	NE	ACH	RELATED	142,085	3,294,472		No	0		No	63 94 %
LAKESIDE AMBULATORY SURGICAL CENTER LLC 17031 LAKESIDE HILLS DR OMAHA, NE 68130 20-4267902	AMBUL SURG CTR	NE	ACH	RELATED	3,465,880	1,951,221		No	0		No	51 6 %
LAKESIDE ENDOSCOPY CENTER LLC 17001 LAKESIDE HILLS PLZ STE 201 OMAHA, NE 68130 20-5544496	ENDOSCOPY SRVC	NE	ACH	RELATED	1,455,294	1,013,126		No	0		No	52 28 %
NEBRASKA SPINE HOSPITAL LLC 6901 N 72ND STREET OMAHA, NE 68122 27-0263191	SPINE HOSPITAL	NE	ACH	RELATED	10,501,730	17,301,869		No	0		No	51 %
PRAIRIE HEALTH VENTURES LLC 421 S 9TH ST 102 LINCOLN, NE 68508 20-4962103	TECH SERVICES	NE	AH-IMC	RELATED	1,011,804	5,564,586		No	68,565	Yes		62 7 %
SAINT JOSEPH-ANC HOME CARE SERVICES 1700 EDISON DRIVE SUITE 300 MILFORD, OH 45150 26-3330545	HOME HEALTH	KY	JH	RELATED	3,208,139	9,684,824		No	0		No	96 9 %

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	
LINCOLN CK LEASING LLC 8770 BRYN MAWR SUITE 1370 CHICAGO, IL 60631 26-2496856	REAL ESTATE	NE	SERMC	RELATED	397,452	439,334		No	0		No	53 76 %
HIGHLINE IMAGING LLC 275 SW 160TH ST BURIEN, WA 98166 20-0460005	DIAGNOSTIC	WA	HMC	RELATED	840,222	1,784,058		No	0		No	80 %
HC SL VINTAGE I LLC 18000 WEST SARAH LANE SUITE 250 BROOKFIELD, WI 53045 27-0453767	PROPERTY HOLD	WI	SL CDC - VINTAGE	RELATED	1,027,057	105,658,490		No	0		No	51 %
ST LUKE'S HOSPITAL AT THE VINTAGE LLC 6624 FANNIN SUITE 2505 HOUSTON, TX 77030 26-3734516	HOSPITAL	TX	SL CDC - VINTAGE	RELATED	-19,253,743	69,158,748		No	0	Yes		51 %
PMC HOSPITAL LLC 6624 FANNIN SUITE 2505 HOUSTON, TX 77030 27-3280598	HOSPITAL	TX	SL CDC - PMC	RELATED	1,092,540	20,751,174		No	0	Yes		51 %
ST LUKE'S DIAGNOSTIC CATH LAB LLP 6620 MAIN ST SUITE 1520 HOUSTON, TX 77030 71-0959365	DIAGNOSTIC	TX	SLHS HOLDINGS	RELATED	273,448	868,814		No	0		No	57 3 %
ST LUKE'S LAKESIDE HOSPITAL LLC 6624 FANNIN SUITE 2505 HOUSTON, TX 77030 30-0427437	HOSPITAL	TX	SL CDC - WOODLANDS	RELATED	1,106,628	25,874,619		No	0	Yes		51 %
ST LUKE'S THE WOODLANDS SLEEP CENTER LLC 6624 FANNIN SUITE 800 HOUSTON, TX 77030 46-2795726	DIAGNOSTIC	TX	SLHS HOLDINGS	RELATED	0	0		No	0		No	51 %

