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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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 07-01-2013 , 2013, and ending 06-30-2014

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

C Name of organization
CATHOLIC HEALTH INITIATIVES

Doing Business As

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

Room/suite

City or town, state or province, country, and ZIP or foreign postal code
Englewood, CO 80112

D Employer identification number
47-0617373

E Telephone number
(303) 298-9100

G Gross receipts $ 1,938,582,992

F Name and address of principal officer
KEVIN LOFTON
198 Inverness Drive West
Englewood, CO 80112

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

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

H(c) Group exemption number ▶ 0928

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

J Website: ▶ WWW CATHOLICHEALTHINIT ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1996

M State of legal domicile CO

Part I Summary

1 Briefly describe the organization's mission or most significant activities
CATHOLIC HEALTH INITIATIVES (CHI) IS A NATIONAL FAITH-BASED NON-PROFIT HEALTHCARE ORGANIZATION CHI SERVES AS AN INTREGAL PART OF ITS NATIONAL SYSTEM OF HOSPITALS AND OTHER HEALTHCARE PROVIDERS

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	14
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	**5**	3,594
6	Total number of volunteers (estimate if necessary)	**6**	13
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	45,295,347
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	3,403,567

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,566,868	70,000
9	Program service revenue (Part VIII, line 2g)	1,421,045,100	1,703,705,782
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	205,677,182	226,717,296
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10,829,236	7,621,339
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,639,118,386	1,938,114,417
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	7,107,132	13,774,900
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)	313,766,403	363,331,068
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)	1,450,526,281	1,966,672,710
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,771,399,816	2,343,778,678
19	Revenue less expenses Subtract line 18 from line 12	-132,281,430	-405,664,261

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	6,590,100,034	8,344,042,829
21	Total liabilities (Part X, line 26)	7,322,706,897	9,638,124,695
22	Net assets or fund balances Subtract line 21 from line 20	-732,606,863	-1,294,081,866

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 — 2015-05-15 Date

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 or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☑ Yes ☐ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the 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 $ 1,138,129,192 including grants of $ 13,774,900) (Revenue $ 1,659,399,385)

TO FULFILL ITS MISSION, CATHOLIC HEALTH INITIATIVES (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** ▶ 1,138,129,192

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 other assistance to or for any foreign organization? *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 other assistance to or for foreign individuals? *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 or other assistance to any domestic organization or government 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 or 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 25a*	**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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, 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 or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	4,433		
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	3,594		
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" to line 3b, 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 or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	15		
	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**	14		
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**		Yes	
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 80112 (303) 298-9100

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

Check if Schedule O contains a response or note to any line 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			

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)** . . . . . ▶								33,682,969	4,258,541	2,694,105

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 ▶ 678

			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
CONIFER HEALTH SOLUTIONS 3560 DALLAS PARKWAY FRISCO TX 75034	REVENUE CYCLE SERVICES	288,991,891
MONUMENT CONSULTING LLC 3957 WESTERRE PARKWAY SUITE 330 RICHMOND VA 23233	CONSULTING	74,776,962
DELOITTE CONSULTING LLP 30 ROCKEFELLER PLAZA NEW YORK NY 101120015	CONSULTING SERVICES	62,511,096
WIPRO LIMITED	IT CONSULTING SERVICES	56,865,024
MCKINSEY & COMPANY INC 55 EAST 52ND STREET NEW YORK NY 10022	CONSULTING SERVICES	39,854,550

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 ▶ 432

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations . . .	1d	70,000			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	0			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . . ▶		70,000			
Program Service Revenue			Business Code				
	2a	ASSESSMENTS	900099	1,719,564,824	1,677,716,633	41,848,191	
	b	PREMIUMS	900099	3,412,350	3,412,350		
	c	SERVICES SOLD	900099	746,500	70,000	676,500	
	d	EQUITY CHANGES OF UNCONSOLIDATED ORGS	900099	-177,296,964	-179,078,670	1,781,706	
	e	INTEREST INCOME	900099	157,225,025	157,225,025		
	f	All other program service revenue		54,047	54,047	0	0
	g	**Total.** Add lines 2a–2f . . . . . ▶		1,703,705,782			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		181,304,667		-72,293	181,376,960
	4	Income from investment of tax-exempt bond proceeds . . ▶		0			
	5	Royalties . . . . . ▶		0			
			(i) Real / (ii) Personal				
	6a	Gross rents	502,580				
	b	Less rental expenses	468,574				
	c	Rental income or (loss)	34,006 / 0				
	d	Net rental income or (loss) . . . . . ▶		34,006			34,006
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	42,180,526 / 3,232,104				
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)	42,180,526 / 3,232,104				
	d	Net gain or (loss) . . . . . ▶		45,412,629		1,061,243	44,351,386
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	EPAYABLES REBATE	900099	3,744,482			3,744,482
	b	INTERCOMPANY TRANSACTIONS	900099	2,450,844			2,450,844
	c	DHS COST SETTLEMENTS	541610	1,008,000			1,008,000
	d	All other revenue		384,007	0	0	384,007
	e	**Total.** Add lines 11a–11d . . . . . ▶		7,587,333			
	12	**Total revenue.** See Instructions . . . . . ▶		1,938,114,417	1,659,399,385	45,295,347	233,349,685

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 or note to any line 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	13,211,887	13,211,887		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	5,500	5,500		
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	557,513	557,513		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	23,758,768		23,758,768	
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	280,335,925	55,138,979	225,196,946	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	15,326,899	2,086,242	13,240,657	
9 Other employee benefits	23,463,312	7,006,538	16,456,774	
10 Payroll taxes	20,446,164	3,768,618	16,677,546	
11 Fees for services (non-employees)				
a Management	0			
b Legal	12,543,787		12,543,787	
c Accounting	19,376,780		19,376,780	
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)	557,771,637	3,276,940	554,494,697	0
12 Advertising and promotion	39,203	11,694	27,509	
13 Office expenses	28,437,149	1,910,299	26,526,850	
14 Information technology	24,199,260	208,842	23,990,418	
15 Royalties . .	0			
16 Occupancy	16,513,567	14,294	16,499,273	
17 Travel	18,502,324	1,932,295	16,570,029	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	3,573,309	259,503	3,313,806	
20 Interest	259,363,428	259,060,662	302,766	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	46,405,213	5,224,223	41,180,990	
23 Insurance	177,162,669	177,072,225	90,444	
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 UNRELATED BUSINESS TAX	3,393,775		3,393,775	
b REPAIRS AND MAINTENANCE	229,211,068	111,544,513	117,666,555	
c IMPAIRMENT LOSSES	47,867,847		47,867,847	
d GROUP MEDICAL	485,824,271	485,824,271		
e All other expenses	36,487,423	10,014,154	26,473,269	0
25 **Total functional expenses.** Add lines 1 through 24e	2,343,778,678	1,138,129,192	1,205,649,486	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 or note to any line in this Part X . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		548	1	549
	2	Savings and temporary cash investments		346,259,064	2	559,112,356
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		20,577,100	4	28,132,975
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	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		0	6	0
	7	Notes and loans receivable, net		2,901,164,610	7	3,912,061,519
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		88,826,129	9	69,420,616
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 1,216,523,598			
	b	Less accumulated depreciation	10b 302,998,280	750,191,606	10c	913,525,318
	11	Investments—publicly traded securities		0	11	0
	12	Investments—other securities See Part IV, line 11		967,565,598	12	1,058,491,256
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets			14	20,900,000
	15	Other assets See Part IV, line 11		1,515,515,379	15	1,782,398,240
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		6,590,100,034	16	8,344,042,829
Liabilities	17	Accounts payable and accrued expenses		274,211,449	17	502,411,707
	18	Grants payable			18	
	19	Deferred revenue		51,953,988	19	89,653,883
	20	Tax-exempt bond liabilities		5,500,320,587	20	7,033,136,284
	21	Escrow or custodial account liability Complete Part IV of Schedule D		15,719	21	
	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		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		702,475,000	23	712,586,524
	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		793,730,154	25	1,300,336,297
	26	**Total liabilities.** Add lines 17 through 25		7,322,706,897	26	9,638,124,695
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		-733,094,418	27	-1,294,520,034
	28	Temporarily restricted net assets		487,555	28	438,169
	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		-732,606,863	33	-1,294,081,865
	34	Total liabilities and net assets/fund balances		6,590,100,034	34	8,344,042,830

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,938,114,417
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,343,778,678
3	Revenue less expenses Subtract line 2 from line 1	3	-405,664,261
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-732,606,863
5	Net unrealized gains (losses) on investments	5	-30,536,720
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	-125,274,021
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-1,294,081,865

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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: 13000248
Software Version: 2013v3.1
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			
CHRISTOPHER LOWNEY TRUSTEE/Board Chair	2 00 0	X		X				38,462	0	0
KEVIN LOFTON FACHE Chief Executive Officer	58 00 2 00	X		X				4,292,266	0	485,074
PATRICIA SMITH OSF JCD PHD TRUSTEE/VICE CHAIR	2 00 0	X		X				0	0	0
ANDREA LEE IHM TRUSTEE	2 00 0	X						0	0	0
ANTOINETTE HARDY-WALLER RN TRUSTEE	2 00 0 00	X						0	0	0
BARBARA HAGEDORN SC Trustee	2 00 0	X						0	0	0
EDWARD SPEED Trustee	2 00 0	X						0	0	0
ELEANOR MARTIN SCN ESQ TRUSTEE	2 00 0	X						0	0	0
GERALDINE BEDNASH PHD RN FAAN Trustee	2 00 0	X						0	0	0
JAMES HAMILL Trustee	2 00 0	X						1,167	0	0
KATHERINE GRAY CSJ Trustee	2 00 0	X						0	0	0
LILLIAN MURPHY RSM Trustee	2 00 0	X						0	0	0
MARY JO POTTER TRUSTEE	2 00 0	X						0	0	0
MAUREEN COMER OP TRUSTEE	2 00 0	X						0	0	0
RICHARD CORRENTE Trustee	2 00 0	X						0	0	0
DEAN SWINDLE CPA President Enterprise Business Lines & CFO/Treasurer	58 00 2 00			X				2,203,801	0	222,299
DEBRA HANKS ASSISTANT SECRETARY	40 00 0			X				79,069	0	11,571
JOYCE ROSS SVP COMMUNICATIONS/ASSIST SEC	60 00 0			X				574,490	0	65,794
MICHAEL ROWAN FACHE President Health System Delivery & CHIEF OPERATING OFFICER	45 00 15 00			X				2,769,716	0	258,055
MITCH MELFI ESQ EVP & Chief Legal Officer/Secretary	60 00 0			X				1,304,246	0	147,235
JOHN DICOLA EVP Enterprise Strategic Dev	50 00 10 00				X			1,598,991	0	55,520
KATHLEEN SANFORD RN DBA FACHE SVP & CHIEF NURSING OFFICER	58 00 2 00				X			1,182,010	0	122,003
MICHAEL O'ROURKE SVP & CHIEF INFORMATION OFFICER	60 00 0				X			1,176,009	0	92,667
PATRICIA WEBB EVP & Chief Administrative Officer/ Chief HR OFFICER	60 00 1 00				X			1,189,829	0	131,609
PHILIP FOSTER SVP RISK & Insurance	60 00 0				X			696,379	0	80,544

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			
STEPHEN MOORE MD SVP & CHIEF MEDICAL OFFICER	59 00 2 00				X			1,390,581	0	132,270
STEVEN KEHRBERG SVP SUPPLY CHAIN & Clinical Engineering	60 00 0				X			585,346	0	83,021
THOMAS CLIFFORD DEVENY MD SVP-PHYS SERV & CLIN INTEGR	60 00 0				X			938,252	0	119,589
THOMAS KOPFENSTEINER EVP MISSION	57 00 3 00				X			1,300,979	0	125,431
DAVID J FINE President & CEO CIRI	0 00 60 00					X		2,148,034	4,066,938	165,017
JOSEPH WILCZEK SVP Divisional Ops/MBO CEO	0 00 60 00					X		1,705,501	0	42,664
MARY ELIZABETH O'BRIEN SVP Group Exec Officer/Chief Integration Officer	42 00 18 00					X		1,565,430	0	160,183
MELVIN ALEXANDER CFO KYOne Health	0 00 60 00					X		1,521,368	0	2,024
RICHARD HACHTEN II SVP/MBO CEO	0 00 60 00					X		4,124,695	191,603	67,124
CAROL KEENAN FORMER INTERIM SVP HUMAN RESOURCES	60 00 0						X	359,107	0	51,259
JOHN NEWTON JR FORMER GEN COUNSEL/SECRETARY	0 00 0						X	464,192	0	38,194
SUSANNA LAUNDY FORMER INTERIM SVP & CFO/Treasurer	59 00 1 00						X	473,049	0	34,956

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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.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2012 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2013.** 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—2012.** 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—2013.** 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—2012.** 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	845,437	27,141	0	1,566,868	70,000	2,509,446
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	1,121,777,652	1,087,339,067	1,119,120,292	1,418,547,498	1,851,274,191	6,598,058,700
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	1,122,623,089	1,087,366,208	1,119,120,292	1,420,114,366	1,851,344,191	6,600,568,146
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	642,927,453	664,110,246	709,296,407	868,708,297	1,171,415,331	4,056,457,734
c Add lines 7a and 7b	642,927,453	664,110,246	709,296,407	868,708,297	1,171,415,331	4,056,457,734
8 **Public support** (Subtract line 7c from line 6)						2,544,110,412

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	1,122,623,089	1,087,366,208	1,119,120,292	1,420,114,366	1,851,344,191	6,600,568,146
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	121,504,449	118,941,786	111,228,083	105,717,904	181,879,540	639,271,762
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	680,968	1,803,446	2,235,209	4,076,747	3,404,567	12,200,937
c Add lines 10a and 10b	122,185,417	120,745,232	113,463,292	109,794,651	185,284,107	651,472,699
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)	43,155	1,703,661	12,217,138	10,829,235	7,587,333	32,380,522
13 **Total support.** (Add lines 9, 10c, 11, and 12)	1,244,851,661	1,209,815,101	1,244,800,722	1,540,738,252	2,044,215,631	7,284,421,367

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 2013 (line 8, column (f) divided by line 13, column (f))	15	34 920 %
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	35 890 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	8 940 %
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	8 440 %

19a **33 1/3% support tests—2013.** 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—2012.** 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.** 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

Return Reference	Explanation
Schedule A, Part III, Line 12, Other Income	DESCRIPTION - REFUNDS, COLUMN A - 38885, COLUMN B - 0, COLUMN C - , COLUMN D - , COLUMN E - , COLUMN F - 38885, DESCRIPTION - DISCOUNTS TAKEN, COLUMN A - 3821, COLUMN B - 0, COLUMN C - , COLUMN D - , COLUMN E - , COLUMN F - 3821, DESCRIPTION - INTERCO TRANSACTIONS, COLUMN A - 0, COLUMN B - 579005, COLUMN C - 2440968, COLUMN D - 3376295, COLUMN E - 2450844, COLUMN F - 8847112, DESCRIPTION - LAWSUIT PROCEEDS, COLUMN A - 0, COLUMN B - 1003919, COLUMN C - 2125356, COLUMN D - 1417031, COLUMN E - , COLUMN F - 4546306, DESCRIPTION - TAX PREP REVENUE, COLUMN A - 0, COLUMN B - 120436, COLUMN C - , COLUMN D - , COLUMN E - , COLUMN F - 120436, DESCRIPTION - MEDICARE/MEDICAID INS SETTLEMENTS, COLUMN A - 0, COLUMN B - 0, COLUMN C - 5685802, COLUMN D - , COLUMN E - , COLUMN F - 5685802, DESCRIPTION - MISCELLANEOUS REVENUE, COLUMN A - 449, COLUMN B - 301, COLUMN C - 1965012, COLUMN D - 2988052, COLUMN E - 384007, COLUMN F - 5337821, DESCRIPTION - EPAYABLE REBATE, COLUMN A - , COLUMN B - , COLUMN C - , COLUMN D - 3047857, COLUMN E - 3744482, COLUMN F - 6792339, DESCRIPTION - DHS COST SETTLEMENT, COLUMN A - , COLUMN B - , COLUMN C - , COLUMN D - , COLUMN E - 1008000, COLUMN F - 1008000,

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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. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

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) 2010	(b) 2011	(c) 2012	(d) 2013	(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		205,000
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		0
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total Add lines 1c through 1i			205,000
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

Return Reference	Explanation
Schedule C, Part II-B, Line 1, Description of the activities reported on Lines 1a through 1i	LINE 1A - CATHOLIC HEALTH INITIATIVES' (CHI) ONLINE ADVOCACY ACTION CENTER WAS AVAILABLE TO THE GENERAL PUBLIC AND CHI EMPLOYEES FOR USE IN SENDING LETTERS BY E-MAIL TO MEMBERS OF CONGRESS DRAFT LETTERS WERE PROVIDED ON CHI ADVOCACY PRIORITIES INDIVIDUALS WERE ABLE TO CREATE THEIR OWN LETTERS AS WELL LINE 1B - CHI HAS A SENIOR VICE PRESIDENT/CHIEF ADVOCACY OFFICER AND A VICE PRESIDENT OF PUBLIC POLICY WHO SPEND A PORTION OF THEIR TIME ON LOBBYING ACTIVITIES AT THE FEDERAL LEVEL WITH MINIMAL STATE LEVEL LOBBYING THE MAJORITY OF LOBBYING-RELATED ACTIVITIES ARE CONSULTATIVE TO LEADERSHIP AND STAFF OF THE SYSTEM'S HOSPITALS AND HEALTH CARE ORGANIZATIONS LINE 1D - CHI COMMUNICATES WITH LEADERS OF THE SYSTEM'S HOSPITALS AND HEALTH CARE ORGANIZATIONS ON ADVOCACY ACTIVITIES PRIMARILY THROUGH E-MAIL MOST COMMUNICATIONS WITH CONGRESS OCCUR ELECTRONICALLY THROUGH THE ADVOCACY ACTION CENTER CHI ADVOCACY ACTIVITIES INVOLVED COMMUNICATIONS ON CHI ADVOCACY PRIORITIES, INCLUDING ACCESS AND COVERAGE, RURAL HEALTH CARE, MEDICARE AND MEDICAID REIMBURSEMENT, MEDICARE PAYMENTS TO PHYSICIANS AND FUNDING OF LEGISLATION PREVENTING CUTS, CRITICAL ACCESS HOSPITAL LENGTH OF STAY PAYMENT REQUIREMENTS, ACCESS TO OUTPATIENT THERAPIES IN CRITICAL ACCESS HOSPITALS, 340B DRUG DISCOUNT PROGRAM, FAIRNESS IN MEDICARE AUDIT PROGRAMS, AND THE FEDERAL BUDGET/DEFICIT REDUCTION LINE 1G - 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 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, THE VIABILITY OF NOT-FOR-PROFIT HEALTH CARE, PROTECTION OF RELIGIOUSLY-SPONSORED HEALTH CARE ENTITIES, CLINICALLY INTEGRATED CARE, COMMUNITY HEALTH IMPROVEMENT, QUALITY AND VALUE, FAIR PAYMENT, RURAL HEALTH CARE, PALLIATIVE CARE, AND VIOLENCE PREVENTION 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 TO THE HEALTH AND WELL-BEING OF INDIVIDUALS AND COMMUNITIES AT THE CATHOLIC HEALTH INITIATIVES NATIONAL OFFICE, PUBLIC POLICY PRIORITIES ARE IDENTIFIED AND ADVOCACY STRATEGIES ARE INITIATED THE NATIONAL ADVOCACY OFFICE DEVELOPS RESOURCES TO FACILITATE THE INVOLVEMENT OF THE ENTIRE HEALTH SYSTEM IN GRASSROOTS PUBLIC POLICY INITIATIVES ALL CATHOLIC HEALTH INITIATIVES FACILITIES IN 19 STATES ARE ENCOURAGED TO ENGAGE IN ADVOCACY THROUGH LETTER-WRITING, FAXES, EMAILS, PHONE CALLS, AND MEETINGS WITH FEDERAL AND STATE POLITICAL LEADERSHIP CATHOLIC HEALTH INITIATIVES WILL CONTINUE TO 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 PERSONS WHO ARE MOST VULNERABLE