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								Yes	No
ALTERNATIVE INSURANCE MANAGEMENT SERVICE 3900 OLYMPIC BOULEVARD SUITE 400 ERLANGER, KY 41018 84-1112049	MANAGEMENT SERVICES	CO	CHI	C CORPORATION	0	6,272,746	100 %	Yes	
AMERICAN NURSING CARE 1700 EDISON DRIVE MILFORD, OH 45150 31-1085414	HOME HEALTH	OH	CHS	C CORPORATION	5,118,606	51,920,207	100 %	Yes	
AMERIMED INC 1700 EDISON DRIVE MILFORD, OH 45150 31-1158699	HOME HEALTH	OH	ANC	C CORPORATION	2,134,392	14,669,219	100 %	Yes	
BC HOLDING COMPANY INC 1850 BLUEGRASS AVE LOUISVILLE, KY 40215 31-1542851	FITNESS CLUB	KY	JH	C CORPORATION	0	0	100 %	Yes	
CADUCEUS MEDICAL ASSOCIATES INC 5600 BRAINERD ROAD SUITE 500 CHATTANOOGA, TN 37411 62-1570736	HEALTHCARE	TN	MHCS	C CORPORATION	0	1,008	100 %	Yes	
CAPTIVE MANAGEMENT INITIATIVES PO BOX 10073 APO GEORGETOWN, GRAND CAYMAN KY1-1001 CJ 98-0663022	CAPTIVE MANAGEMENT	CJ	CHI	C CORPORATION	0	0	100 %	Yes	
CATHOLIC HEALTH INITIATIVES CENTER FOR TRANSLATIONAL RESEARCH 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 27-2269511	RESEARCH	CO	CIRI	C CORPORATION	-2,286,538	1,241,259	100 %	Yes	
CGH REALTY COMPANY INC 2500 BERNVILLE RD READING, PA 19603 23-2326801	REAL ESTATE	PA	SJHM	C CORPORATION	0	0	100 %	Yes	
COMCARE SERVICES 4231 W 16TH AVENUE DENVER, CO 80204 84-0904813	INACTIVE	CO	CHIC	C CORPORATION	0	0	100 %	Yes	
CONSOLIDATED HEALTH SERVICES 1700 EDISON DRIVE MILFORD, OH 45150 31-1378212	HOME HEALTH	OH	CHI	C CORPORATION	-879,467	52,379,487	100 %	Yes	
DES MOINES MEDICAL CENTER INC 1111 6TH AVENUE DES MOINES, IA 50314 42-0837382	REAL ESTATE	IA	CHI-IA CORP	C CORPORATION	61,204	1,064,032	92 98 %	Yes	
FIRST INITIATIVES INSURANCE LTD PO BOX 10073 APO GEORGETOWN, GRAND CAYMAN KY1-1001 CJ 98-0203038	INSURANCE	CJ	CHI	C CORPORATION	0	0	100 %	Yes	
FRANCISCAN SERVICES INC 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 23-2487967	HEALTHCARE	CO	CHI	C CORPORATION	-7,868	718,254	100 %	Yes	
GOOD SAMARITAN OUTREACH SERVICES PO BOX 1990 KEARNEY, NE 68848 47-0659440	MEDICAL CLINIC	NE	CHI NEBRASKA	C CORPORATION	-257,418	180,468	100 %	Yes	
HEALTH SYSTEMS ENTERPRISES INC PO BOX 1990 KEARNEY, NE 68848 47-0664558	MANAGEMENT	NE	GSH	C CORPORATION	87,278	1,377,820	100 %	Yes	