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

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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. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

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. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. 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		8,209,072		8,209,072
b Buildings		24,015,240	-1,592,018	25,607,258
c Leasehold improvements		21,730,416	8,856,742	12,873,674
d Equipment		491,987,798	295,733,556	196,254,242
e Other		670,581,072		670,581,072
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				913,525,318

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. 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	406,279,711	F
(B) CHI OIP - EQUITY SECURITIES	441,150,482	F
(C) CHI OIP - MONEY MARKET	5,994,569	F
(D) INT DESIGINATED CHV II LP	11,721,391	F
(E) INT DESIGINATED CHV III LP	6,546,098	F
(F) INVESTMENTS IN HIGHMARK FUND	134,244,540	F
(G) HELD FOR DEBT REQ - CHI DEBT PROGRAM	341	F
(H) CHI LEGACY GIFT - TEXAS HEART INSTITUTE	52,554,124	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	1,058,491,256	

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(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.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d 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.)* . . . . . ▶	1,782,398,240

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	0
PENSION LIABILITY	470,880,409
SELF-INSURANCE RESERVES AND CLAIMS	5,345,883
INTEREST RATE SWAPS	171,210,763
LOSSES INCURRED BUT NOT REPORTED	68,343,018
INTERCOMPANY PAYABLES	452,582,312
THI MISSION ADMIN SUPPORT	64,166,302
MISCELLANEOUS LIABILITIES	15,253,485
LEGACY GIFT - TEXAS HEART INSTITUTE	52,554,124
	1
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	1,300,336,297

2. Liability for uncertain tax positions 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 Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

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

Return Reference	Explanation
Schedule D, Part IV, Line 2b, Explanation of escrow agreement	CATHOLIC HEALTH INITIATIVES ACTS AS AGENT FOR THE EMPLOYEE FINANCIAL ASSISTANCE FUND, AN EMPLOYEE FUNDED PROGRAM
Schedule D, Part X, Line 2, FIN 48 (ASC 740) footnote	CHI IS A TAX-EXEMPT COLORADO CORPORATION AND HAS BEEN GRANTED AN EXEMPTION FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE CHI OWNS CERTAIN TAXABLE SUBSIDIARIES AND ENGAGES IN CERTAIN ACTIVITIES THAT ARE UNRELATED TO ITS EXEMPT PURPOSE AND THEREFORE SUBJECT TO INCOME TAX 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

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 13000248
Software Version: 2013v3.1
EIN: 47-0617373
Name: CATHOLIC HEALTH INITIATIVES

Form 990, Schedule D, Part VII - Investments Other Securities

(a) Description of security or cateory (including name of security)	**(b)**Book value	**(c)** Method of valuation Cost or end-of-year market value
(3)Other (A) CHI OIP - FIXED INCOME	406,279,711	F
(B) CHI OIP - EQUITY SECURITIES	441,150,482	F
(C) CHI OIP - MONEY MARKET	5,994,569	F
(D) INT DESIGINATED CHV II LP	11,721,391	F
(E) INT DESIGINATED CHV III LP	6,546,098	F
(F) INVESTMENTS IN HIGHMARK FUND	134,244,540	F
(G) HELD FOR DEBT REQ - CHI DEBT PROGRAM	341	F
(H) CHI LEGACY GIFT - TEXAS HEART INSTITUTE	52,554,124	F

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

(a) Description	**(b)** Book value
(1) CONIFER VALUATION & REVENUE CYCLE	75,485,415
(2) EXECUFLEX DEFERRED INCOME PLAN	12,953,246
(3) CASH SURRENDOR VALUE LIFE INSURANCE	3,445,290
(4) CHI 457(B) PLAN	11,745,601
(5) REINSURANCE RECOVERY ASSETS	51,227,249
(6) INTERCOMPANY RECEIVABLES	509,186,315
(7) DEFERRED FINANCING COSTS - CHI PROGRAM	42,958,052
(8) INVESTMENTS IN UNCONSOLIDATED ORGS - CONTROLLING INTEREST	928,776,723
(9) INVESTMENTS IN UNCONSOLIDATED ORGS - NONCONTROLLING INTEREST	136,381,683
(10) MISCELLANEOUS	10,043,666
(11) DEPOSITS	195,000

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

1 **(a)** Description of Liability	**(b)** Book Value
PENSION LIABILITY	470,880,409
SELF-INSURANCE RESERVES AND CLAIMS	5,345,883
INTEREST RATE SWAPS	171,210,763
LOSSES INCURRED BUT NOT REPORTED	68,343,018
INTERCOMPANY PAYABLES	452,582,312
THI MISSION ADMIN SUPPORT	64,166,302
MISCELLANEOUS LIABILITIES	15,253,485
LEGACY GIFT - TEXAS HEART INSTITUTE	52,554,124
	1

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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.

▶ Information about Schedule F (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

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 its grants and other 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 its grants and other assistance 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
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total					
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)	1	35			69,803,056

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1) See Add'l Data								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

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)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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 organization may 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, Information 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

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).

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PART I, LINE 2, PROCEDURES FOR MONITORING USE OF GRANT FUNDS	CATHOLIC HEALTH INITIATIVES' (CHI) MISSION AND MINISTRY FUND PROVIDES GRANTS TO CHI ORGANI ZATIONS 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 EL IGIBLE TO APPLY FOR GRANT FUNDING FOR HEALTHY COMMUNITY COALITIONS AND PROJECTS GRANTS FR OM THE MISSION AND MINISTRY FUND ARE AWARDED BASED UPON A REVIEW OF GRANT APPLICATIONS SUB MITTED 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 HEALT H INITIATIVES GENERAL LEDGER SYSTEM CHI ENSURES THAT GRANTS TO UNITED STATES RECIPIENTS A RE PROPERLY USED FOR THEIR INTENDED PURPOSE BY ENSURING THAT THE GRANT RECIPIENTS ARE PRIM ARILY IRC 501(C)(3) ORGANIZATIONS IN MOST CIRCUMSTANCES THE RECIPIENT IS A CHI AFFILIATE THAT CHI-RELATED ENTITY SUPERVISES THE GRANT INITIATIVE, INCLUDING THE EXPENDITURE OF FUN DS IN FURTHERANCE OF THAT INITIATIVE MISSION AND MINISTRY FUND GRANT RECIPIENTS ALSO PROV IDE 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 RECIPIEN T ORGANIZATIONS ARE REQUIRED, AS IRC SEC 501(C)(3) ORGANIZATIONS TO USE THE FUNDS IN FURTH ERANCE OF EXEMPT PURPOSES

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PART I, LINE 3(F), DESCRIPTION OF ACCOUNTING METHOD FOR COSTS IN REGION	(1 & 10) THERE ARE A FEW CATHOLIC HEALTH INITIATIVES (CHI) EMPLOYEES WHO SERVE ON THE BOAR DS OF OFFSHORE CAPTIVES OF CHI CHI ALLOCATED A PORTION OF THE SALARIES OF THESE INDIVIDUA LS TO LINE 3(F) TRAVEL COSTS FOR THESE INDIVIDUALS WERE NOT PAID BY CHI (2) CHI'S INVEST MENTS IN CAPTIVE MANAGEMENT INITIATIVES, NAZARETH ASSURANCE COMPANY, AND ALL SAINTS INSURA NCE COMPANY, SPC, LTD ARE REFLECTED IN LINE 3 ALSO INCLUDED IN LINE 3 IS THE COMMON STOCK INVESTMENT IN FIRST INITIATIVES INSURANCE, LTD, A WHOLLY OWNED CORPORATION FIRST INITIAT IVES INSURANCE, LTD IS INCLUDED IN CHI'S CONSOLIDATED FINANCIAL STATEMENTS (3) CHI HAD ON E EMPLOYEE LOCATED IN THE CENTRAL AMERICA / CARIBBEAN AREA THIS INDIVIDUAL PERFORMS OFFSH ORE SELF-INSURANCE CAPTIVE MANAGEMENT SERVICES ON BEHALF OF CHI CHI'S EXPENSE ASSOCIATED WITH THAT LOCATION IS THE INDIVIDUAL'S SALARY AND ASSOCIATED BENEFITS THE INDIVIDUAL'S CO MPENSATION WAS ESTIMATED TO EQUAL $234,129 (U S) USING THE SAME METHODOLOGY AS IS REQUIRE D FOR INDIVIDUALS REPORTABLE IN PART IX (5,7,8,9 & 11) CHI PAYS VARIOUS FOREIGN INDEPENDE NT CONTRACTORS FOR PROGRAM RELATED SERVICES INCLUDED IN LINE 3 IS APPROXIMATELY $66 1 MIL LION PAID TO WIPRO FOR CENTRALIZED IT SUPPORT SHARED SERVICES PROVIDED TO CHI NATIONAL OFF ICES AND MBOS (4,6,12 & 13) CHI PROVIDES CHARITABLE GRANTS TO OTHER U S 501(C)(3) ORGANI ZATIONS TO SUPPORT FOREIGN PROGRAMS (SEE DESCRIPTION FOR PART I, LINE 2)

990 Schedule F, Supplemental Information

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

990 Schedule F, Supplemental Information

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

990 Schedule F, Supplemental Information

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

Additional Data

Software ID: 13000248
Software Version: 2013v3.1
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)		2	PROGRAM SERVICES	INDEPENDENT CONTRACTORS	5,405
NORTH AMERICA (CANADA & MEXICO ONLY)		27	PROGRAM SERVICES	INDEPENDENT CONTRACTORS	559,307
CENTRAL AMERICA AND THE CARIBBEAN			CONDUCTING BOARD MEETINGS		120,629

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		70,330
CENTRAL AMERICA AND THE CARIBBEAN			INVESTMENTS		1,923,397
CENTRAL AMERICA AND THE CARIBBEAN	1	1	PROGRAM SERVICES	MAINTAINING OFFICES	234,129

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		2	PROGRAM SERVICES	INDEPENDENT CONTRACTORS	66,145,497
EAST ASIA AND THE PACIFIC			GRANTMAKING		77,000
CENTRAL AMERICA AND THE CARIBBEAN			GRANTMAKING		453,242

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			GRANTMAKING		21,263
MIDDLE EAST AND NORTH AFRICA		1	PROGRAM SERVICES	INDEPENDENT CONTRACTORS	19,138
CENTRAL AMERICA AND THE CARIBBEAN		2	PROGRAM SERVICES	INDEPENDENT CONTRACTORS	167,710

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		6,009

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)
		EAST ASIA AND THE PACIFIC	FUNDING FOR THE PHILIPPINES TOWARDS TYPHOON HAIYAN RELIEF	40,000	CHECK			
		CENTRAL AMERICA AND THE CARIBBEAN	HAITI EARTHQUAKE RELIEF - THIRD INSTALLMENT	333,333	CHECK			
		CENTRAL AMERICA AND THE CARIBBEAN	FUNDING FOR JAMAICAN OUTREACH	48,800	WIRE			
		CENTRAL AMERICA AND THE CARIBBEAN	FUNDING TO DEVELOP RELATIONSHIP WITH ALMA MATER HOSPITAL IN GROSMORNE HAITI	71,108	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)
		SOUTH ASIA	FUNDING TO SISTERS OF CHARITY OF NAZARETH FOR RANCHI INDIA OUTREACH	21,263	WIRE			
		EAST ASIA AND THE PACIFIC	FUNDING AND SHIPPING CHARGES TO SEND MEDICAL SUPPLIES TO THE PHILIPPINES	37,000	WIRE			

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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**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

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 . . . . . ▶ 44

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	2	5,500			

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
Schedule I, Part I, Line 2, Procedures for monitoring use of grant funds	CATHOLIC HEALTH INITIATIVES' (CHI) 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 SECTION 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

Additional Data

Software ID: 13000248
Software Version: 2013v3.1
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
MERCY HOUSING INC 7241 EDNA COURT LA VISTA,NE 68128	47-0646706	501(C)(3)	50,000				GRANT-PEACE PAL PRG

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 PROGRAM 4343 UTICA ST DENVER,CO 80212	46-0508814	501(C)(3)	62,175				WORK STUDY PROG

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
INROADS INC 10 SOUTH BROADWAY SUITE 300 ST LOUIS,MO 63102	62-0967197	501(C)(3)	9,200				ETHINIC DIVERSITY

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
WOMENS BUSINESS LEADER 1227 25TH ST NW STE 700 WASHINGTON, DC 20037	51-0410145	501(C)(3)	13,000				WOMEN EMPOWERMENT

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
NATIONAL CENTER FOR HEALTHCARE LEADERSHIP 1700 W VAN BUREN SUITE 126B CHICAGO,IL 60612	36-4483505	501(C)(3)	20,000				DIVERSITY

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
SAN JOSE CLINIC FALL SPEAKER SERIES 2615 FANNIN ST HOUSTON,TX 77252	76-0373703	501(C)(3)	10,000				SPONSORSHIP

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 ALPHONSUS MEDICAL CENTER 3325 OCAHONTAS RD BAKER CITY,OR 97814	27-1790052	501(C)(3)	44,103				RURAL HEALTH INSURE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DOMINICAN SISTERS OF PEACE 2320 AIRPORT DRIVE COLUMBUS,OH 43219	26-3550703	501(C)(3)	36,003				ECOLOGICAL CENTER

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DOMINICAN SISTERS OF PEACE 2320 AIRPORT DRIVE COLUMBUS,OH 43219	26-3550703	501(C)(3)	10,000				MATURING SPIRITUAL

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DOMINICAN SISTERS OF PEACE 2320 AIRPORT DRIVE COLUMBUS,OH 43219	26-3550703	501(C)(3)	147,930				LIVE IN PEACE

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 601 EDWIN C MOSES BLVD DAYTON,OH 45417	02-0633634	501(C)(3)	94,080				TEEN PREGNANCY

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 601 EDWIN C MOSES BLVD DAYTON,OH 45417	02-0633634	501(C)(3)	138,171				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 COLLEGE OF HEALTH SCIENCES 1111 6TH AVE DES MOINES,IA 50314	42-1511682	501(C)(3)	31,588				HEALTH SCIENCE

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 PRESENTATION BLESSED VIRGIN MARY 1101 32ND AVENUE SOUTH FARGO,ND 58103		501(C)(3)	57,560				EMPOWERMENT

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 - NAMPA INC 1512 12TH AVE RD NAMPA,ID 83686	82-0200896	501(C)(3)	183,870				CARE TRANSITIONS

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 NAZARETH PO BOX 9 NAZARETH,KY 40048	75-3124022	501(C)(3)	17,267				HUMAN TRAFFICKING

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 NORTHWEST 2505 THIRD AVE STE 204 SEATTLE, WA 98121	91-1546525	501(C)(3)	63,500				AFFORDABLE 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
BENEDICTINE MULTICULTURAL CENTER 2500 5TH STREET SE WATERTOWN,SD 57201	46-0284619	501(C)(3)	57,500				MULTICULTURAL CENTER

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FLAGET MEMORIAL HOSPITAL 4305 NEW SHEPHERDSVILLE RD BARDSTOWN,KY 40004	61-1345363	501(C)(3)	21,780				BARDSTOWN AT HOME

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
LAKEWOOD HEALTH CENTER 600 MAIN AVE SOUTH BAUDETTE,MN 56623	41-0758434	501(C)(3)	7,900				VIOLENCE IN HOME

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ST FRANCIS MEDICAL CENTER 2400 ST FRANCIS DRIVE BRECKENRIDGE,MN 56520	41-0695598	501(C)(3)	62,885				VIOLENCE PREVENTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MEMORIAL HEALTH CARE SYSTEM INC 2525 DE SALES AVE CHATTANOOGA,TN 37404	62-0532345	501(C)(3)	122,116				HEALTH & WELLNESS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GOOD SAMARITAN HOSPITAL (TRIHEALTH) 375 DIXMYTH AVENUE CINCINNANTI,OH 45206	31-0537486	501(C)(3)	100,000				FREE HEALTH CENTER

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CENTURA HEALTH CORPORATION 188 INVERNESS DR W STE 500 DENVER,CO 80112	84-1335382	501(C)(3)	257,300				VIOLENCE PREVENTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SAINT CLARE'S HOSPITAL INC 25 POCONO RD DENVILLE,NJ 07834	22-3319886	501(C)(3)	110,593				SAFE START

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CATHOLIC HEALTH INITIATIVES - IOWA CORP 1111 6TH AVE DES MOINES,IA 50314	42-0680448	501(C)(3)	56,350				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 ST LOUISVILLE,KY 40202	61-1029768	501(C)(3)	759,371				PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
KENTUCKYONE HEALTH INC 200 ABRAHAM FLEXNER WAY LOUISVILLE,KY 40202	61-1029769	501(C)(3)	156,327				PACT IN ACTION

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 HOSPITAL 1314 3RD AVENUE NEBRASKA CITY, NE 68410	47-0443636	501(C)(3)	81,198				VIOLENCE PREVENTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ALEGENT HEALTH FOUNDATION MERCY HOSPITAL 7500 MERCY RD OMAHA,NE 68124	47-0648586	501(C)(3)	86,854				VIOLENCE PREVENTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ST JOSEPH'S AREA HEALTH SERVICES 600 PLEASANT AVE PARK RAPIDS,MN 56470	41-0695603	501(C)(3)	58,621				VIOLENCE PREVENTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ST JOSEPH MEDICAL CENTER FOUNDATION 2500 BERNVILLE RD PO BOX 316 READING,PA 19603	23-2649362	501(C)(3)	317,222				PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MERCY FOUNDATION INC 2700 STEWART PARKWAY ROSEBURG,OR 97471	93-6088946	501(C)(3)	212,410				PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FRANCISAN FOUNDATION (FHS) 1149 MARKET ST TACOMA,WA 984023515	91-1145592	501(C)(3)	254,372				PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GOOD SAMARITAN HOSPITAL FOUNDATION 111 W 31ST ST KEARNEY,NE 68847	47-0659443	501(C)(3)	305,544				PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ST CATHERINE HOSPITAL DEVELOPMENT FOUNDATION 401 EAST SPRUCE ST GARDEN CITY,KS 67846	20-0598702	501(C)(3)	128,215				VIOLENCE PREVENTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SAINT ELIZABETH FOUNDATION 550 S 70TH ST LINCOLN,NE 68510	47-0625523	501(C)(3)	107,534				HOPE THRU HEALING

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SAINT FRANCIS MEDICAL CENTER 2620 W FAIDLEY GRAND ISLAND,NE 68802	47-0376601	501(C)(3)	110,269				PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ST JOSEPH HEALTH SYSTEM INC 424 LEWIS HARGETT CIRCLE STE 160 LEXINGTON,KY 40503	61-1334601	501(C)(3)	224,812				PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ST VINCENT INFIRMARY MEDICAL CENTER TWO ST VINCENT CIRCLE LITTLE ROCK,AR 72205	71-0236917	501(C)(3)	88,418				HEALTH CONNECTIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNITY FAMILY HEALTHCARE 815 SE 2ND ST LITTLE FALLS,MN 56345	41-0721642	501(C)(3)	249,153				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
COALITION TO PROTECT AMERICA'S HEALTH CARE PO BOX 30211 BETHESDA,MD 20824	52-2253225	501(C)(3)	200,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HEALTH CARE WITHOUT HARM 12355 SUNRISE VALLEY DRIVE STE 680 RESTON,VA 20191	52-2358837	501(C)(3)	25,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
INSTITUTE OF MEDICINE 500 FIFTH STREET NW WASHINTON,DC 20001	53-0196932	501(C)(3)	10,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CENTER FOR AFRICAN AMERICAN HEALTH 3601 MARTIN LUTHER KING BLVD DENVER,CO 80205	84-1477546	5010(C)(3)	10,000				ANNUAL HEALTH FAIR

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
ENROLL AMERICA 1201 NEW YORK AVE NW STE 1100 WASHINGTON, DC 20005	27-1661221	501(C)(3)	200,000				PROTECT COALITION

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 SISTER OF LITTLE FALLS MINNESOTA 116 8TH AVENUE SE LITTLE FALLS,MN 56345	41-0695518	501(C)(3)	22,420				SPONSORSHIP

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 - NAMPA INC 1512 12TH AVE RD NAMPA,ID 83686	82-0200896	501(C)(3)	698,222				NEWBORN FAMILY SUP

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ST CATHERINE HOSPITAL DEVELOPMENT FOUNDATION 401 SPRUCE ST GARDEN CITY,KS 67846	20-0598702	501(C)(3)	85,829				FAMILY LITERACY

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CATHOLIC HEALTH INITIATIVES NATIONAL FOUNDATION 6385 CORPORATE DRIVE COLORADO SPRINGS,CO 80919	27-0930004	501(C)(3)	7,000,000				PROGRAM SUPPORT

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

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 directors, trustees, officers, including 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

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

Return Reference	Explanation
Schedule J, Part I, Line 1a, First-class or charter travel	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 CATHOLIC HEALTH INITIATIVES (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
Schedule J, Part I, Line 1a, Travel for companions	TRAVEL FOR COMPANIONS IS AVAILABLE WITH TAX GROSS-UP PURSUANT TO CATHOLIC HEALTH INITIATIVES (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
Schedule J, Part I, Line 1a, Tax indemnification and gross-up payments	CATHOLIC HEALTH INITIATIVES 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
Schedule J, Part I, Line 4a, Severance or change-of-control payment	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 CATHOLIC HEALTH INITIATIVES DURING THE 2013 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 - $251,716 DURING THE 2013 CALENDAR YEAR CHANGE OF CONTROL PAYMENTS WERE PAID TO CERTAIN ST LUKE'S HEALTH SYSTEM CORPORATION (SLHS) EMPLOYEES AS A RESULT OF THE ACQUISITION OF SLHS BY CATHOLIC HEALTH INITIATIVES THE FOLLOWING REPORTABLE INDIVIDUALS RECEIVED CHANGE OF CONTROL PAYMENTS DURING THE 2013 CALENDAR YEAR, AND THESE CHANGE OF CONTROL PAYMENTS WERE INCLUDED IN THE INDIVIDUAL'S W-2 INCOME AND REPORTABLE COMPENSATION ON PART VII AND SCHEDULE J DAVID FINE - $1,704,880
Schedule J, Part I, Line 4b, Supplemental nonqualified retirement plan	DURING THE 2013 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 RICHARD HACHTEN II STEVEN KEHRBERG THOMAS KOPFENSTEINER KEVIN LOFTON MITCH MELFI STEPHEN MOORE MARY ELIZABETH O'BRIEN MICHAEL O'ROURKE JOYCE ROSS MICHAEL ROWAN KATHLEEN SANFORD DEAN SWINDLE PATRICIA WEBB JOSEPH WILCZEK DAVID FINE DURING 2013 THE FOLLOWING CONTRIBUTIONS WERE MADE BY CHI TO THE DEFERRED COMPENSATION PLAN THOMAS CLIFFORD DEVENY - $81,779 PHILIP FOSTER - $33,600 STEVEN KEHRBERG - $33,989 THOMAS KOPFENSTEINER - $93,649 KEVIN LOFTON - $441,038 MITCH MELFI - $94,077 STEPHEN MOORE - $97,224 MARY ELIZABETH O'BRIEN - $127,777 MICHAEL O'ROURKE - $51,581 JOYCE ROSS - $28,407 MICHAEL ROWAN - $214,851 KATHLEEN SANFORD - $81,643 DEAN SWINDLE - $179,529 PATRICIA WEBB - $95,327 DAVID FINE - $99,805 DURING 2013 THE FOLLOWING DISTRIBUTIONS WERE MADE BY CHI FROM THE DEFERRED COMPENSATION PLAN MELVIN ALEXANDER - $38,251 JOHN DICOLA - $86,866 PHILIP FOSTER - $29,982 STEVEN KEHRBERG - $32,113 THOMAS KOPFENSTEINER - $90,628 KEVIN LOFTON - $197,335 MITCH MELFI - $73,346 STEPHEN MOORE - $98,588 MARY ELIZABETH O'BRIEN - $57,729 MICHAEL O'ROURKE - $50,463 JOYCE ROSS - $88,805 MICHAEL ROWAN - $175,028 KATHLEEN SANFORD - $64,060 DEAN SWINDLE - $70,057 JOSEPH WILCZEK - $64,904 JOHN NEWTON, JR - $213,396 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 2013 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 2013, THE FOLLOWING CONTRIBUTIONS THAT WOULD HAVE BEEN MADE BY CHI TO THE DEFERRED COMPENSATION PLAN WERE PAID IN CASH JOHN DICOLA - $109,903 RICHARD HACHTEN II - $133,616 JOSEPH WILCZEK - $129,682 ST LUKE'S HEALTH SYSTEM CORPORATION (SLHS) MAINTAINS A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN FOR CERTAIN EXECUTIVES THE FOLLOWING REPORTABLE INDIVIDUALS WERE ELIGIBLE TO PARTICIPATE IN THAT PLAN DAVID FINE AFTER A RECIPIENT REACHES A CERTAIN AGE, CASH PAYOUTS ARE INCLUDED IN THE PARTICIPANT'S REPORTABLE COMPENSATION IN COLUMN (III) OTHER REPORTABLE COMPENSATION ON SCHEDULE J PART II DURING 2013, THE FOLLOWING CONTRIBUTIONS THAT WOULD HAVE BEEN MADE BY SLHS TO THE DEFERRED COMPENSATION PLAN WERE PAID IN CASH DAVID FINE - $151,490
Schedule J, Part I, Line 7, Non-fixed payments	CATHOLIC HEALTH INITIATIVES (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

Software ID: 13000248
Software Version: 2013v3.1
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				
KEVIN LOFTON FACHE CHIEF EXECUTIVE OFFICER	(I) (II)	1,488,846 0	2,576,073 0	227,347 0	469,640 0	15,434 0	4,777,340 0	197,335 0
SUSANNA LAUNDY FORMER INTERIM SVP & CFO/TREASURER	(I) (II)	398,517 0	52,046 0	22,486 0	26,052 0	8,904 0	508,005 0	0 0
JOHN NEWTON JR FORMER GEN COUNSEL/SECRETARY	(I) (II)	0 0	0 0	464,192 0	33,209 0	4,985 0	502,386 0	213,396 0
MITCH MELFI ESQ EVP & CHIEF LEGAL OFFICER/SECRETARY	(I) (II)	592,779 0	613,109 0	98,358 0	125,229 0	22,006 0	1,451,481 0	73,346 0
JOYCE ROSS SVP COMMUNICATIONS/ASSIST SEC	(I) (II)	323,111 0	136,410 0	114,969 0	57,009 0	8,785 0	640,284 0	88,805 0
MICHAEL ROWAN FACHE PRESIDENT HEALTH SYSTEM DELIVERY & CHIEF OPERATING OFFICER	(I) (II)	1,098,277 0	1,471,311 0	200,128 0	238,353 0	19,702 0	3,027,771 0	175,028 0
DEAN SWINDLE CPA PRESIDENT ENTERPRISE BUSINESS LINES & CFO/TREASURER	(I) (II)	897,093 0	1,213,319 0	93,389 0	200,481 0	21,818 0	2,426,100 0	70,057 0
CAROL KEENAN FORMER INTERIM SVP HUMAN RESOURCES	(I) (II)	288,426 0	43,222 0	27,459 0	31,152 0	20,107 0	410,366 0	0 0
THOMAS CLIFFORD DEVENY MD SVP-PHYS SERV & CLIN INTEGR	(I) (II)	518,463 0	396,457 0	23,332 0	102,731 0	16,858 0	1,057,841 0	0 0
JOHN DICOLA EVP ENTERPRISE STRATEGIC DEV	(I) (II)	684,855 0	690,423 0	223,713 0	33,702 0	21,818 0	1,654,511 0	86,866 0
PHILIP FOSTER SVP RISK & INSURANCE	(I) (II)	369,927 0	273,814 0	52,638 0	59,652 0	20,892 0	776,923 0	29,982 0
STEVEN KEHRBERG SVP SUPPLY CHAIN & CLINICAL ENGINEERING	(I) (II)	377,230 0	149,059 0	59,057 0	67,691 0	15,330 0	668,367 0	32,113 0
THOMAS KOPFENSTEINER EVP MISSION	(I) (II)	590,266 0	595,074 0	115,639 0	117,151 0	8,280 0	1,426,410 0	90,628 0
STEPHEN MOORE MD SVP & CHIEF MEDICAL OFFICER	(I) (II)	608,437 0	658,544 0	123,600 0	118,176 0	14,094 0	1,522,851 0	98,588 0
MICHAEL O'ROURKE SVP & CHIEF INFORMATION OFFICER	(I) (II)	569,557 0	529,045 0	77,407 0	72,533 0	20,134 0	1,268,676 0	50,463 0
KATHLEEN SANFORD RN DBA FACHE SVP & CHIEF NURSING OFFICER	(I) (II)	550,791 0	525,537 0	105,682 0	105,145 0	16,858 0	1,304,013 0	64,060 0
PATRICIA WEBB EVP & CHIEF ADMINISTRATIVE OFFICER/ CHIEF HR OFFICER	(I) (II)	596,917 0	545,809 0	47,103 0	116,279 0	15,330 0	1,321,438 0	0 0
MELVIN ALEXANDER CFO KYONE HEALTH	(I) (II)	402,823 0	0 0	1,118,545 0	0 0	2,024 0	1,523,392 0	38,251 0
RICHARD HACHTEN II SVP/MBO CEO	(I) (II)	811,337 191,603	3,138,518 0	174,840 0	31,152 21,919	14,053 0	4,169,900 213,522	0 155,803
MARY ELIZABETH O'BRIEN SVP GROUP EXEC OFFICER/CHIEF INTEGRATION OFFICER	(I) (II)	811,904 0	605,224 0	148,302 0	151,279 0	8,904 0	1,725,613 0	57,729 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				
JOSEPH WILCZEK	(I)	804,401	652,624	248,476	28,602	14,062	1,748,165	64,904
SVP DIVISIONAL	(II)	0	0	0	0	0	0	0
OPS/MBO CEO								
DAVID J FINE	(I)	436,205	1,704,880	6,949	123,307	7,603	2,278,944	0
PRESIDENT & CEO	(II)	637,588	3,102,389	326,961	22,457	11,650	4,101,045	0
CIRI								

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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.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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 2013A	84-0752932	19648AM85	11-14-2013	247,549,679	SEE PART VI - (2013A COMP ISSUE)		X		X		X
B	CHATTANOOGA TN HEALTH ED & HOUSING FAC 2013A	52-1298872	162410CY8	11-14-2013	199,474,835	SEE PART VI - (2013A COMP ISSUE)		X		X		X
C	WASHINGTON HEALTH CARE FACILITIES AUTH 2013A	91-1108929	93978HHU2	11-14-2013	63,627,435	SEE PART VI - (2013A COMP ISSUE)		X		X		X
D	KENTUCKY ECONOMIC DEV FINANCE AUTHORITY 2013A	61-0600439	49126PEB2	11-14-2013	76,508,787	SEE PART VI - (2013A COMP ISSUE)		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	0	0	0	0
2	Amount of bonds legally defeased	0	0	0	0
3	Total proceeds of issue	247,551,687	199,474,835	63,627,435	76,509,117
4	Gross proceeds in reserve funds	0	0	0	330
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	0	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	247,549,679	160,903,777	62,835,960	7,529,586
11	Other spent proceeds	0	38,571,058	0	68,979,201
12	Other unspent proceeds	2,008	0	791,475	0
13	Year of substantial completion		2013		2013

		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 %		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 %		0 %		0 %	
6	Total of lines 4 and 5	0 %		0 %		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								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
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?								
c	No rebate due?								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		
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

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		
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
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
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. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
Sch K, Part IV, Line 2c, ISSUER NAME COUNTY OF MONTGOMERY, OHIO 2008D No Rebate Due	THE CALCULATION FOR COMPUTING NO REBATE DUE WAS PERFORMED ON 7/25/2014

Return Reference	Explanation
Sch K, Part IV, Line 2c, ISSUER NAME COLORADO HEALTH FACILITIES AUTHORITY 2008D No Rebate Due	THE CALCULATION FOR COMPUTING NO REBATE DUE WAS PERFORMED ON 7/25/2014

Return Reference	Explanation
Sch K, Part IV, Line 2c, ISSUER NAME WASHINGTON HEALTH CARE FACILITIES AUTH 2008D No Rebate Due	THE CALCULATION FOR COMPUTING NO REBATE DUE WAS PERFORMED ON 7/25/2014

Return Reference	Explanation
Sch K, Part IV, Line 2c, ISSUER NAME CHATTANOOGA TN HLTH ED & HOUSING FAC BD 2008D No Rebate Due	THE CALCULATION FOR COMPUTING NO REBATE DUE WAS PERFORMED ON 7/25/2014

Return Reference	Explanation
SCHEDULE K, PART VI, SERIES 2009 A/B COMPOSITE ISSUE	THE BONDS DESCRIBED ON LINES D, A AND B 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 $42,296 OF PROCEEDS OF THE COLORADO HEALTH FACILITIES AUTHORITY 2009A BONDS WE RE REISSUED ON APRIL 1, 2014 AS AN "ALTERNATE USE OF DISPOSITION PROCEEDS" REMEDIAL ACTION FOR CHANGE IN OWNERSHIP OF CERTAIN BOND FINANCED PROPERTY THESE "REISSUED" PORTIONS OF T HE BONDS HAVE BEEN SEPARATELY REPORTED IN A FORM 8038 AND NOT REPORTED IN THIS SCHEDULE K $14,179 OF PROCEEDS OF THE COLORADO HEALTH FACILITIES AUTHORITY 2009B BONDS WERE REISSUED ON APRIL 1, 2014 AS AN "ALTERNATE USE OF DISPOSITION PROCEEDS" REMEDIAL ACTION FOR CHANGE IN OWNERSHIP OF CERTAIN BOND FINANCED PROPERTY THESE "REISSUED" PORTIONS OF THE BONDS HA VE BEEN SEPARATELY REPORTED IN A FORM 8038 AND NOT REPORTED IN THIS SCHEDULE K PART II LI NE 1 AMOUNT OF BONDS RETIRED $100,546,585 LINE 2 AMOUNT OF BONDS LEGALLY DEFEASED $34,855, 000 LINE 3 TOTAL PROCEEDS OF ISSUE $1,110,718,482 INCLUDES INVESTMENT EARNINGS LINE 4 GROS S PROCEEDS IN RESERVE FUNDS $0 CHI HAS PROVIDED FOR THE DEFEASANCE OF $34,855,000 OF THE C OLORADO HEALTH FACILITIES AUTHORITY SERIES 2009B TO THEIR EARLIEST CALL DATE LINE 5 CAPIT ALIZED INTEREST FROM PROCEEDS $0 LINE 6 PROCEEDS IN REFUNDING ESCROWS $0 LINE 7 ISSUANCE C OSTS FROM PROCEEDS $10,176,162 LINE 8 CREDIT ENHANCEMENT FROM PROCEEDS $0 LINE 9 WORKING C APITAL EXPENDITURES FROM PROCEEDS $160 LINE 10 CAPITAL EXPENDITURES FROM PROCEEDS $721,533 ,816 LINE 11 OTHER SPENT PROCEEDS $379,008,344 LINE 12 OTHER UNSPENT PROCEEDS $0 LINE 13 Y EAR OF SUBSTANTIAL COMPLETION 2011 PART III LINE 1 WAS THE ORGANIZATION A PARTNER IN A PA RTNERSHIP, OR A MEMBER OF AN LLC, WHICH OWNED PROPERTY FINANCED BY TAX-EXEMPT BONDS? NO LI NE 2 ARE THERE ANY LEASE ARRANGEMENTS THAT MAY RESULT IN PRIVATE BUSINESS USE OF BOND-FINA NCED 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 ORGA NIZATION ROUTINELY ENGAGE BOND COUNSEL OR OTHER OUTSIDE COUNSEL TO REVIEW ANY MANAGEMENT O R 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 C OMPUTED 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 PERCENTA GES FOR THE COMPOSITE ISSUE, AS A WHOLE, HAVE BEEN REPORTED UNDER THE FIRST COMPONENT OF T HE COMPOSITE ISSUE THE SECTIONS OF THE TABLE FOR THE REMAINING COMPONENT PARTS OF THE COM POSITE ISSUE WERE LEFT BLANK LINE 4 ENTER THE PERCENTAGE OF FINANCED PROPERTY USED IN A P RIVATE BUSINESS USE BY ENTITIES OTHER THAN A SECTION 501(C)(3) ORGANIZATION OR A STATE OR LOCAL GOVERNMENT [0 21%] LINE 5 ENTER THE PERCENTAGE OF FINANCED PROPERTY USED IN A PRIVAT E BUSINESS USE AS A RESULT OF UNRELATED TRADE OR BUSINESS ACTIVITY CARRIED ON BY YOUR ORGA NIZATION, ANOTHER 501(C)(3) ORGANIZATION OR A STATE OR LOCAL GOVERNMENT [0 01%] LINE 6 TOT AL OF LINES 4 AND 5 [0 22%] LINE 7 DOES THE BOND I