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								Yes	No
HEALTHCARE MGMT SERVICES ORG INC 1149 MARKET ST TACOMA, WA 98402 91-1865474	HEALTH ORG	WA	FHS	C CORPORATION	0	0	100 %	Yes	
MEDQUEST 1301 15TH AVENUE WEST WILLISTON, ND 58801 45-0392137	SALE OF DME	ND	MMC WILLISTON	C CORPORATION	153,510	1,152,715	100 %	Yes	
MERCY PARK APARTMENTS LTD 1111 6TH AVENUE DES MOINES, IA 50314 42-1202422	HOUSING	IA	CHI-IA CORP	C CORPORATION	369,231	1,937,218	100 %	Yes	
MERCY SERVICES CORP 2700 STEWART PARKWAY ROSEBURG, OR 97470 93-0824308	RETAIL SALES	OR	MMC	C CORPORATION	-440,596	1,423,377	100 %	Yes	
MHSERVICES CORPORATION 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 43-1457881	DME	MO	SJRMC	C CORPORATION	0	0	100 %	Yes	
MOUNTAIN MANAGEMENT SERVICES INC 5600 BRAINERD ROAD SUITE 500 CHATTANOOGA, TN 37411 62-1570739	MGMT SVC ORG	TN	MHCS	C CORPORATION	96,044	6,465,179	100 %	Yes	
NAZARETH ASSURANCE COMPANY PO BOX 10073 APO GEORGETOWN, GRAND CAYMAN KY1-1001 CJ 03-0304831	INSURANCE	CJ	CHI	C CORPORATION	0	0	100 %	Yes	
PATIENT TRANSPORT SERVICES INC 1700 EDISON DRIVE MILFORD, OH 45150 31-1100798	HOME HEALTH	OH	ANC	C CORPORATION	-164,340	5,488,275	100 %	Yes	
PHYSICIAN HEALTH SYSTEM NETWORK 1149 MARKET ST TACOMA, WA 98402 91-1746721	HEALTH ORG	WA	FHS	C CORPORATION	0	0	100 %	Yes	
SAINT CLARES PRIMARY CARE INC 66 FORD ROAD DENVILLE, NJ 07834 22-2441202	BILLING SERVICES	NJ	SCCC	C CORPORATION	-357,263	1,361,242	100 %	Yes	
SAMARITAN FAMILY CARE INC 40 W FOURTH ST 1700 DAYTON, OH 45402 31-1299450	HEALTHCARE	OH	SHP	C CORPORATION	0	0	100 %	Yes	
SJH SERVICES CORPORATION 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 23-2307408	HEALTHCARE	CO	FSI	C CORPORATION	-197,039	3,331,737	100 %	Yes	
SJL PHYSICIAN MANAGEMENT SERVICES INC 424 LEWIS HARGETT CR 160 LEXINGTON, KY 40503 27-0164198	MANAGEMENT	KY	SJHS	C CORPORATION	0	0	100 %	Yes	
ST ANTHONY DEVELOPMENT COMPANY 1415 SOUTHGATE PENDLETON, OR 97801 93-1216943	ATHLETIC CLUB	OR	SAH	C CORPORATION	114,663	2,936,102	100 %	Yes	
ST VINCENT COMMUNITY HEALTH SERVICES INC TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 71-0710785	HEALTHCARE	AR	SVIMC	C CORPORATION	2,408,638	15,225,732	100 %	Yes	

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								Yes	No
ST JOSEPH DEVELOPMENT COMPANY INC 1717 SOUTH J STREET TACOMA, WA 98405 91-1480569	RENTAL	WA	FSI	C CORPORATION	655,478	12,357,418	100 %	Yes	
ST JOSEPH OFFICE PARK ASSOCIATION 1401 HARRODSBURG ROAD BLDG B70 LEXINGTON, KY 40504 61-1079899	MANAGEMENT	KY	SJHS	C CORPORATION	0	882,139	85 %	Yes	
TOWSON MANAGEMENT INC 7601 OSLER DRIVE TOWSON, MD 21204 52-1710750	MANAGEMENT SERVICES	MD	FSI	C CORPORATION	516,457	197,196	100 %	Yes	
COLLABHEALTH MANAGED SOLUTIONS INC 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 46-1222808	HOLDING CO	CO	CHI	C CORPORATION	0	23,806,707	100 %	Yes	
COLLABHEALTH PLAN SERVICES INC 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 46-1224037	ADMIN SERVICES	CO	CHMS	C CORPORATION	-1,082,933	38,272,608	100 %	Yes	
HIGHLINE MEDICAL GROUP 15811 AMBAUM BLVD SW 170 BURIEN, WA 98166 91-1407026	MEDICAL SERVICES	WA	HMC	C CORPORATION	-6,049,147	5,689,139	100 %	Yes	
SOUNDPATH HEALTH INC 32129 WEYERHAEUSER WAY S SUITE 201 FEDERAL WAY, WA 98001 42-1720801	INSURANCE	WA	CHPS	C CORPORATION	-154,741	10,976,973	55 6 %	Yes	
SLEHS HOLDINGS INC 6624 FANNIN SUITE 800 HOUSTON, TX 77030 76-0637138	HOLDING CO	TX	SLHS	C CORPORATION	1,425,313	33,114,103	100 %	Yes	
ST LUKE'S ANESTHESIOLOGY ASSOCIATES 6624 FANNIN SUITE 1100 HOUSTON, TX 77030 46-1517163	MEDICAL CLINIC	TX	SLMC	C CORPORATION	0	0	100 %	Yes	
SLMT PARKING INC 6624 FANNIN SUITE 800 HOUSTON, TX 77030 76-0637140	PARKING	TX	SLHS	C CORPORATION	1,117,934	13,768,221	100 %	Yes	
ST LUKE'S 6620 MAIN CONDOMINIUM ASSOCIATION 6624 FANNIN SUITE 1100 HOUSTON, TX 77030 30-0355517	CONDOMINIUM ASSOC	TX	SLPC	C CORPORATION	0	0	100 %	Yes	
ST LUKE'S EPISCOPAL HOSPITAL PHYSICIAN HOSPITAL ORGANIZATION INC 6720 BERTNER HOUSTON, TX 77030 76-0377932	PHO	TX	SLMC	C CORPORATION	6	0	60 %	Yes	
ST LUKE'S MEDICAL ARTS CENTER I CONDOMINIUM ASSOCIATION 6624 FANNIN SUITE 1100 HOUSTON, TX 77030 30-0355518	CONDOMINIUM ASSOC	TX	SLPC	C CORPORATION	0	0	100 %	Yes	
ST LUKE'S MEDICAL TOWER CONDOMINIUM ASSOCIATION 6624 FANNIN SUITE 1100 HOUSTON, TX 77030 76-0298751	CONDOMINIUM ASSOC	TX	SLMTC	C CORPORATION	0	0	100 %	Yes	
SUGAR LAND DOCTOR GROUP 1317 LAKE POINTE PARKWAY SUGAR LAND, TX 77478 45-4270163	MEDICAL CLINIC	TX	SL CHS	C CORPORATION	-1,159,411	566,590	100 %	Yes	