Return Reference	Explanation
SCHEDULE K, PART VI, SERIES 2009 A/B COMPOSITE ISSUE	SSUE MEET THE PRIVATE SECURITY OR PAYMENT TEST? CHI MONITORS THE PRIVATE BUSINESS USE PERC ENTAGE FOR EACH BOND ISSUE, AND THEREFORE, HAS NOT CALCULATED THE AMOUNT OF PRIVATE PAYMEN TS BECAUSE CHI HAS NOT CALCULATED THE AMOUNT OF PRIVATE PAYMENTS, SOLELY FOR SCHEDULE K R EPORTING 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 SECTIO NS 1 141-12 AND 1 145-2? YES PART IV LINE 6 WERE ANY GROSS PROCEEDS INVESTED BEYOND AN AVA ILABLE TEMPORARY PERIOD? NO

Return Reference	Explanation
SCHEDULE K, PART VI, SERIES 2002AB REMEDIATED ISSUE	PART I LINE F PURPOSE THE SERIES 2002AB REMEDIATED ISSUE WAS TREATED AS REISSUED ON MARCH 1, 2010, AS A RESULT OF REMEDIAL ACTION TAKEN IN CONNECTION WITH A PORTION OF THE SERIES 2002B COMPOSITE ISSUE AND A PORTION OF THE COLORADO HEALTH FACILITIES AUTHORITY SERIES 2002A BONDS, WHICH ARE NOT OTHERWISE REPORTED ON SCHEDULE K PART II LINE 4 GROSS PROCEEDS IN RESERVE FUNDS $0 DISPOSITION PROCEEDS APPLIED TO DEFEASE A PORTION OF THE SERIES 2002AB REMEDIATED ISSUE LINE 10 CAPITAL EXPENDITURES FROM PROCEEDS $500,000 $500,000 OF DISPOSITION PROCEEDS WERE APPLIED TO AN ALTERNATIVE USE LINE 12 OTHER UNSPENT PROCEEDS $0 LINE 13 YEAR OF SUBSTANTIAL COMPLETION 2010 PART IV LINE 6 WERE ANY GROSS PROCEEDS INVESTED BEYOND AN AVAILABLE TEMPORARY PERIOD? NO

Return Reference	Explanation
SCHEDULE K, PART VI, LOUISVILLE/JEFFERSON METRO COUNTY GOVT 2012A	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 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

Return Reference	Explanation
SCHEDULE K, PART VI, SERIES 2011A 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 2011A COMPOSITE ISSUE) ALL AMOUNTS REPORTED BELOW ARE FOR THE COMPOSITE ISSUE RATHER THAN THE COMPONENT PARTS PART I LINE D DATE ISSUED 10-NOV-11 LINE E ISSUE PRICE $539,672,927 LINE F PURPOSE WASHINGTON HEALTH CARE FACILITIES 2011 A - CAPITAL IMPROVEMENTS, ACQUISITIONS AND EQUIPMENT ACQUISITIONS FOR AFFILIATES IN WASHINGTON COLORADO HEALTH FACILITIES AUTHORITY 2011 A - CAPITAL IMPROVEMENTS, ACQUISITIONS AND EQUIPMENT ACQUISITIONS FOR AFFILIATES IN ARKANSAS, COLORADO, IOWA, KANSAS AND NEBRASKA AND CURRENT REFUNDING OF COLORADO 2000B (ORIGINAL ISSUANCE DATE MARCH, 20, 2000), 2004B-1, 2004B-2 AND 2004B-3 (ORIGINAL ISSUANCE DATE NOVEMBER 18, 2004), AND 2008C-8 (ORIGINAL ISSUANCE DATE NOVEMBER 20, 2008) AND CURRENT REFUNDING OF COMMERCIAL PAPER NOTES PART II LINE 1 AMOUNT OF BONDS RETIRED $20,000,000 LINE 2 AMOUNT OF BONDS LEGALLY DEFEASED $0 LINE 3 TOTAL PROCEEDS OF ISSUE $539,673,326 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 LINE 7 ISSUANCE COSTS FROM PROCEEDS $4,922,927 LINE 8 CREDIT ENHANCEMENT FROM PROCEEDS $0 LINE 9 WORKING CAPITAL EXPENDITURES FROM PROCEEDS $334 LINE 10 CAPITAL EXPENDITURES FROM PROCEEDS $256,900,000 LINE 11 OTHER SPENT PROCEEDS $0 LINE 12 OTHER UNSPENT PROCEEDS $0 LINE 13 YEAR OF SUBSTANTIAL COMPLETION 2011 PART III LINE 1 WAS THE ORGANIZATION A PARTNER IN A PARTNERSHIP, OR A MEMBER OF AN LLC, WHICH OWNED PROPERTY FINANCED BY TAX-EXEMPT BONDS? NO LINE 2 ARE THERE ANY LEASE ARRANGEMENTS 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 ORGANIZATION ROUTINELY ENGAGE BOND COUNSEL OR OTHER OUTSIDE COUNSEL 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 PERCENTAGES FOR THE COMPOSITE ISSUE, AS A WHOLE, HAVE BEEN REPORTED UNDER THE FIRST COMPONENT OF THE COMPOSITE ISSUE THE SECTIONS OF THE TABLE FOR THE REMAINING COMPONENT PARTS OF THE COMPOSITE ISSUE WERE LEFT BLANK LINE 4 ENTER THE PERCENTAGE OF FINANCED PROPERTY USED IN A PRIVATE BUSINESS USE BY ENTITIES OTHER THAN A SECTION 501(C)(3) ORGANIZATION OR A STATE OR LOCAL GOVERNMENT [0 01%] LINE 5 ENTER THE PERCENTAGE OF FINANCED PROPERTY USED IN A PRIVATE BUSINESS USE AS A RESULT OF UNRELATED TRADE OR BUSINESS ACTIVITY CARRIED ON BY YOUR ORGANIZATION, ANOTHER 501(C)(3) ORGANIZATION OR A STATE OR LOCAL GOVERNMENT [0 00%] LINE 6 TOTAL OF LINES 4 AND 5 [0 01%] LINE 7 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 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 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

Return Reference	Explanation
SCHEDULE K, PART VI, SERIES 2004BCD COMPOSITE ISSUE	THE BONDS DESCRIBED ON LINES C, D, A, B AND C IN PART I, ARE PART OF A COMPOSITE ISSUE FOR FEDERAL INCOME TAX PURPOSES (THE SERIES 2004BCD COMPOSITE ISSUE) ALL AMOUNTS REPORTED BELOW ARE FOR THE COMPOSITE ISSUE RATHER THAN THE COMPONENT PARTS PART I LINE D DATE ISSUED 18-NOV-04 LINE E ISSUE PRICE $625,775,000 LINE F PURPOSE COLORADO HEALTH FACILITIES AUTHORITY 2004B - CAPITAL IMPROVEMENTS AND EQUIPMENT ACQUISITIONS FOR AFFILIATES IN COLORADO, IOWA AND NEBRASKA AND CURRENT REFUNDING OF HOSP AUTH 2 DOUGLAS CTY, NE 1994A BONDS (ORIGINAL ISSUANCE DATE APRIL 1, 1994) AND IOWA FIN AUTH SERIES 1994A BONDS (ORIGINAL ISSUANCE DATE APRIL 1, 1994) COUNTY OF MONTGOMERY, OHIO 2004B - CAPITAL IMPROVEMENTS AND EQUIPMENT ACQUISITIONS FOR AFFILIATES IN OHIO AND CURRENT REFUNDING OF HAMILTON CTY, OH 1994 BONDS (ORIGINAL ISSUANCE DATE FEBRUARY 2, 1994) AND MONT CTY, OH 1994 BONDS (ORIGINAL ISSUANCE DATE FEBRUARY 2, 1994) KENTUCKY ECONOMIC DEV FINANCE AUTHORITY 2004C/D - CAPITAL IMPROVEMENTS AND EQUIPMENT ACQUISITIONS FOR AFFILIATES IN KENTUCKY CHATTANOOGA TN HEALTH ED & HOUSING FAC BD 2004C - CAPITAL IMPROVEMENTS AND EQUIPMENT ACQUISITIONS FOR AFFILIATES IN TENNESSEE SAINT MARY HOSPITAL AUTHORITY (PA) 2004B/C - CAPITAL IMPROVEMENTS AND EQUIPMENT ACQUISITIONS FOR AFFILIATES IN PENNSYLVANIA $8,184 OF PROCEEDS OF THE COUNTY OF MONTGOMGERY, OHIO 2004B 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 "REISSUED" PORTIONS OF THE BONDS HAVE BEEN SEPARATELY REPORTED IN A FORM 8038 AND NOT REPORTED IN THIS SCHEDULE K $31,139 OF PROCEEDS OF THE COLORADO HEALTH FACILITIES AUTHORITY 2004B BONDS WERE REISSUED ON APRIL 1, 2014 AS AN "ALTERNATE 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 IN A FORM 8038 AND NOT REPORTED IN THIS SCHEDULE K PART II LINE 1 AMOUNT OF BONDS RETIRED $164,275,000 LINE 2 AMOUNT OF BONDS LEGALLY DEFEASED $0 LINE 3 TOTAL PROCEEDS OF ISSUE $636,268,525 INCLUDES INVESTMENT EARNINGS LINE 4 GROSS PROCEEDS IN RESERVE FUNDS $0 LINE 5 CAPITALIZED INTEREST FROM PROCEEDS $0 LINE 6 PROCEEDS IN REFUNDING ESCROWS $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 SPENT PROCEEDS $27,907,726 LINE 12 OTHER UNSPENT PROCEEDS $0 LINE 13 YEAR OF SUBSTANTIAL COMPLETION 2006 PART III LINE 1 WAS THE ORGANIZATION A PARTNER IN A PARTNERSHIP, OR A MEMBER OF AN LLC, WHICH OWNED PROPERTY FINANCED BY TAX-EXEMPT BONDS? NO LINE 2 ARE THERE ANY LEASE ARRANGEMENTS 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 ORGANIZATION ROUTINELY ENGAGE BOND COUNSEL OR OTHER OUTSIDE COUNSEL 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 PERCENTAGES FOR THE COMPOSITE ISSUE, AS A WHOLE, HAVE BEEN REPORTED UNDER THE FIRST COMPONENT OF THE COMPOSITE ISSUE THE SECTIONS OF THE TABLE FOR THE REMAINING COMPONENT PARTS OF THE COMPOSITE ISSUE WERE LEFT BLANK LINE 4 ENTER THE PERCENTAGE OF FINANCED PROPERTY USED IN A PRIVATE BUSINESS USE BY ENTITIES OTHER THAN A SECTION 501(C)(3) ORGANIZATION OR A STATE OR LOCAL GOVERNMENT [0 45%] LINE 5 ENTER THE PERCENTAGE OF FINANCED PROPERTY USED IN A PRIVATE BUSINESS USE AS A RESULT OF UNRELATED TRADE OR BUSINESS ACTIVITY CARRIED ON BY YOUR ORGANIZATION, ANOTHER 501(C)(3) ORGANIZATION OR A STATE OR LOCAL GOVERNMENT [0 09%] LINE 6 TOTAL OF LINES 4 AND 5 [0 54%] 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 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 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

Return Reference	Explanation
SCHEDULE K, PART VI, SERIES 2006A COMPOSITE ISSUE	THE BONDS DESCRIBED ON LINE B 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 PURPOSES (THE SERIES 2006A COMPOSITE ISSUE) ALL AMOUNTS REPORTED BELOW ARE FOR THE COMPOSITE ISSUE RATHER THAN THE COMPONENT PARTS PART I LINE D DATE ISSUED 9-NOV-06 LINE E ISSUE PRICE $402,830,297 LINE F PURPOSE COLORADO HEALTH FACILITIES AUTHORITY 2006A - CAPITAL IMPROVEMENTS AND EQUIPMENT ACQUISITIONS FOR AFFILIATES IN COLORADO, ARKANSAS, IOWA, MISSOURI AND NEBRASKA $118,345 OF PROCEEDS OF THE COLORADO HEALTH FACILITIES AUTHORITY 2006A BONDS WERE REISSUED ON NOVEMBER 1, 2013 AS AN "ALTERNATE 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 IN A FORM 8038 AND NOT REPORTED IN THIS SCHEDULE K $60,650 OF PROCEEDS OF THE COLORADO HEALTH FACILITIES AUTHORITY 2006A BONDS WERE REISSUED ON APRIL 1, 2014 AS AN "ALTERNATE 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 IN A FORM 8038 AND NOT REPORTED IN THIS SCHEDULE K PART II LINE 1 AMOUNT OF BONDS RETIRED $15,565,000 LINE 2 AMOUNT OF BONDS LEGALLY DEFEASED $113,500,000 CHI HAS PROVIDED FOR THE DEFEASANCE OF $113,500,000 OF THE BALTIMORE 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 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 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 ORGANIZATION ROUTINELY ENGAGE BOND COUNSEL OR OTHER OUTSIDE COUNSEL 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 PERCENTAGES FOR THE COMPOSITE ISSUE, AS A WHOLE, HAVE BEEN REPORTED UNDER THE FIRST COMPONENT OF THE COMPOSITE ISSUE THE SECTIONS OF THE TABLE FOR THE REMAINING COMPONENT PARTS OF THE COMPOSITE ISSUE WERE LEFT BLANK LINE 4 ENTER THE PERCENTAGE OF FINANCED PROPERTY USED IN A PRIVATE BUSINESS USE BY ENTITIES OTHER THAN A SECTION 501(C)(3) ORGANIZATION OR A STATE OR LOCAL GOVERNMENT [0 37%] LINE 5 ENTER THE PERCENTAGE OF FINANCED PROPERTY USED IN A PRIVATE BUSINESS USE AS A RESULT OF UNRELATED TRADE OR BUSINESS ACTIVITY CARRIED ON BY YOUR ORGANIZATION, ANOTHER 501(C)(3) ORGANIZATION OR A STATE OR LOCAL GOVERNMENT [0 04%] LINE 6 TOTAL OF LINES 4 AND 5 [0 41%] 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 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 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

Return Reference	Explanation
SCHEDULE K, PART VI, SERIES 2002B COMPOSITE ISSUE	THE BONDS DESCRIBED ON LINES C AND D IN PART I ARE PART OF A COMPOSITE ISSUE FOR FEDERAL INCOME TAX PURPOSES (THE SERIES 2002B COMPOSITE ISSUE) ALL AMOUNTS REPORTED BELOW ARE FOR THE COMPOSITE ISSUE RATHER THAN THE COMPONENT PARTS PART I LINE D DATE ISSUED 1-DEC-04 LINE E ISSUE PRICE $123,000,000 LINE F PURPOSE COLORADO HEALTH FACILITIES AUTHORITY 2002B - REISSUANCE OF COLORADO 2002B WASHINGTON HEALTH CARE FACILITIES 2002B - REISSUANCE OF WASHINGTON 2002B PART II LINE 1 AMOUNT OF BONDS RETIRED $25,700,000 LINE 2 AMOUNT OF BONDS LEGALLY DEFEASED $0 LINE 3 TOTAL PROCEEDS OF ISSUE $123,000,000 LINE 4 GROSS PROCEEDS IN RESERVE FUNDS $0 LINE 5 CAPITALIZED INTEREST FROM PROCEEDS $0 LINE 6 PROCEEDS IN REFUNDING ESCROWS $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 $0 LINE 11 OTHER SPENT PROCEEDS $123,000,000 LINE 12 OTHER UNSPENT PROCEEDS $0 LINE 13 YEAR OF SUBSTANTIAL COMPLETION 2005 PART IV LINE 6 WERE ANY GROSS PROCEEDS INVESTED BEYOND AN AVAILABLE TEMPORARY PERIOD? NO