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								Yes	No
THE TEXAS HEART INSTITUTE AT ST LUKE'S EPISCOPAL HOSPITAL DENTON A COOLEY B UILDING CONDOMINIUM ASSOCIATION 6624 FANNIN SUITE 1100 HOUSTON, TX 77030 90-0064009	CONDOMINIUM ASSOC	TX	SLMC	C CORPORATION	0	0	100 %	Yes	
ALEGENT HEALTHCREIGHTON ST JOSEPH MANAGED CARE SERVICES INC 12809 WEST DODGE ROAD OMAHA, NE 68154 47-0802396	MANAGED CARE	NE	ACH	C CORPORATION	5,312,313	4,520,865	100 %	Yes	
ALL SAINTS INSURANCE COMPANY SPC LTD PO BOX 69 GT 720 WEST BAY ROAD GEORGETOWN, GRAND CAYMAN KY-1102 CJ	INSURANCE	CJ	SLHS	C CORPORATION	0	43,866,961	100 %	Yes	
VINTAGE DOCTOR GROUP 6624 FANNIN SUITE 1100 HOUSTON, TX 77030	MEDICAL CLINIC	TX	SLMC	C CORPORATION	0	0	100 %	Yes	

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM	A	15,506,716	FMV
ALVERNA APARTMENTS	A	65,523	FMV
CARRINGTON HEALTH CENTER	A	1,911	FMV
ST ROSE AMBULATORY (FKA CENTRAL KANSAS MEDICAL CENTER)	A	267,608	FMV
CATHOLIC HEALTH INITIATIVES-COLORADO	A	7,687,583	FMV
CATHOLIC HEALTH INITIATIVES-IOWA CORP	A	10,150,352	FMV
ENUMCLAW REGIONAL HOSPITAL ASSOCIATION	A	812,726	FMV
FLAGET HEALTHCARE	A	748,502	FMV
FRANCISCAN HEALTH SYSTEM	A	6,654,105	FMV
FRANCISCAN VILLA OF SOUTH MILWAUKEE INC	A	176,149	FMV
GOOD SAMARITAN HOSPITAL	A	1,103,491	FMV
THE GOOD SAMARITAN HOSPITAL OF CINCINNATI OH	A	5,101,023	FMV
GOOD SAMARITAN HOSPITAL	A	5,280,395	FMV
JEWISH HOSPITAL & ST MARY'S HEALTHCARE	A	19,778,471	FMV
LAKEWOOD HEALTH CENTER	A	122,785	FMV
LISBON AREA HEALTH SERVICES	A	55,847	FMV
MEMORIAL HEALTH CARE SYSTEM INC	A	4,826,420	FMV
MERCY MEDICAL CENTER	A	1,618,829	FMV
MERCY MEDICAL CENTER - CENTERVILLE	A	53,605	FMV
MERCY MEDICAL CENTER	A	517,198	FMV
OAKES COMMUNITY HOSPITAL	A	263,355	FMV
SAINT CLARE'S HOSPITAL	A	5,358,284	FMV
ST FRANCIS LIFE CARE CORPORATION	A	1,554,816	FMV
ST ANTHONY HOSPITAL	A	389,562	FMV
ST CATHERINE HOSPITAL	A	811,115	FMV