Return Reference	Explanation
SCHEDULE K, PART VI, SERIES 2011BC COMPOSITE ISSUE	SERIES 2011BC COMPOSITE ISSUE THE BONDS DESCRIBED ON LINES B AND C IN PART I ARE PART OF A COMPOSITE ISSUE FOR FEDERAL INCOME TAX PURPOSES (THE SERIES 2011BC COMPOSITE ISSUE) ALL AMOUNTS REPORTED BELOW ARE FOR THE COMPOSITE ISSUE RATHER THAN THE COMPONENT PARTS PART I LINE D DATE ISSUED 10-NOV-11 LINE E ISSUE PRICE $283,155,000 LINE F PURPOSE COLORADO HEALTH FACILITIES AUTHORITY 2011 C - CAPITAL IMPROVEMENTS, ACQUISITIONS AND EQUIPMENT ACQUISITIONS FOR AFFILIATES IN ARKANSAS, COLORADO, IOWA, KANSAS AND NEBRASKA AND CURRENT REFUNDING OF COMMERICAL PAPER NOTES KENTUCKY ECONOMIC DEV FINANCE AUTH 2011 B - CAPITAL IMPROVEMENTS AND EQUIPMENT ACQUISITIONS FOR AFFILIATES IN KENTUCKY AND CURRENT REFUNDING OF KENTUCKY COMMERCIAL PAPER NOTES PART II LINE 1 AMOUNT OF BONDS RETIRED $2,000,000 LINE 2 AMOUNT OF BONDS LEGALLY DEFEASED $0 LINE 3 TOTAL PROCEEDS OF ISSUE $283,155,431 INCLUDES INVESTMENT EARNINGS LINE 4 GROSS PROCEEDS IN RESERVE FUNDS $0 LINE 5 CAPITALIZED INTEREST FROM PROCEEDS $0 LINE 6 PROCEEDS IN REFUNDING ESCROWS $0 LINE 7 ISSUANCE COSTS FROM PROCEEDS $1,380,000 LINE 8 CREDIT ENHANCEMENT FROM PROCEEDS $0 LINE 9 WORKING CAPITAL EXPENDITURES FROM PROCEEDS $431 LINE 10 CAPITAL EXPENDITURES FROM PROCEEDS $225,000,000 LINE 11 OTHER SPENT PROCEEDS $56,775,000 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 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 ORGANIZATION ROUTINELY ENGAGE BOND COUNSEL OR OTHER OUTSIDE COUNSEL 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 PERCENTAGES FOR THE COMPOSITE ISSUE, AS A WHOLE, HAVE BEEN REPORTED UNDER THE FIRST COMPONENT OF THE COMPOSITE ISSUE THE SECTIONS OF THE TABLE FOR THE REMAINING COMPONENT PARTS OF THE COMPOSITE ISSUE WERE LEFT BLANK LINE 4 ENTER THE PERCENTAGE OF FINANCED PROPERTY USED IN A PRIVATE BUSINESS USE BY ENTITIES OTHER THAN A SECTION 501(C)(3) ORGANIZATION OR A STATE OR LOCAL GOVERNMENT [0 09%] LINE 5 ENTER THE PERCENTAGE OF FINANCED PROPERTY USED IN A PRIVATE BUSINESS USE AS A RESULT OF UNRELATED TRADE OR BUSINESS ACTIVITY CARRIED ON BY YOUR ORGANIZATION, ANOTHER 501(C)(3) ORGANIZATION OR A STATE OR LOCAL GOVERNMENT [0 00%] LINE 6 TOTAL OF LINES 4 AND 5 [0 09%] LINE 7 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 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 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

Return Reference	Explanation
SCHEDULE K, PART VI, SERIES 2008D COMPOSITE ISSUE	THE BONDS DESCRIBED ON LINES D, A, B, AND C IN PART I ARE PART OF A COMPOSITE ISSUE FOR FE DERAL INCOME TAX PURPOSES (THE SERIES 2008D COMPOSITE ISSUE) ALL AMOUNTS REPORTED BELOW A RE FOR THE COMPOSITE ISSUE RATHER THAN THE COMPONENT PARTS PART I LINE D DATE ISSUED 20-N OV-08 LINE E ISSUE PRICE $468,483,279 LINE F PURPOSE COLORADO HEALTH FACILITIES AUTHORITY 2008D - CAPITAL IMPROVEMENTS AND EQUIPMENT ACQUISITIONS FOR AFFILIATES IN COLORADO, IOWA, MINNESOTA, NEBRASKA, NEW JERSEY AND OREGON COUNTY OF MONTGOMERY, OHIO 2008D - CAPITAL IM PROVEMENTS AND EQUIPMENT ACQUISITIONS FOR AFFILIATES IN OHIO CHATTANOOGA TN HEALTH ED & H OUSING FAC BD 2008D - CAPITAL IMPROVEMENTS AND EQUIPMENT ACQUISITIONS FOR AFFILIATES IN TE NNESSEE WASHINGTON HEALTH CARE FACILITIES AUTHORITY 2008D - REFUND WA AUTH BONDS 2007A1-3 (ORIGINAL ISSUANCE DATE NOVEMBER 8, 2007) $30,256 OF PROCEEDS OF THE COUNTY OF MONTGOMGE RY, OHIO 2008D-1 AND SERIES 2008 D-2 BONDS WERE REISSUED ON FEBRUARY 14, 2013 AS AN "ALTER NATE 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 IN A FORM 8038 AND NOT REPORTED IN THIS SCHEDULE K $16,922 OF PROCEEDS OF THE COLORADO HEAL TH FACILITIES AUTHORITY 2008D-1 BONDS WERE REISSUED ON APRIL 1, 2014 AS AN "ALTERNATE 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 IN A FORM 8 038 AND NOT REPORTED IN THIS SCHEDULE K $9,016 OF PROCEEDS OF THE COLORADO HEALTH FACILIT IES AUTHORITY 2008D-2 AND 2008D-3 BONDS WERE REISSUED ON APRIL 1, 2014 AS AN "ALTERNATE US E OF DISPOSITION PROCEEDS" REMEDIAL ACTION FOR CHANGE IN OWNERSHIP OF CERTAIN BOND FINANCE D 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 $469,132 ,709 INCLUDES INVESTMENT EARNINGS LINE 4 GROSS PROCEEDS IN RESERVE FUNDS $0 CHI HAS PROVID ED FOR THE DEFEASANCE OF $5,655,000 OF THE COLORADO HEALTH FACILITIES AUTHORITY SERIES 200 8D-2 TO THEIR EARLIEST CALL DATE LINE 5 CAPITALIZED INTEREST FROM PROCEEDS $0 LINE 6 PROC EEDS IN REFUNDING ESCROWS $0 LINE 7 ISSUANCE COSTS FROM PROCEEDS $6,135,034 LINE 8 CREDIT ENHANCEMENT FROM PROCEEDS $0 LINE 9 WORKING CAPITAL EXPENDITURES FROM PROCEEDS $1261 LINE 10 CAPITAL EXPENDITURES FROM PROCEEDS $293,271,414 LINE 11 OTHER SPENT PROCEEDS $169 725,0 00 LINE 12 OTHER UNSPENT PROCEEDS $0 LINE 13 YEAR OF SUBSTANTIAL COMPLETION 2013 PART III LINE 1 WAS THE ORGANIZATION A PARTNER IN A PARTNERSHIP, OR A MEMBER OF AN LLC, WHICH OWNE D PROPERTY FINANCED BY TAX-EXEMPT BONDS? NO LINE 2 ARE THERE ANY LEASE ARRANGEMENTS THAT M AY RESULT IN PRIVATE BUSINESS USE OF BOND-FINANCED PROPERTY? YES LINE 3 A ARE THERE ANY MA NAGEMENT OR SERVICE CONTRACTS THAT MAY RESULT IN PRIVATE USE OF BOND-FINANCED PROPERTY? YE S LINE 3 B IF "YES", TO LINE 3A, DOES THE ORGANIZATION ROUTINELY ENGAGE BOND COUNSEL OR OT HER 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 O F BOND-FINANCED PROPERTY? YES LINE 3 D IF "YES" TO LINE 3C, DOES THE ORGANIZATION ROUTINEL Y ENGAGE BOND COUNSEL OR OTHER OUTSIDE COUNSEL 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 SC HEDULE K, PART III TABLE, PRIVATE USE PERCENTAGES FOR THE COMPOSITE ISSUE, AS A WHOLE, HAV E BEEN REPORTED UNDER THE FIRST COMPONENT OF THE COMPOSITE ISSUE THE SECTIONS OF THE TABL E FOR THE REMAINING COMPONENT PARTS OF THE COMPOSITE ISSUE WERE LEFT BLANK LINE 4 ENTER T HE 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 10%] LINE 5 ENTER THE PE RCENTAGE OF FINANCED PROPERTY USED IN A PRIVATE BUSINESS USE AS A RESULT OF UNRELATED TRAD E 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 11] 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 PROCEDURES TO ENSURE THAT ALL NONQUALIFIED B ONDS OF THE ISSUE ARE REMEDIATED IN ACCORDANCE WITH THE REQUIREMENTS UNDER REGULATATIONS S ECTIONS 1 141-12 AND 1 145-2? YES PART IV LINE 6 W

Return Reference	Explanation
SCHEDULE K, PART VI, SERIES 2008D COMPOSITE ISSUE	ERE ANY GROSS PROCEEDS INVESTED BEYOND AN AVAILABLE TEMPORARY PERIOD? YES SOME OF THE SAL ES PROCEEDS OF THE COUNTY OF MONTGOMERY, OHIO SERIES 2008D BONDS BEING HELD IN A PROJECT A CCOUNT FOR THE OHIO PROJECTS HAVE NOT YET BEEN SPENT CHI AND THE OHIO AFFILIATES ARE CONT INUING TO PROCEED WITH DUE DILIGENCE ON THE PROJECTS IF NECESSARY, A YIELD REDUCTION PAYM ENT WILL BE MADE IN ADDITION, GROSS PROCEEDS IN THE DEFEASANCE ESCROW FOR THE COLORADO HE ALTH FACILITIES AUTHORITY SERIES 2008D-2 HAVE BEEN INVESTED BEYOND AN AVAILABLE TEMPORARY PERIOD AT A RESTRICTED YIELD

Return Reference	Explanation
SCHEDULE K, PART VI, SERIES 2006/2008 COMPOSITE ISSUE	THE BONDS DESCRIBED ON LINES D AND A 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 $91,794 OF PROCEEDS OF THE COUNTY OF MONTGOMGERY, OHIO 2008C-2 BONDS WERE REISSUED ON NOVEMBER 1, 2013 AS AN "ALTERNATE USE OF DISPOSITION PROCEEDS" REMEDIAL ACTION FOR CHAN GE IN OWNERSHIP OF CERTAIN BOND FINANCED PROPERTY THESE "REISSUED" PORTIONS OF THE BONDS HAVE BEEN SEPARATELY REPORTED IN A FORM 8038 AND NOT REPORTED IN THIS SCHEDULE K $91,793 OF PROCEEDS OF THE COUNTY OF MONTGOMGERY, OHIO 2006C-1 BONDS WERE REISSUED ON NOVEMBER 1, 2013 AS AN "ALTERNATE USE OF DISPOSITION PROCEEDS" REMEDIAL ACTION FOR CHANGE IN OWNERSHIP OF CERTAIN BOND FINANCED PROPERTY THESE "REISSUED" PORTIONS OF THE BONDS HAVE BEEN SEPAR ATELY REPORTED IN A FORM 8038 AND NOT REPORTED IN THIS SCHEDULE K $47,044 OF PROCEEDS OF THE COLORADO HEALTH FACILITIES AUTHORITY 2006C-1 BONDS WERE REISSUED ON APRIL 1, 2014 AS A N "ALTERNATE USE OF DISPOSITION PROCEEDS" REMEDIAL ACTION FOR CHANGE IN OWNERSHIP OF CERTA IN BOND FINANCED PROPERTY THESE "REISSUED" PORTIONS OF THE BONDS HAVE BEEN SEPARATELY REP ORTED IN A FORM 8038 AND NOT REPORTED IN THIS SCHEDULE K $47,043 OF PROCEEDS OF THE COLOR ADO HEALTH FACILITIES AUTHORITY 2008C-2 BONDS WERE REISSUED ON APRIL 1, 2014 AS AN "ALTERN ATE USE OF DISPOSITION PROCEEDS" REMEDIAL ACTION FOR CHANGE IN OWNERSHIP OF CERTAIN BOND F INANCED 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 $3 45,021,016 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 $11 LINE 5 CAP ITALIZED INTEREST FROM PROCEEDS $2,188,562 LINE 6 PROCEEDS IN REFUNDING ESCROWS $0 LINE 7 ISSUANCE COSTS FROM PROCEEDS $0 LINE 8 CREDIT ENHANCEMENT FROM PROCEEDS $8,264,326 LINE 9 WORKING CAPITAL EXPENDITURES FROM PROCEEDS $0 LINE 10 CAPITAL EXPENDITURES FROM PROCEEDS $ 760,873,135 LINE 11 OTHER SPENT PROCEEDS $0 LINE 12 OTHER UNSPENT PROCEEDS $0 LINE 13 YEAR OF SUBSTANTIAL COMPLETION 2009 PART III LINE 1 WAS THE ORGANIZATION A PARTNER IN A PART NERSHIP, 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-FINANC ED 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 ORGANI ZATION 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 A GREEMENTS THAT MAY RESULT IN PRIVATE USE OF BOND-FINANCED PROPERTY? YES LINE 3 D IF "YES" TO LINE 3C, DOES THE ORGANIZATION ROUTINELY ENGAGE

Return Reference	Explanation
SCHEDULE K, PART VI, SERIES 2006/2008 COMPOSITE ISSUE	BOND COUNSEL OR OTHER OUTSIDE COUNSEL TO REVIEW ANY RESEARCH AGREEMENTS RELATING TO THE F INANCED PROPERTY? YES PRIVATE USE IS COMPUTED FOR THE COMPOSITE ISSUE AS A WHOLE, RATHER T HAN 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 R EPORTED UNDER THE FIRST COMPONENT OF THE COMPOSITE ISSUE THE SECTIONS OF THE TABLE FOR TH E REMAINING COMPONENT PARTS OF THE COMPOSITE ISSUE WERE LEFT BLANK LINE 4 ENTER THE PERCE NTAGE 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 08%] LINE 5 ENTER THE PERCENTAGE OF FINANCED PROPERTY USED IN A PRIVATE BUSINESS USE AS A RESULT OF UNRELATED TRADE OR BUS INESS 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 09%] LINE 7 DOES THE BOND ISS UE MEET THE PRIVATE SECURITY OR PAYMENT TEST? CHI MONITORS THE PRIVATE BUSINESS USE PERCEN TAGE 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 SCHEDULE K REP ORTING PURPOSES, WE HAVE ASSUMED THAT THE PRIVATE PAYMENT TEST HAS NOT BEEN MET LINE 9 HA S 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 LINES 4A-C CHI ENTERED INTO SEPARATE INTEREST RATE SWAP AGREEMENTS WITH UBS AG AND WITH JPMORGAN (COLLECTIVELY, THE "HEDGES") WITH RESPECT TO A P ORTION (COLORADO SERIES 2006C-5, C-6, C-7 AND C-8) OF THE SERIES 2006/2008 COMPOSITE ISSUE (THE "HEDGED BONDS") THE INTEREST RATE ON THESE COLORADO 2006C BONDS WAS CONVERTED ON VA RIOUS DATES IN 2008 PURSUANT TO SEVERAL CONVERSION TRANSACTIONS OR CONVERSION AND EXCHANGE TRANSACTIONS ACCORDINGLY, ON AND AFTER EACH RESPECTIVE CONVERSION DATE, THE NOTIONAL AMO UNT OF THE HEDGES CORRESPONDING TO THE CONVERTED HEDGED BONDS IS NO LONGER TREATED AS A QU ALIFIED HEDGE OF THE HEDGED BONDS LINE 6 WERE ANY GROSS PROCEEDS INVESTED BEYOND AN AVAIL ABLE TEMPORARY PERIOD? NO

Return Reference	Explanation
SCHEDULE K, PART VI, WA 2008A4-6	PART I, LINE F PURPOSE REISSUANCE OF WASH HFA 2008A4-6, ORIGINALLY ISSUED ON APRIL 21, 2008 ALL OF THE DEEMED PROCEEDS OF THE REISSUANCE WERE TREATED AS REFUNDING ALL OF THE OUTSTANDING WASHINGTON HEALTH CARE FACILITIES AUTH SERIES 2008A4-6 BONDS ON JULY 29, 2010 ALL OF THE DEEMED PROCEEDS OF THE REISSUANCE WERE TREATED AS REFUNDING ALL OF THE OUTSTANDING WASHINGTON HEALTH CARE FACILITIES AUTH SERIES 2008A4-6 BONDS ON JULY 29, 2013 PART 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 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

Return Reference	Explanation
SCHEDULE K, PART VI, SERIES 2004A COMPOSITE ISSUE	THE BONDS DESCRIBED ON LINES D, A AND B IN PART I ARE PART OF A COMPOSITE ISSUE FOR FEDERAL INCOME TAX PURPOSES (THE SERIES 2004A COMPOSITE ISSUE) ALL AMOUNTS REPORTED BELOW ARE FOR THE COMPOSITE ISSUE RATHER THAN THE COMPONENT PARTS PART I LINE D DATE ISSUED 18-NOV-04 LINE E ISSUE PRICE $162,571,473 LINE F PURPOSE CITY OF BRECKENRIDGE, MINNESOTA 2004A - CAPITAL IMPROVEMENTS AND EQUIPMENT ACQUISITIONS FOR AFFILIATES IN MINNESOTA COUNTY OF MONTGOMERY, OHIO 2004A - CAPITAL IMPROVEMENTS AND EQUIPMENT ACQUISITIONS FOR AFFILIATES IN OHIO HOSP FACILITIES AUTHORITY OF UMATILLA OR 2004A - CAPITAL IMPROVEMENTS AND EQUIPMENT ACQUISITIONS FOR AFFILIATES IN OREGON AND CURRENT REFUNDING OF HOSP AUTH 2 DOUGLAS CTY 1994B BONDS PART II LINE 1 AMOUNT OF BONDS RETIRED $0 LINE 2 AMOUNT OF BONDS LEGALLY DEFEASED $14,700,000 LINE 3 TOTAL PROCEEDS OF ISSUE $164,653,282 INCLUDES INVESTMENT EARNINGS LINE 4 GROSS PROCEEDS IN RESERVE FUNDS $0 CHI HAS PROVIDED FUNDS FOR THE DEFEASANCE OF $14,575,000 OF THE HOSP FACILITIES OF UMATILLA OREGON 2004A BONDS TO THEIR EARLIEST CALL 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 PROCEEDS $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 PROCEEDS $0 LINE 10 CAPITAL EXPENDITURES FROM PROCEEDS $155,337,302 LINE 11 OTHER SPENT PROCEEDS $7,701,309 LINE 12 OTHER UNSPENT PROCEEDS $0 LINE 13 YEAR OF SUBSTANTIAL COMPLETION 2008 PART III LINE 1 WAS THE ORGANIZATION A PARTNER IN A PARTNERSHIP, OR A MEMBER OF AN LLC, WHICH OWNED PROPERTY FINANCED BY TAX-EXEMPT BONDS? NO LINE 2 ARE THERE ANY LEASE ARRANGEMENTS 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 ORGANIZATION ROUTINELY ENGAGE BOND COUNSEL OR OTHER OUTSIDE COUNSEL 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 PERCENTAGES FOR THE COMPOSITE ISSUE, AS A WHOLE, HAVE BEEN REPORTED UNDER THE FIRST COMPONENT OF THE COMPOSITE ISSUE THE SECTIONS OF THE TABLE FOR THE REMAINING COMPONENT PARTS OF THE COMPOSITE ISSUE WERE LEFT BLANK LINE 4 ENTER THE PERCENTAGE OF FINANCED PROPERTY USED IN A PRIVATE BUSINESS USE BY ENTITIES OTHER THAN A SECTION 501(C)(3) ORGANIZATION OR A STATE OR LOCAL GOVERNMENT [0 09%] LINE 5 ENTER THE PERCENTAGE OF FINANCED PROPERTY USED IN A PRIVATE BUSINESS USE AS A RESULT OF UNRELATED TRADE OR BUSINESS ACTIVITY CARRIED ON BY YOUR ORGANIZATION, ANOTHER 501(C)(3) ORGANIZATION OR A STATE OR LOCAL GOVERNMENT [0 03%] LINE 6 TOTAL OF LINES 4 AND 5 [0 12%] LINE 7 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 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 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 GROSS PROCEEDS IN THE DEFEASANCE ESCROWS FOR THE HOSP FACILITIES OF UMATILLA OREGON 2004A BONDS AND THE CITY OF BRECKENRIDGE, MINNESOTA 2004A BONDS HAVE BEEN INVESTED BEYOND AN AVAILABLE TEMPORARY PERIOD AT A RESTRICTED YIELD

Return Reference	Explanation
SCHEDULE K, PART VI, SERIES 2013A COMPOSITE ISSUE	THE BONDS DESCRIBED ON LINES A,B,C, AND D IN PART I ARE PART OF A COMPOSITE ISSUE FOR FEDERAL INCOME TAX PURPOSES (THE SERIES 2013A COMPOSITE ISSUE) ALL AMOUNTS REPORTED BELOW ARE FOR THE COMPOSITE ISSUE RATHER THAN THE COMPONENT PARTS PART I LINE D DATE ISSUED 24-NOV-13 LINE E ISSUE PRICE $587,160,736 LINE F PURPOSE COLORADO HEALTH FACILITIES AUTHORITY 2013A - CAPITAL IMPROVEMENTS, ACQUISITIONS AND EQUIPMENT ACQUISITIONS FOR AFFILIATES IN COLORADO, NEBRASKA AND TEXAS CHATTANOOGA TN HEALTH ED & HOUSING FAC 2013A - CAPITAL IMPROVEMENTS, ACQUISITIONS AND EQUIPMENT ACQUISITIONS FOR AFFILIATES IN TENNESSEE AND CURRENT REFUNDING OF COMMERCIAL PAPER NOTES WASHINGTON HEALTH CARE FACILITIES 2013A - CAPITAL IMPROVEMENTS, ACQUISITIONS AND EQUIPMENT ACQUISITIONS FOR AFFILIATES IN WASHINGTON AND REFINANCE OF WASHINGTON HEALTH CARE FACILITIES AUTHORITY REVENUE BONDS, SERIES 1994 (ORIGINAL ISSUANCE DATE FEBRUARY 16, 1994), SERIES 1998 (ORIGINAL ISSUANCE DATE NOVEMBER 10, 1998), SERIES 2010 (ORIGINAL ISSUANCE DATE APRIL 29, 2010) AND SERIES 2012A AND B (ORIGINAL ISSUANCE DATE JUNE 28, 2012) KENTUCKY ECONOMIC DEV FINANCE AUTHORITY 2013A - CAPITAL IMPROVEMENTS, ACQUISITIONS AND EQUIPMENT ACQUISITIONS FOR AFFILIATES IN KENTUCKY AND CURRENT REFUNDING OF COMMERCIAL PAPER NOTES PART II LINE 1 AMOUNT OF BONDS RETIRED $0 LINE 2 AMOUNT OF BONDS LEGALLY DEFEASED $0 LINE 3 TOTAL PROCEEDS OF ISSUE $587,162,856 INCLUDES INVESTMENT EARNINGS LINE 4 GROSS PROCEEDS IN RESERVE FUNDS $330 LINE 5 CAPITALIZED INTEREST FROM PROCEEDS $0 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 $478,819,002 LINE 11 OTHER SPENT PROCEEDS $107,550,259 LINE 12 OTHER UNSPENT PROCEEDS $793,483 LINE 13 YEAR OF SUBSTANTIAL COMPLETION 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 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 ORGANIZATION ROUTINELY ENGAGE BOND COUNSEL OR OTHER OUTSIDE COUNSEL 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 PERCENTAGES FOR THE COMPOSITE ISSUE, AS A WHOLE, HAVE BEEN REPORTED UNDER THE FIRST COMPONENT OF THE COMPOSITE ISSUE THE SECTIONS OF THE TABLE FOR THE REMAINING COMPONENT PARTS OF THE COMPOSITE ISSUE WERE LEFT BLANK LINE 4 ENTER THE PERCENTAGE OF FINANCED PROPERTY USED IN A PRIVATE BUSINESS USE BY ENTITIES OTHER THAN A SECTION 501(C)(3) ORGANIZATION OR A STATE OR LOCAL GOVERNMENT [0 00%] LINE 5 ENTER THE PERCENTAGE OF FINANCED PROPERTY USED IN A PRIVATE BUSINESS USE AS A RESULT OF UNRELATED TRADE OR BUSINESS ACTIVITY CARRIED ON BY YOUR ORGANIZATION, ANOTHER 501(C)(3) ORGANIZATION OR A STATE OR LOCAL GOVERNMENT [0 00%] LINE 6 TOTAL OF LINES 4 AND 5 [0 00%] 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 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 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

Return Reference	Explanation
SCHEDULE K, PART VI, SERIES CO 2013C	PART I LINE F PURPOSE COLORADO HEALTH FACILITIES AUTHORITY 2013C - CAPITAL IMPROVEMENTS AND EQUIPMENT ACQUISITIONS FOR AFFILIATES IN NEBRASKA AND OREGON PART 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 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 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

Return Reference	Explanation
SCHEDULE K, PART VI, WASHINGTON HEALTH CARE FACILITIES 2013B	PART I LINE F PURPOSE WASHINGTON HEALTH CARE FACILITIES 2013B - CAPITAL IMPROVEMENTS, ACQUISITIONS AND EQUIPMENT ACQUISITIONS FOR AFFILIATES IN WASHINGTON AND REFINANCE OF WASHINGTON HEALTH CARE FACILITIES AUTHORITY REVENUE BONDS, SERIES 1994 (ORIGINAL ISSUANCE DATE FEBRUARY 16, 1994), SERIES 1998 (ORIGINAL ISSUANCE DATE NOVEMBER 10, 1998), SERIES 2010 (ORIGINAL ISSUANCE DATE APRIL 29, 2010) AND SERIES 2012A AND B (ORIGINAL ISSUANCE DATE JUNE 28, 2012) AND REFINANCE AND DEFEASE WASHINGTON HEALTH CARE FACILITIES AUTHORITY FHA INSURED MORTGAGE REVENUE BONDS SERIES 2008 AND CURRENT REFUNDING OF THE WASHINGTON HEALTH CARE FACILITIES AUTHORITY REVENUE BONDS SERIES 2008A (ORIGINAL ISSUANCE AUGUST 27, 2008) PART 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 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 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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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.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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 2013B	91-1108929	93978HHW8	11-14-2013	200,000,000	SEE PART VI - (2013 B ISSUE)		X		X		X
B	COLORADO HEALTH FACILITIES AUTHORITY 2013C	84-0752932		12-19-2013	100,000,000	SEE PART VI - (2013C 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
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	0	0	2,280,000	1,500,000
2	Amount of bonds legally defeased	0	0	0	0
3	Total proceeds of issue	200,000,070	100,000,000	299,657,170	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	297,054,953	0
7	Issuance costs from proceeds	0	0	2,602,216	1,150,848
8	Credit enhancement from proceeds	0	0	0	0
9	Working capital expenditures from proceeds	68	0	0	0
10	Capital expenditures from proceeds	200,000,000	100,000,000	0	105,800,000
11	Other spent proceeds	0	0	0	0
12	Other unspent proceeds	2	0	0	0
13	Year of substantial completion	2013		2009	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 %		0 %		3 740 %		0 010 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %		0 %		0 %	
6	Total of lines 4 and 5	0 %		0 %		3 740 %		0 010 %	
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								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
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?								
c	No rebate due?								
	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						
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

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						
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
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
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.** Provide additional information for responses to questions on Schedule K (see instructions).

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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.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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 2011A	84-0752932	19648AWL5	11-10-2011	432,722,079	SEE PART VI - (2011A COMP ISSUE)		X		X		X
B	KENTUCKY ECONOMIC DEV FINANCE AUTH 2011B	61-0600439	49126PDY3	11-10-2011	158,155,000	SEE PART VI - (2011BC COMP ISSUE)		X		X		X
C	COLORADO HEALTH FACILITIES AUTHORITY 2011C	84-0752932		11-10-2011	125,000,000	SEE PART VI - (2011BC COMP ISSUE)		X		X		X
D	COLORADO HEALTH FACILITIES AUTHORITY 2009 AB	84-0752932	19648ARL1	11-10-2009	713,972,398	SEE PART VI - (2009AB COMP ISSUE)	X			X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	18,500,000	0	2,000,000	72,380,000
2	Amount of bonds legally defeased	0	0	0	34,855,000
3	Total proceeds of issue	432,772,413	158,155,431	125,000,000	714,047,470
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	3,772,079	1,380,000	0	6,264,973
8	Credit enhancement from proceeds	0	0	0	0
9	Working capital expenditures from proceeds	334	431	0	0
10	Capital expenditures from proceeds	151,100,000	100,000,000	125,000,000	552,182,497
11	Other spent proceeds	283,500,000	56,775,000	0	155,600,000
12	Other unspent proceeds	0	0	0	0
13	Year of substantial completion	2011	2011	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 %		0 090 %		0 %		0 210 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %		0 %		0 010 %	
6	Total of lines 4 and 5	0 %		0 090 %		0 %		0 220 %	
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								0 020 %
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?							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?								
c	No rebate due?								
	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
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

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
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
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
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. Provide additional information for responses to questions on Schedule K (see instructions).

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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.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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 2009 AB	61-0600439	49126PDF4	11-10-2009	133,269,543	SEE PART VI - (2009AB COMP ISSUE)		X		X		X
B	COUNTY OF MONTGOMERY OHIO 2009 AB	31-6000172	613549HX5	11-10-2009	263,401,078	SEE PART VI - (2009AB COMP ISSUE)		X		X		X
C	WASHINGTON HEALTH CARE FACILITIES AUTH 2008A4-6	91-1108929	93978EJ60	07-29-2013	120,260,000	SEE PART VI - (WASH 2008A4-6)	X			X		X
D	COLORADO HEALTH FACILITIES AUTHORITY 2008D	84-0752932	19648ANL5	11-20-2008	213,260,679	SEE PART VI - (2008D COMP ISSUE)	X			X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	12,175,000	15,991,585	0	0
2	Amount of bonds legally defeased	0	0	35,000	5,655,000
3	Total proceeds of issue	133,269,639	263,401,373	120,260,000	213,261,635
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	1,380,211	2,530,978	0	2,805,950
8	Credit enhancement from proceeds	0	0	0	0
9	Working capital expenditures from proceeds	49	111	0	13
10	Capital expenditures from proceeds	131,889,379	37,461,940	0	210,455,672
11	Other spent proceeds	0	223,408,344	120,260,000	0
12	Other unspent proceeds	0	0	0	0
13	Year of substantial completion	2009	2009	2009	2008

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X	X		X			X
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?		X		X	X			X
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use 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 %		0 %		0 100 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %		0 %		0 010 %	
6	Total of lines 4 and 5	0 %		0 %		0 %		0 110 %	
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			0 070 %				2 730 %	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?			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					
b	Exception to rebate?					X			
c	No rebate due?						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		
d	Was the hedge superintegrated?						X		
e	Was the hedge terminated?						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								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
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
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.** Provide additional information for responses to questions on Schedule K (see instructions).

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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.
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OMB No 1545-0047

2013

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 2008D	31-6000172	613549GM0	11-20-2008	59,089,956	SEE PART VI - (2008D COMP ISSUE)		X		X		X
B	CHATTANOOGA TN HLTH ED & HOUSING FAC BD 2008D	52-1298872	162410CT9	11-20-2008	24,105,267	SEE PART VI - (2008D COMP ISSUE)		X		X		X
C	WASHINGTON HEALTH CARE FACILITIES AUTH 2008D	91-1108929	93978EY63	11-20-2008	172,027,377	SEE PART VI - (2008D COMP ISSUE)		X		X		X
D	COUNTY OF MONTGOMERY OHIO 2006C	31-6000172	613549FG4	11-09-2006	100,000,000	SEE PART VI - (2006C COMP ISSUE)		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	30,256	0	0	0
2	Amount of bonds legally defeased	0	0	0	0
3	Total proceeds of issue	59,736,646	24,105,273	172,029,155	102,795,254
4	Gross proceeds in reserve funds	0	0	0	2
5	Capitalized interest from proceeds	0	0	0	0
6	Proceeds in refunding escrows	0	0	0	0
7	Issuance costs from proceeds	745,623	280,554	2,302,907	0
8	Credit enhancement from proceeds	0	0	0	1,710,404
9	Working capital expenditures from proceeds	0	0	1,248	3,476
10	Capital expenditures from proceeds	58,991,023	23,824,719	0	101,081,372
11	Other spent proceeds	0	0	169,725,000	0
12	Other unspent proceeds	0	0	0	0
13	Year of substantial completion	2013	2008	2009	2008

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X	X			X
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?		X		X		X		X
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use 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 %		0 %		0 080 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %		0 %		0 010 %	
6	Total of lines 4 and 5	0 %		0 %		0 %		0 090 %	
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	0 050 %						0 080 %	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?	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?								
b	Exception to rebate?							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		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?								
e	Was the hedge terminated?								

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?								
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
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. Provide additional information for responses to questions on Schedule K (see instructions).

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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OMB No 1545-0047

2013

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 2006C	84-0752932	19648ADW2	11-09-2006	450,000,000	SEE PART VI - (2006C COMP ISSUE)		X		X		X
B	COLORADO HEALTH FACILITIES AUTHORITY 2006A	84-0752932	19648ADH5	11-09-2006	285,855,808	SEE PART VI - (2006A COMP ISSUE)		X		X		X
C	COLORADO HEALTH FACILITIES AUTHORITY 2004B	84-0752932	195474T34	11-18-2004	279,100,000	SEE PART VI - (2004BCD COMP ISSUE)		X		X		X
D	COUNTY OF MONTGOMERY OHIO 2004B	31-6000172	613549FE9	11-18-2004	73,700,000	SEE PART VI - (2004BCD COMP ISSUE)		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	345,021,016	15,565,000	107,400,000	0
2	Amount of bonds legally defeased	0	0	0	0
3	Total proceeds of issue	461,183,169	297,652,875	281,995,277	74,913,742
4	Gross proceeds in reserve funds	9	0	0	0
5	Capitalized interest from proceeds	13,409	0	0	0
6	Proceeds in refunding escrows	0	0	0	0
7	Issuance costs from proceeds	0	0	720,425	1,450,721
8	Credit enhancement from proceeds	6,553,922	0	0	0
9	Working capital expenditures from proceeds	0	0	0	0
10	Capital expenditures from proceeds	454,615,829	297,652,875	265,737,369	61,092,780
11	Other spent proceeds	0	0	15,537,484	12,370,242
12	Other unspent proceeds	0	0	0	0
13	Year of substantial completion	2009	2009	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 %		0 370 %		0 450 %		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 %		0 040 %		0 090 %		0 %	
6	Total of lines 4 and 5	0 %		0 410 %		0 540 %		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	5 600 %		5 600 %		0 010 %		0 010 %	
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?								
b	Exception to rebate?	X		X		X		X	
c	No rebate due?								
	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				UBS AG			
c	Term of hedge		28 8				19 0		23 0
d	Was the hedge superintegrated?		X				X		X
e	Was the 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		X
b	Name of provider								
c	Term of GIC								0 0
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
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
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.** Provide additional information for responses to questions on Schedule K (see instructions).

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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OMB No 1545-0047

2013

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 AUTHORITY 2004CD	61-0600439	49126PCL2	11-18-2004	94,575,000	SEE PART VI - (2004BCD COMP ISSUE)		X		X		X
B	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
C	SAINT MARY HOSPITAL AUTHORITY (PA) 2004BC	23-1913910	792222EW7	11-18-2004	119,500,000	SEE PART VI - (2004BCD COMP ISSUE)		X		X		X
D	CITY OF BRECKENRIDGE MINNESOTA 2004A	41-6005005	106520AB5	11-18-2004	31,040,504	SEE PART VI - (2004A COMP ISSUE)	X			X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	56,775,000	0	100,000	0
2	Amount of bonds legally defeased	0	0	0	125,000
3	Total proceeds of issue	96,850,606	59,737,305	122,771,595	31,241,060
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	428,619	152,050	697,193	310,220
8	Credit enhancement from proceeds	0	0	0	0
9	Working capital expenditures from proceeds	0	0	0	0
10	Capital expenditures from proceeds	96,421,987	59,585,255	122,074,402	30,930,840
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 %		0 %		0 %		0 090 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %		0 %		0 030 %	
6	Total of lines 4 and 5	0 %		0 %		0 %		0 120 %	
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					0 040 %		0 400 %	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?					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?								
b	Exception to rebate?	X		X		X		X	
c	No rebate due?								
	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		0 0				28 0		
d	Was the hedge superintegrated?						X		
e	Was the hedge terminated?						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						
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
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
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.** Provide additional information for responses to questions on Schedule K (see instructions).