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
ST FRANCIS MEDICAL CENTER	A	418,977	FMV
ST JOSEPH COMMUNITY HEALTH	A	43,769	FMV
SAINT JOSEPH HEALTH SYSTEM INC	A	13,464,669	FMV
ST JOSEPH MEDICAL CENTER INC	A	2,490,478	FMV
ST JOSEPH REGIONAL HEALTH NETWORK	A	6,178,242	FMV
ST JOSEPH'S AREA HEALTH SERVICES	A	80,786	FMV
ST JOSEPH'S HOSPITAL AND HEALTH CENTER	A	933,499	FMV
ST MARY'S COMMUNITY HOSPITAL	A	73,872	FMV
ST VINCENT INFIRMARY MEDICAL CENTER	A	6,717,669	FMV
UNITY FAMILY HEALTHCARE	A	765,106	FMV
VILLA NAZARETH INC	A	182,214	FMV
CHI NEBRASKA	A	3,354,244	FMV
CONSOLIDATED HEALTH SERVICES	A	156,351	FMV
ALEGENT HEALTH - MERCY HOSPITAL CORNING IA	B	99,786	FMV
CATHOLIC HEALTH INITIATIVES COLORADO FOUNDATION	B	229,696	FMV
THE PHYSICIAN NETWORK	B	57,237	FMV
FRANCISCAN HEALTH SYSTEM	B	129,807	FMV
THE GOOD SAMARITAN HOSPITAL OF CINCINNATI OH	B	93,454	FMV
GOOD SAMARITAN HOSPITAL FOUNDATION	B	288,467	FMV
JEWISH HOSPITAL & ST MARY'S HEALTHCARE	B	545,480	FMV
MEMORIAL HEALTH CARE SYSTEM INC	B	175,896	FMV
MERCY FOUNDATION INC	B	242,289	FMV
MERCY HOSPITAL OF VALLEY CITY	B	79,565	FMV
MERCY MEDICAL CENTER	B	70,000	FMV
SAINT FRANCIS MEDICAL CENTER FOUNDATION	B	176,483	FMV

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

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SAINT CLARE'S HOSPITAL	B	74,470	FMV
ST CATHERINE HOSPITAL DEVELOPMENT FOUNDATION	B	87,139	FMV
SAINT ELIZABETH FOUNDATION	B	212,055	FMV
ST FRANCIS MEDICAL CENTER	B	111,190	FMV
SAINT FRANCIS MEDICAL CENTER	B	68,403	FMV
SAINT JOSEPH HEALTH SYSTEM INC	B	257,608	FMV
ST JOSEPH MEDICAL CENTER FOUNDATION	B	234,258	FMV
ST JOSEPH'S AREA HEALTH SERVICES	B	103,085	FMV
ST MARY'S HEALTHCARE CENTER	B	76,689	FMV
ST MARY'S COMMUNITY HOSPITAL	B	108,948	FMV
ST VINCENT INFIRMARY MEDICAL CENTER	B	102,830	FMV
FRANCISCAN FOUNDATION	B	177,268	FMV
UNITY FAMILY HEALTHCARE	B	106,288	FMV
FIRST INITIATIVES INSURANCE LTD	C	1,551,669	FMV
MEMORIAL HEALTH CARE SYSTEM INC	D	70,000,000	FMV
MERCY MEDICAL CENTER	D	19,700,000	FMV
ST JOSEPH COMMUNITY HEALTH	D	1,500,000	FMV
ST JOSEPH'S HOSPITAL AND HEALTH CENTER	D	28,000,000	FMV
ST MARY'S COMMUNITY HOSPITAL	D	2,643,000	FMV
ST VINCENT INFIRMARY MEDICAL CENTER	D	17,000,000	FMV
SAINT JOSEPH - ANC HOME CARE SERVICES	D	5,500,000	FMV
FIRST INITIATIVES INSURANCE LTD	F	50,000,000	FMV
CHI OPERATING INVESTMENT PROGRAM LP	F	24,421,300	FMV
ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM	L	8,622,700	FMV
BISHOP DRUMM RETIREMENT CENTER	L	449,000	FMV