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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.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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 2004A	31-6000172	613549FE9	11-18-2004	72,052,967	SEE PART VI - (2004A COMP ISSUE)		X		X		X
B	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
C	COLORADO HEALTH FACILITIES AUTHORITY 2002B	84-0752932	196474H42	12-01-2004	55,700,000	SEE PART VI - (2002B COMP ISSUE)		X		X		X
D	WASHINGTON HEALTH CARE FACILITIES 2002B	91-1108929	93978ETY8	12-01-2004	67,300,000	SEE PART VI - (2002B COMP ISSUE)		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	0	0	11,600,000	14,100,000
2	Amount of bonds legally defeased	0	14,575,000	0	0
3	Total proceeds of issue	73,736,287	59,675,935	55,700,000	67,300,000
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	714,250	590,200	0	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	73,022,036	51,384,426	0	0
11	Other spent proceeds	0	7,701,309	55,700,000	67,300,000
12	Other unspent proceeds	0	0	0	0
13	Year of substantial completion	2006	2008	2005	2004
		Yes / No	Yes / No	Yes / No	Yes / No
14	Were the bonds issued as part of a current refunding issue?	No	Yes	Yes	Yes
15	Were the bonds issued as part of an advance refunding issue?	No	No	No	No
16	Has the final allocation of proceeds been made?	Yes	Yes	Yes	Yes
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	Yes	Yes	Yes	Yes

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 %		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 %		0 %		0 %	
6	Total of lines 4 and 5	0 %		0 %		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			24 690 %		1 520 %			
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?			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?								
b	Exception to rebate?	X		X		X		X	
c	No rebate due?								
	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?								
e	Was the hedge terminated?								

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?								
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
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.** Provide additional information for responses to questions on Schedule K (see instructions).

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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.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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 2002AB	84-0752932	196474G20	03-01-2010	1,223,728	SEE PART VI - (2002A/B REMD ISSUE)	X			X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	0			
2	Amount of bonds legally defeased	848,846			
3	Total proceeds of issue	1,223,728			
4	Gross proceeds in reserve funds	0			
5	Capitalized interest from proceeds	0			
6	Proceeds in refunding escrows	0			
7	Issuance costs from proceeds	0			
8	Credit enhancement from proceeds	0			
9	Working capital expenditures from proceeds	0			
10	Capital expenditures from proceeds	500			
11	Other spent proceeds	1,223,728			
12	Other unspent proceeds	0			
13	Year of substantial completion	2010			

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X							
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X							
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
c	Are there any research agreements that may result in private business use of bond-financed property?	X							
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	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 %						
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 %						
6	Total of lines 4 and 5		0 %						
7	Does the bond issue meet the private security or payment test?		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						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
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							

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?								
b	Exception to rebate?	X							
c	No rebate due?								
	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							
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

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						
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X						
7	Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
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							

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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 (PPIC)	A CHI KEY EMPLOYEE IS A BOARD MEMBER FOR PPIC	13,272,190	COMM EXCESS & PRIM MALPRAC INS		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

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.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
CATHOLIC HEALTH INITIATIVES

Employer identification number
47-0617373

Return Reference	Explanation
FORM 990, PART III, LINE 1, ORGANIZATION'S MISSION	THE MISSION OF THE CORPORATION IS TO NURTURE THE HEALING MINISTRY OF THE CHURCH, SUPPORTED BY EDUCATION AND RESEARCH FIDELITY TO THE GOSPEL URGES THE CORPORATION TO EMPHASIZE HUMAN DIGNITY AND SOCIAL JUSTICE AS IT CREATES HEALTHIER COMMUNITIES THE CORPORATION, SPONSORED BY A LAY-RELIGIOUS PARTNERSHIP, CALLS OTHER CATHOLIC SPONSORS AND SYSTEMS TO UNITE TO ENSURE THE FUTURE OF CATHOLIC HEALTH CARE TO FULFILL THIS MISSION, THE CORPORATION, AS A VALUES-BASED ORGANIZATION, WILL ASSURE THE INTEGRITY OF THE MINISTRY IN BOTH CURRENT AND DEVELOPING ORGANIZATIONS AND ACTIVITIES, RESEARCH AND DEVELOP NEW MINISTRIES THAT INTEGRATE HEALTH, EDUCATION, PASTORAL, AND SOCIAL SERVICES, PROMOTE LEADERSHIP DEVELOPMENT AND FORMATION FOR MINISTRY THROUGHOUT THE ENTIRE ORGANIZATION, ADVOCATE FOR SYSTEMIC CHANGES WITH SPECIFIC CONCERN FOR PERSONS WHO ARE POOR, ALIENATED, AND UNDERSERVED, AND STEWARD RESOURCES BY GENERAL OVERSIGHT OF THE ENTIRE ORGANIZATION

Return Reference	Explanation
Form 990, Part III, Line 2, New program services	CHI HOUSING INITIATIVES, LLC IS A 68 UNIT APARTMENT BUILDING CONSTRUCTED IN WILLISTON, NORTH DAKOTA BY CATHOLIC HEALTH INITIATIVES TO MEET THE ACUTE NEED FOR AFFORDABLE HOUSING IN THE REGION THE AFFORDABLE HOUSING INITIATIVE WILL ALLEVIATE SOME OF THE COMMUNITY CHALLENGES ASSOCIATED WITH THE LOCAL HOUSING ECONOMY AND THE IMPACT THAT IT HAS ON MERCY MEDICAL CENTER'S (WILLISTON, ND) ABILITY TO MEET THE HEALTHCARE NEEDS OF THE REGION

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	CATHOLIC HEALTH INITIATIVES (CHI) IS A NATIONAL NONPROFIT HEALTH ORGANIZATION HEADQUARTERE D IN DENVER THE FAITH-BASED SYSTEM OPERATES IN 18 STATES AND COMPRISES 92 HOSPITALS, INCL UDING FOUR ACADEMIC HEALTH CENTERS, AND 24 CRITICAL-ACCESS FACILITIES, COMMUNITY HEALTH-SE RVICES ORGANIZATIONS, ACCREDITED NURSING COLLEGES, HOME-HEALTH AGENCIES, AND OTHER FACILIT IES THAT SPAN THE INPATIENT AND OUTPATIENT CONTINUUM OF CARE IN FISCAL YEAR 2014, CHI PRO VIDED APPROXIMATELY $910 MILLION IN CHARITY CARE AND COMMUNITY BENEFIT, A 19 PERCENT INCRE ASE OVER FISCAL YEAR 2013 COMMUNITY BENEFIT INCLUDES THE COST OF SUPPLIES AND LABOR RELAT ED TO FREE CLINICS, DONATIONS AND OTHER SERVICES PROVIDED TO MEET THE NEEDS OF THE POOR AN D COMMUNITY TOTAL CHARITY CARE AND COMMUNITY BENEFIT COSTS EQUALED MORE THAN $1 7 BILLION WITH THE INCLUSION OF THE UNPAID COSTS OF MEDICARE CHI'S EXEMPT PURPOSE IS TO SERVE AS A N INTEGRAL PART OF ITS NATIONAL SYSTEM OF HOSPITALS AND OTHER CHARITABLE ENTITIES, WHICH A RE DESCRIBED AS MARKET-BASED ORGANIZATIONS, OR MBOS AN MBO IS A DIRECT PROVIDER OF CARE O R SERVICES WITHIN A DEFINED MARKET AREA THAT MAY BE AN INTEGRATED HEALTH SYSTEM AND/OR A S TAND-ALONE HOSPITAL OR OTHER FACILITY OR SERVICE PROVIDER TO FULFILL ITS MISSION, CHI, AS A VALUES-DRIVEN ORGANIZATION, ASSURES THE INTEGRITY OF THE MINISTRY IN BOTH CURRENT AND D EVELOPING ORGANIZATIONS AND ACTIVITIES CHI FOSTERS RESEARCH AND DEVELOPMENT OF NEW MINIST RIES THAT INTEGRATE HEALTH, EDUCATION, PASTORAL AND SOCIAL SERVICES, PROMOTES LEADERSHIP D EVELOPMENT AND FORMATION FOR THE MINISTRY THROUGHOUT THE ENTIRE ORGANIZATION, ADVOCATES FO R SYSTEMIC CHANGES WITH SPECIFIC CONCERN FOR PERSONS WHO ARE POOR, ALIENATED AND UNDERSERV ED, 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 CENTRA LIZED "SHARED SERVICES" FOR THE MBOS THE PROVISION OF CENTRALIZED MANAGEMENT AND SHARED S ERVICES - INCLUDING AREAS SUCH AS ACCOUNTING, HUMAN RESOURCES, PAYROLL AND SUPPLY CHAIN - PROVIDES ECONOMIES OF SCALE AND PURCHASING POWER TO THE MBOS COST SAVINGS ASSOCIATED WITH CENTRALIZED SERVICES FOR THE FISCAL YEAR ENDED JUNE 30, 2014, INCLUDE MORE THAN $203 7 MI LLION IN SUPPLY CHAIN EXPENSE AND APPROXIMATELY $46 3 MILLION FOR INSURANCE COSTS THE COS T SAVINGS ACHIEVED THROUGH CHI'S CENTRALIZATION ENABLE MBOS TO DEDICATE ADDITIONAL RESOURC ES TO HIGH-QUALITY HEALTH CARE AND COMMUNITY OUTREACH SERVICES TO THE MOST VULNERABLE MEMB ERS OF OUR SOCIETY REPORTING ACROSS THE SYSTEM THE FOLLOWING EXAMPLES OF COMMUNITY BENEF IT ACTIVITIES IN FISCAL YEAR 2014 REPRESENT ONLY A SMALL FRACTION OF THOSE TAKING PLACE ON A DAILY BASIS AT THESE FACILITIES AND THROUGHOUT THE CATHOLIC HEALTH INITIATIVES HEALTH C ARE SYSTEM CHI ST JOSEPH'S CHILDREN, ALBUQUERQUE, NM ST JOSEPH COMMUNITY HEALTH (SJCH) IS A NON-PROFIT ORGANIZATION THAT WORKS TO ENSURE CHILDREN REACH KINDERGARTEN WITH THE HEA LTH AND FAMILY CAPACITY NECESSARY TO SUPPORT LEARNING THE HOME VISITING PROGRAM IS THE FL AGSHIP PROGRAM OF SJC, PROVIDING HOME VISITS BY TRAINED PROFESSIONALS TO EXPECTANT MOMS AN D FAMILIES WITH FIRST BORN CHILDREN SJC UTILIZES AN OUTCOMES-BASED MODEL (FIRST BORN) THA T HAS PROVEN RESULTS IN IMPROVING CHILD AND FAMILY OUTCOMES THE BENEFITS OF EARLY INTERVE NTION AND HEALTH PROMOTION IN MATERNAL AND CHILD HEALTH ARE WELL-DOCUMENTED AND HAVE A LIF ETIME AFFECT THE NET BENEFIT PROVIDED TO THE COMMUNITY BY THIS PROGRAM DURING FISCAL YEAR 2014 WAS $2,342,530 AND INCLUDED 10,392 CONTACTS SJC ALSO PROVIDED FUNDING TO THE NEW ME XICO LIONS EYE FOUNDATION, AN ENTITY AFFILIATED WITH LIONS CLUB INTERNATIONAL, A VOLUNTEER ORGANIZATION, TO FUND SEVERAL DIFFERENT PROGRAMS CENTERED ON ALL ASPECTS OF EYE CARE INCL UDING ANNUAL SCREENING FOR CHILDREN THREE TO FIVE YEARS OLD AND THE PROVISION OF USED EYE- WEAR TO NEEDY INDIVIDUALS THE NET BENEFIT PROVIDED TO THE COMMUNITY FOR THE FISCAL YEAR W AS APPROXIMATELY $18,224 NOT INCLUDING THE USE OF RESTRICTED FUNDS OF $68,000 AND INCLUDED 18,786 CONTACTS FLAGET MEMORIAL HOSPITAL, BARDSTOWN, KY FHC HAS A DEDICATED EMPLOYEE WHO COORDINATES THE PRESCRIPTION ASSISTANCE PROGRAM, WHICH SERVES PEOPLE WHO OTHERWISE COULD NOT AFFORD TO PAY FOR THEIR PRESCRIPTION MEDICATIONS BY UTILIZING THE ASSISTANCE OPTIONS THROUGH PHARMACEUTICAL COMPANIES, THE PROGRAM IS ABLE TO ENSURE PATIENTS GET THE MEDICATIO NS THEY NEED AT NO COST THIS ENABLES THE PATIENTS TO BETTER MANAGE THEIR HEALTH AND AVOID S UNNECESSARY UTILIZATION OF HIGH COST EMERGENCY DEPARTMENT SERVICES THE NELSON COUNTY CO MMUNITY CLINIC (NCCC) IS A VITAL SAFETY NET FOR NELSON COUNTY RESIDENTS WHO ARE EMPLOYED B UT HAVE NO HEALTH INSURANCE INCOME ELIGIBLE RESIDENTS HAVE ACCESS TO AN ARRAY OF FREE SER VICES, INCLUDING MEDICAL CARE, BASIC DENTAL CARE, LAB TESTS, EYE EXAMS AND FREE MEDICATION S HALF OF THE APPROXIMATELY 110 VOLUNTEERS WHO STAFF THE CLINIC ARE FLAGET EMPLOYEES THE CLINIC WAS STARTED IN 2006 WITH A $278,000 GRANT

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	FROM THE HOSPITAL'S SPONSOR ORGANIZATION, CATHOLIC HEALTH INITIATIVES THE HOSPITAL DONATE D $10,000 TO THE CLINIC IN FY 2014 CHI LAKEWOOD HEALTH CENTER, BAUDETTE, MN LAKEWOOD HEAL TH CENTER SPONSORS AND PROVIDES SUPPORT FOR DEVELOPING AND MAINTAINING AN ALZHEIMER'S SUPP ORT GROUP IN LAKE OF THE WOODS COUNTY AND SURROUNDING AREA A NEED WAS IDENTIFIED DURING T HE 2009 COMMUNITY ASSESSMENT AND THROUGH LAKEWOOD CARE CENTER FAMILY COUNCIL MEMBERS A FR EE SKIN CANCER SCREENING CLINIC WAS HELD BY LAKEWOOD HEALTH CENTER CLINIC IN THE SUMMER OF 2013 A TOTAL OF 78 PATIENTS WERE SCREENED AND EDUCATIONAL MATERIALS WERE AVAILABLE THE GOAL IS TO INCREASE COMMUNITY AWARENESS ON THE IMPORTANCE OF SKIN PROTECTION AND TO SAVE L IVES BY FINDING SKIN CANCER EARLY-AT ITS MOST TREATABLE STAGES LAKEWOOD HEALTH CENTER ALS O SPONSORS AND PROVIDES SUPPORT FOR DEVELOPING AND MAINTAINING A SUPPORT GROUP FOR THE VIS UALLY IMPAIRED LAKEWOOD HEALTH CENTER ALSO HELD THE ANNUAL HEALTH FAIR IN JULY 2013 AT TH E LAKE OF THE WOODS COUNTY FAIR ALL DEPARTMENTS AT LAKEWOOD WERE ASKED TO PARTICIPATE IN SOME WAY A THREE DAY EVENT WAS HELD AND APPROXIMATELY 140 PEOPLE RECEIVED GLUCOSE, CHOLES TEROL AND BLOOD PRESSURE SCREENING NURSES PROVIDED HEALTH EDUCATION DURING THE TIME OF SC REENING LAKEWOOD ALSO PARTICIPATED IN SCREENING EVENTS FOR THE MARVIN'S HEALTH FAIR (2 DA YS - 85 SCREENED) IN OCTOBER, AT THE LOCAL CRAFT FAIR (65 SCREENED) IN NOVEMBER 2013 AND A T WILLIE WALLEYE DAYS IN JUNE 2014 (ONE DAY- 40 SCREENED)