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

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BLUEGRASS REGIONAL IMAGING CENTER	L	309,507	FMV
CARRINGTON HEALTH CENTER	L	4,391,554	FMV
ST ROSE AMBULATORY (FKA CENTRAL KANSAS MEDICAL CENTER)	L	4,206,671	FMV
CENTRAL NEBRASKA HOME CARE SERVICES	L	14,822,543	FMV
THE PHYSICIAN NETWORK	L	90,982	FMV
CATHOLIC HEALTH INITIATIVES-COLORADO	L	16,868,367	FMV
CATHOLIC HEALTH INITIATIVES-IOWA CORP	L	141,146,230	FMV
CATHOLIC HEALTH INITIATIVES CENTER FOR TRANSLATIONAL RESEARCH	L	73,482	FMV
CONTINUING CARE HOSPITAL	L	2,082,740	FMV
ENUMCLAW REGIONAL HOSPITAL ASSOCIATION	L	4,162,219	FMV
FIRST INITIATIVES INSURANCE LTD	L	351,239	FMV
FLAGET HEALTHCARE	L	11,952,776	FMV
FRANCISCAN HEALTH SYSTEM	L	175,094,871	FMV
FRANCISCAN VILLA OF SOUTH MILWAUKEE INC	L	2,306,911	FMV
FRANCISCAN MEDICAL GROUP	L	3,768,520	FMV
GETTYSBURG MEDICAL CENTER	L	65,040	FMV
GOOD SAMARITAN HOSPITAL	L	2,867,968	FMV
THE GOOD SAMARITAN HOSPITAL OF CINCINNATI OH	L	16,549,091	FMV
HIGHLINE MEDICAL CENTER	L	907,625	FMV
GOOD SAMARITAN HOSPITAL	L	8,698,400	FMV
JEWISH HOSPITAL & ST MARY'S HEALTHCARE	L	66,601,109	FMV
LAKEWOOD HEALTH CENTER	L	4,322,326	FMV
LISBON AREA HEALTH SERVICES	L	3,021,891	FMV
MEMORIAL HEALTH CARE SYSTEM INC	L	96,772,108	FMV
MERCY MEDICAL CENTER	L	30,841,984	FMV

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MERCY HOSPITAL OF DEVILS LAKE	L	5,157,204	FMV
MERCY HOSPITAL OF VALLEY CITY	L	3,393,278	FMV
MERCY MEDICAL CENTER - CENTERVILLE	L	444,391	FMV
MERCY MEDICAL CENTER	L	11,605,686	FMV
NEBRASKA HEART HOSPITAL	L	3,745,128	FMV
OAKES COMMUNITY HOSPITAL	L	2,996,391	FMV
SAINT CLARE'S HOSPITAL	L	53,543,119	FMV
ST ANTHONY'S HOSPITAL ASSOCIATION	L	338,786	FMV
ST ANTHONY HOSPITAL	L	8,324,712	FMV
ST CATHERINE HOSPITAL	L	15,344,399	FMV
SAINT ELIZABETH REGIONAL MEDICAL CENTER	L	28,904,883	FMV
ST FRANCIS MEDICAL CENTER	L	7,457,565	FMV
SAINT FRANCIS MEDICAL CENTER	L	14,093,900	FMV
ST JOSEPH COMMUNITY HEALTH	L	709,752	FMV
ST JOSEPH DEVELOPMENT COMPANY INC	L	99,090	FMV
ST JOSEPH HEALTH MINISTRIES	L	246,538	FMV
SAINT JOSEPH HEALTH SYSTEM INC	L	128,376,946	FMV
ST JOSEPH MEDICAL CENTER INC	L	19,979,654	FMV
ST JOSEPH REGIONAL HEALTH NETWORK	L	39,368,724	FMV
ST JOSEPH'S AREA HEALTH SERVICES	L	9,407,678	FMV
ST JOSEPH'S HOSPITAL AND HEALTH CENTER	L	10,543,296	FMV
ST MARY'S HEALTHCARE CENTER	L	5,514,176	FMV
ST MARY'S COMMUNITY HOSPITAL	L	1,941,662	FMV
ST VINCENT INFIRMARY MEDICAL CENTER	L	62,642,108	FMV
TOTAL HEALTHCARE	L	130,402	FMV

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UNITY FAMILY HEALTHCARE	L	15,103,545	FMV
VILLA NAZARETH INC	L	2,739,196	FMV
CHI HEALTH CONNECT AT HOME - FARGO	L	1,261,053	FMV
CHI NEBRASKA	L	71,821,539	FMV
KENTUCKYONE HEALTH INC	L	23,483,611	FMV
CONSOLIDATED HEALTH SERVICES	L	1,775,179	FMV
ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM	S	13,410,365	FMV
CARRINGTON HEALTH CENTER	S	193,212	FMV
ST ROSE AMBULATORY (FKA CENTRAL KANSAS MEDICAL CENTER)	S	1,470,857	FMV
CATHOLIC HEALTH INITIATIVES-COLORADO	S	6,141,119	FMV
ENUMCLAW REGIONAL HOSPITAL ASSOCIATION	S	594,703	FMV
FLAGET HEALTHCARE	S	1,934,114	FMV
FRANCISCAN HEALTH SYSTEM	S	12,308,184	FMV
FRANCISCAN VILLA OF SOUTH MILWAUKEE INC	S	309,453	FMV
GOOD SAMARITAN HOSPITAL	S	3,793,379	FMV
THE GOOD SAMARITAN HOSPITAL OF CINCINNATI OH	S	11,123,042	FMV
GOOD SAMARITAN HOSPITAL	S	6,262,275	FMV
JEWISH HOSPITAL & ST MARY'S HEALTHCARE	S	8,915,721	FMV
LAKEWOOD HEALTH CENTER	S	311,711	FMV
LISBON AREA HEALTH SERVICES	S	169,907	FMV
MEMORIAL HEALTH CARE SYSTEM INC	S	2,336,509	FMV
MERCY MEDICAL CENTER	S	2,762,662	FMV
MERCY MEDICAL CENTER - CENTERVILLE	S	8,822,771	FMV
MERCY MEDICAL CENTER	S	250,002	FMV
OAKES COMMUNITY HOSPITAL	S	177,500	FMV

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SAINT CLARE'S HOSPITAL	S	4,023,046	FMV
ST ANTHONY HOSPITAL	S	1,040,489	FMV
ST CATHERINE HOSPITAL	S	774,177	FMV
SAINT ELIZABETH REGIONAL MEDICAL CENTER	S	2,672,521	FMV
ST FRANCIS MEDICAL CENTER	S	542,556	FMV
SAINT JOSEPH HEALTH SYSTEM INC	S	11,506,800	FMV
ST JOSEPH MEDICAL CENTER INC	S	106,048,470	FMV
ST JOSEPH REGIONAL HEALTH NETWORK	S	1,406,519	FMV
ST JOSEPH'S AREA HEALTH SERVICES	S	205,090	FMV
ST JOSEPH'S HOSPITAL AND HEALTH CENTER	S	1,194,480	FMV
ST MARY'S COMMUNITY HOSPITAL	S	104,392	FMV
ST VINCENT INFIRMARY MEDICAL CENTER	S	9,430,008	FMV
UNITY FAMILY HEALTHCARE	S	825,361	FMV
VILLA NAZARETH INC	S	550,261	FMV
CONSOLIDATED HEALTH SERVICES	S	334,051	FMV