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED)	CHI ST FRANCIS HEALTH ST FRANCIS MEDICAL CENTER, BRECKINRIDGE, MN ST FRANCIS PROVIDES P RESCRIPTION MEDICATIONS TO PERSONS WHO HAVE NO MEANS TO PROCURE THOSE MEDICATIONS PROVISI ON OF THESE MEDICATIONS HELPS THE RECIPIENTS TO RECOVER MORE QUICKLY FROM THEIR ILLNESSES, BETTER MANAGE CHRONIC CONDITIONS, AND AVOID COSTLY HOSPITALIZATIONS AND INTERVENTIONS IN FISCAL YEAR 2014, PRESCRIPTION DRUGS (VALUED AT $3,926) WERE PROVIDED TO 40 LOW-INCOME, E LDERLY, AND/OR UNINSURED INDIVIDUALS ST FRANCIS ALSO PARTNERED WITH THE LOCAL ROTARY CLU B TO PROVIDE BLOOD TESTS AS A SCREEN FOR THOSE IN THE COMMUNITY WHO WOULD NOT HAVE PREVENT ATIVE SERVICES COVERED BY THEIR INSURANCE A NOMINAL FEE WAS PAID BY EACH PARTICIPANT TO C OVER THE COSTS OF THE REAGENTS HOWEVER, STAFF TIME, ADVERTISING, POSTAGE, ETC WAS NOT CO VERED BY THE FEE OVER 100 PEOPLE PARTICIPATED IN THE SCREENINGS CHI MERCY HOSPITAL, DEVI L'S LAKE, ND MERCY HOSPITAL PROVIDES A VARIETY OF EDUCATION PROGRAMS TO THE COMMUNITY AT R EDUCED OR NO CHARGE TO THE RECIPIENT LAST YEAR A CUMULATIVE TOTAL OF 644 INDIVIDUALS BENE FITED FROM THE PROGRAMS AND/OR NEWSLETTERS ADDRESSING NUTRITION, PREPARED CHILDBIRTH, GRIE F ISSUES, UNSAFE LIFESTYLE CHOICES, ADVANCE DIRECTIVES, WOMEN'S HEALTH, SUICIDE PREVENTION , STRENGTH TRAINING, AND PARTICIPATION IN MANY COMMUNITY HEALTH FAIRS THE HOSPITAL ALSO H AS A CARDIAC EXERCISE PROGRAM ALL CARDIAC PATIENTS UNDER THE CARE OF MERCY HOSPITAL'S MED ICAL STAFF ARE ELIGIBLE FOR OUR EXERCISE PROGRAM FOR A NOMINAL MONTHLY FEE OTHER PATIENTS WITH SPECIFIC DISEASE STATES ARE ALSO ELIGIBLE FOR THIS SERVICE AND ROUTINELY PARTICIPATE THE HOSPITAL ALSO PROVIDES A "BABY AND I" BREAST-FEEDING INSTRUCTION PROGRAM THE INCIDE NCE OF PEDIATRIC ADMISSIONS, PARTICULARLY FOR NEWBORNS, HAS BEEN REDUCED BY THIS HOME BREA ST FEEDING INSTRUCTION PROGRAM, WHICH WAS ORIGINALLY FUNDED BY THE SISTERS OF MERCY OF OMA HA THE "BABY AND I' PROGRAM PROVIDES IN-HOUSE INSTRUCTION TO MOTHERS ON THE BENEFITS OF A ND PROPER TECHNIQUES FOR BREAST-FEEDING FOLLOW UP VISITS AT HOME WITH THE MOTHER ARE COND UCTED TO PROVIDE ASSURANCE AND CONTINUITY OF CARE TO THE MOTHER AND INFANT A SUPPORT GROU P ALSO MEETS WEEKLY TO PROVIDE FURTHER SUPPORT AND ENHANCE THE BENEFITS OF BREAST-FEEDING UNITY FAMILY HEALTHCARE, LITTLE FALLS, MN (CHI ST GABRIEL'S HEALTH) THE CORNERSTONE OF U FH IS CHI ST GABRIEL'S HOSPITAL, A 25-BED CRITICAL ACCESS HOSPITAL (CAH), WHICH ORIGINALL Y WAS ORGANIZED IN MAY OF 1891 AND RECEIVED ITS FIRST PATIENTS IN JANUARY OF 1892 UNITY I NCLUDES CHI ST GABRIEL'S HOSPITAL, FAMILY MEDICAL CENTER, LITTLE FALLS ORTHOPEDICS, CHI S T GABRIEL'S HEALTH ST CAMILLUS PLACE AND CHI ALBANY AREA HEALTH UNITY FACILITIES OFFER A VARIETY OF SUPPORT GROUPS AND SIMILAR ACTIVITIES, INCLUDING SUCH ACTIVITIES AS THE PROST ATE CANCER SUPPORT GROUP, EATING DISORDERS SUPPORT GROUP, ADOPTION SUPPORT GROUP, THE ALAN ON GROUP AND THE HOSPICE FAMILY SUPPORT GROUP IN 2014, THE VALUE OF THE SUPPORT FOR THIS ACTIVITY TOTALED NEARLY $3,077 MOST OF THE GROUPS WERE DEVELOPED IN RESPONSE TO SPECIFIC REQUESTS FROM INDIVIDUALS IN THE COMMUNITY IN SOME CASES, UNITY PROVIDES THE GROUP FACILI TATORS IN OTHER CASES, REPRESENTATIVES FROM THE COMMUNITY PROVIDE THAT LEADERSHIP THE SU PPORT GROUPS SERVED 246 PEOPLE IN 2014 UNITY FACILITIES, ESPECIALLY ST GABRIEL'S HOSPITA L AND ALBANY AREA HOSPITAL, OFFER A VARIETY OF FREE HEALTH SCREENINGS AND HEALTH FAIRS FOR THE COMMUNITIES IN WHICH WE SERVE THE TOTAL VALUE OF THESE ACTIVITIES WAS NEARLY $23,236 IN FY 2014, WITH 1706 PEOPLE PARTICIPATING IN THE HEALTH FAIRS/SCREENINGS THE SCREENINGS INCLUDE SUCH THINGS AS BLOOD PRESSURE CHECKS AT A LOCAL EXTENDED CARE FACILITY (NOT PART OF UNITY), OTHER SCREENINGS, FIREMEN PHYSICALS, PULMONARY SCREENING AND FLU SHOTS THE LIT TLE FALLS AREA HEALTH FAIR, WHICH IS HELD IN THE SPRING OF EVEN-NUMBERED YEARS, ATTRACTED MORE THAN 1,000 PARTICIPANTS CHI ST JOSEPH'S HEALTH, PARK RAPIDS, MN THE CHI ST JOSEPH' S COMMUNITY DENTAL CLINIC PROVIDES DENTAL CARE TO THE PUBLICLY FUNDED POPULATIONS THROUGHO UT NORTH CENTRAL MINNESOTA THIS PAST YEAR, THEY PROVIDED 6,345 DENTAL VISITS THE "GIVE K IDS A SMILE" DAY PROVIDED HYGIENE AND EXAMS TO 90 CHILDREN IN 2013 THE HEALTHY FAMILIES-H EALTHY WAS DEVELOPED TO ADDRESS THE NEEDS OF AT-RISK MOTHERS AND CHILDREN LIVING IN OUR CO UNTY THE PROGRAM INCLUDES PRENATAL EDUCATION, PARENTING EDUCATION AND SUPPORT CHI ST JO SEPH'S HEALTH PROVIDES THE OVERSIGHT OF THE GRANTS AND THE ADDITIONAL FUNDING FOR THIS PRO GRAM ST JOSEPH'S ALSO OFFERS TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF), A NON-MEDIC AL HOME VISITING PROGRAM PARTIALLY FUNDED BY GRANT DOLLARS CHI ST JOSEPH'S HEALTH HAS WO RKED TO EXPAND THE NUMBER OF FAMILIES SERVED THROUGH THE TANF PROGRAM, WHICH FOCUSES ON FA MILY VIOLENCE PREVENTION AND CHILD ABUSE PREVENTION THE HOSPITAL ALSO PROVIDES IMMUNIZATI ON CLINICS VACCINATIONS ARE ONE OF THE MOST EFFECTIVE WAYS TO PREVENT DISEASE AND ALSO ON E OF THE MOST COST EFFICIENT MEDICAL INTERVENTIONS

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED)	AVAILABLE. THE HOSPITAL OFFERS LOW-COST OR FREE VACCINATIONS TO ELIGIBLE CHILDREN FROM BI RTH TO AGE 19 THROUGH OUR PARTICIPATING SCHOOLS. ANNUAL FLU SHOT CLINICS ARE PROVIDED TO A REA BUSINESSES. ST. JOSEPH REGIONAL HEALTH NETWORK, READING, PA. ST. JOSEPH REGIONAL HEALTH NETWORK WAS SELECTED AS A WINNER IN THE COMMUNITY BENEFIT CATEGORY FOR ITS PROJECT, "BETT ER BREAST HEALTH INITIATIVE. BREAST SCREENING FOR THE UNINSURED POPULATION." THIS INNOVATI VE PROJECT WAS SPECIFICALLY DEVELOPED TO PROVIDE BREAST HEALTH EDUCATION AND SCREENINGS TO THE UNINSURED FEMALE POPULATION. THROUGH THE PROGRAM, ST. JOSEPH REGIONAL HEALTH NETWORK WAS ABLE TO PROVIDE BREAST IMAGING SERVICES FOR OVER 300 UNINSURED WOMEN. THIS INITIATIVE EXEMPLIFIES ST. JOSEPH REGIONAL HEALTH NETWORK'S COMMITMENT TO THE WELL-BEING OF ITS PATIE NTS AND COMMUNITY. ST. JOSEPH'S ANNUAL FLU SHOT OUTREACH ONCE AGAIN SERVED MORE THAN 1,000 INDIVIDUALS IN OUR COMMUNITY WITH FREE FLU VACCINES AND, AS IN PAST YEARS, ST. JOSEPH MAD E A SPECIAL EFFORT TO PROVIDE THE SERVICE TO PUBLIC SERVANTS, POLICE, FIRE AND EMERGENCY-M EDICAL TECHNICIANS IN A DRIVE-UP SETTING. ALSO, THIS WAS THE 15TH YEAR THAT ST. JOSEPH REG IONAL HEALTH NETWORK HAS COLLABORATED WITH THE KEYSTONE FARMWORKER PROGRAM, THE BERKS-SCHU YLKILL DENTAL HYGIENISTS' ASSOCIATION, THE BERKS COUNTY DENTAL SOCIETY, AND INDIVIDUAL PRI VATE-PRACTICE DENTAL PROFESSIONALS TO PROVIDE A CHILDREN'S DENTAL CLINIC THAT OPERATES ONE SATURDAY MORNING A MONTH FROM JANUARY THROUGH MAY. THE CHILDREN'S DENTAL CLINIC CARES FOR CHILDREN WITH SERIOUS DENTAL DISEASES WHO HAVE "FALLEN THROUGH THE CRACKS." A MAJORITY OF THOSE CLINIC PATIENTS ARE LOW INCOME, MINORITY CHILDREN, INCLUDING FARM-WORKER CHILDREN. CHI OAKES HOSPITAL -OAKES, ND THE CHI OAKES HOSPITAL, AS PART OF THE CHI FARGO DIVISION, P ARTNERED WITH MEDSHARE, A NONPROFIT MEDICAL EQUIPMENT RECOVERY AND REDISTRIBUTION ORGANIZA TION IN SAN LEANDRO, CALIFORNIA. MEDSHARE LOADED BOXES FULL OF MEDICAL SUPPLIES AND EQUIPM ENT INTO A 40-FOOT SHIPPING CONTAINER, WHICH WENT ON A CARGO SHIP ON ITS WAY TO MANILA, WH ERE IT WAS TRUCKED TO A HOSPITAL IN NUEVA VIZCAYA. TWO SHIPMENTS ARRIVED AT THE INDIGENOUS PEOPLE'S HOSPITAL AS OF JUNE 2014. IN FY14, THE FARGO DIVISION PHILIPPINES OUTREACH PROGR AM RECEIVED A GENEROUS THREE-YEAR GRANT FROM THE CHI MISSION & MINISTRY FUND TO COVER THE COST OF SHIPPING CONTAINERS FULL OF MEDICAL EQUIPMENT AND SUPPLIES TO THE INDIGENOUS PEOPL E'S HOSPITAL, OUR SISTER HOSPITAL, IN THE PHILIPPINES. CHI OAKES HOSPITAL ALSO SENDS SUPPL IES TO PROJECT INTERNATIONAL MISSIONS AND HERO (HEALTHCARE EQUIPMENT RECY CLING ORGANIZATIO N), A NON-PROFIT CLEARINGHOUSE THAT COLLECTS AND REDISTRIBUTES DONATED HEALTHCARE MATERIAL S TO BENEFIT THOSE IN NEED

Return Reference	Explanation
Form 990, Part VI, Sec A, Line 1a, Delegate broad authority to a committee	CATHOLIC HEALTH INITIATIVES' 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, 2014, THE EXECUTIVE COMMITTEE WAS COMPRISED OF THE FOLLOWING INDIVIDUALS: CHRIS LOWNEY, KEVIN LOFTON, LILLIAN MURPHY, RSM, MARY JO POTTER, PATRICIA SMITH, OSF, JCD. DURING THE FISCAL YEAR ENDED JUNE 30, 2014, THE FOLLOWING INDIVIDUALS SERVED AS STAFF TO THE EXECUTIVE COMMITTEE: PATRICIA WEBB

Return Reference	Explanation
Form 990, Part VI, Sec A, Line 4, Significant changes to organizational documents	CHI AMENDED ITS BYLAWS ON DECEMBER 11, 2013 AND AMENDED ITS BYLAWS AND ARTICLES OF INCORPORATION ON JUNE 11, 2014 SIGNIFICANT CHANGES INCLUDE AN UPDATED MISSION STATEMENT AND TO ALLOW FOR A MANAGEMENT STRUCTURE WITH THE POSITIONS OF CHIEF EXECUTIVE OFFICER (CEO) AND PRESIDENT TO BE HELD BY DIFFERENT INDIVIDUALS, AND TO PERMIT THE CEO TO APPOINT ONE OR MORE PRESIDENTS AND ONE OR MORE EXECUTIVE VICE PRESIDENTS TO SERVE THE CORPORATION

Return Reference	Explanation
Form 990, Part VI, Sec A, Line 6, Classes of members or stockholders	FORM 990 INSTRUCTIONS DEFINE A "MEMBER" AS ANY PERSON WHO, PURSUANT TO A PROVISION OF THE ORGANIZATION'S GOVERNING DOCUMENTS OR APPLICABLE STATE LAW, HAS THE RIGHT TO "APPROVE SIGNIFICANT DECISIONS OF THE GOVERNING BODY" OR TO "RECEIVE A SHARE OF THE ORGANIZATION'S PROFITS OR EXCESS DUES OR A SHARE OF THE ORGANIZATION'S NET ASSETS UPON THE ORGANIZATION'S DISSOLUTION" 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, 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)

Return Reference	Explanation
Form 990, Part VI, Sec A, Line 7b, Decisions requiring approval by members or stockholders	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 APPPROVAL 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 APPPROVED 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 APPPROVE SUBSTANTIAL CHANGES TO THE MISSION AND PHILOSOPHICAL DIRECTION OF THE ORGANIZATION, APPPROVE 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)

Return Reference	Explanation
Form 990, Part VI, Sec B, Line 11b, Review of form 990 by governing body	THE CATHOLIC HEALTH INITIATIVES (CHI) VICE PRESIDENT OF TAX AND LEGAL 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 SCHEDULED TO BE FORMALLY PRESENTED TO THE BOARD BY THE VICE PRESIDENT OF TAX AND LEGAL TRANSACTIONS AT A BOARD MEETING UPON CHIEF FINANCIAL OFFICER APPROVAL AND SIGNATURE, THE VICE PRESIDENT OF TAX AND LEGAL 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

Return Reference	Explanation
Form 990, Part VI, Sec B, Line 12c, Conflict of interest policy	ALL CATHOLIC HEALTH INITIATIVES (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

Return Reference	Explanation
Form 990, Part VI, Sec B, Line 15a, Process to establish compensation of top management official	CATHOLIC HEALTH INITIATIVES (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 18, 2014 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

Return Reference	Explanation
Form 990, Part VI, Sec B, Line 15b, Process to establish compensation of other employees	SEE NARRATIVE FOR FORM 990, PART VI, SECTION B, LINE 15A

Return Reference	Explanation
FORM 990, PART VI, LINE 16B, ADOPTION OF WRITTEN POLICY OR PROCEDURE REGARDING JOINT VENTURES	CATHOLIC HEALTH INITIATIVES (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

Return Reference	Explanation
Form 990, Part VI, Sec C, Line 19, Required documents available to the public	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.

Return Reference	Explanation
FORM 990, PART VII, SECTION A, EXPLANATION OF REASONABLE EFFORTS TO OBTAIN RELATED ORGANIZATION COMP	AN ORGANIZATION IS NOT REQUIRED TO REPORT COMPENSATION FROM A RELATED ORGANIZATION TO A PERSON LISTED ON FORM 990, PART VII, SECTION A IF THE ORGANIZATION IS UNABLE TO SECURE THE INFORMATION ON COMPENSATION PAID BY A RELATED ORGANIZATION AFTER MAKING A REASONABLE EFFORT TO OBTAIN IT IN THAT CASE, THE ORGANIZATION SHALL REPORT THE EFFORTS UNDERTAKEN ON SCHEDULE O CATHOLIC HEALTH INITIATIVES (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

Return Reference	Explanation
Form 990, Part IX, Line 11g, Other Expenses	CONTRACT SVCS - SUPPORT FEES - TOTAL EXPENSE 6269237, PROGRAM SERVICE EXPENSE , MANAGEMENT AND GENERAL EXPENSES 6269237, FUNDRAISING EXPENSES , CONTRACT SVCS - COLLECTION FEES - TOTAL EXPENSE 1349927, PROGRAM SERVICE EXPENSE , MANAGEMENT AND GENERAL EXPENSES 1349927, FUNDRAISING EXPENSES , CONTRACT SVCS - OTHER - TOTAL EXPENSE 154033269, PROGRAM SERVICE EXPENSE 2236591, MANAGEMENT AND GENERAL EXPENSES 151796678, FUNDRAISING EXPENSES , CONTRACT SVCS - REV CYCLE - TOTAL EXPENSE 24392610, PROGRAM SERVICE EXPENSE , MANAGEMENT AND GENERAL EXPENSES 24392610, FUNDRAISING EXPENSES , CNTRCT SVCS - HIM - TOTAL EXPENSE 177324633, PROGRAM SERVICE EXPENSE , MANAGEMENT AND GENERAL EXPENSES 177324633, FUNDRAISING EXPENSES , CNTRCT SVCS - PATIENT ACCESS - TOTAL EXPENSE 24781130, PROGRAM SERVICE EXPENSE , MANAGEMENT AND GENERAL EXPENSES 24781130, FUNDRAISING EXPENSES , CNTRCT SVCS - ENHANCED SVC - TOTAL EXPENSE 4609943, PROGRAM SERVICE EXPENSE , MANAGEMENT AND GENERAL EXPENSES 4609943, FUNDRAISING EXPENSES , CNTRCT SVCS- LEVRGD COST - TOTAL EXPENSE 3159424, PROGRAM SERVICE EXPENSE , MANAGEMENT AND GENERAL EXPENSES 3159424, FUNDRAISING EXPENSES , CNTRCT SVCS - SUPPORT COST - TOTAL EXPENSE 16814690, PROGRAM SERVICE EXPENSE , MANAGEMENT AND GENERAL EXPENSES 16814690, FUNDRAISING EXPENSES , CONSULTING - REIMBURSEMENT - TOTAL EXPENSE 82950, PROGRAM SERVICE EXPENSE , MANAGEMENT AND GENERAL EXPENSES 82950, FUNDRAISING EXPENSES , CONSULTING - CLINICAL - TOTAL EXPENSE 409670, PROGRAM SERVICE EXPENSE , MANAGEMENT AND GENERAL EXPENSES 409670, FUNDRAISING EXPENSES , CONSULTING - ADMINISTRATIVE - TOTAL EXPENSE 8583928, PROGRAM SERVICE EXPENSE 194636, MANAGEMENT AND GENERAL EXPENSES 8389292, FUNDRAISING EXPENSES , CONSULTING - STRATEGIC PLANNING - TOTAL EXPENSE 239922, PROGRAM SERVICE EXPENSE , MANAGEMENT AND GENERAL EXPENSES 239922, FUNDRAISING EXPENSES , CONSULTING - OTHER - TOTAL EXPENSE 48886589, PROGRAM SERVICE EXPENSE 782239, MANAGEMENT AND GENERAL EXPENSES 48104350, FUNDRAISING EXPENSES , CONTRACT LABOR - AIMS - TOTAL EXPENSE 90, PROGRAM SERVICE EXPENSE 90, MANAGEMENT AND GENERAL EXPENSES , FUNDRAISING EXPENSES , CONTRACT LABOR - OTHER - TOTAL EXPENSE 86833625, PROGRAM SERVICE EXPENSE 63384, MANAGEMENT AND GENERAL EXPENSES 86770241, FUNDRAISING EXPENSES ,

Return Reference	Explanation
Form 990 , Part XI, Line 9, Other changes in net assets or fund balances	CAPITAL RESOURCE POOL CONTRIBUTIONS - 51653364, EQUITY TRANSFERS TO/FROM AFFILIATES - -28664690, PENSION ADJUSTMENT - -43263039, INVESTMENT IN ST LUKE'S - -105269745, RETURNED GRANTS - 270089,

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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" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
CATHOLIC HEALTH INITIATIVES

Employer identification number
47-0617373

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

(a) Name, address, and EIN (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) CHI HOUSING INITIATIVES LLC 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 46-3867953	RESIDENTIAL REAL ESTATE RENTALS	CO	502,597	11,400,230	CHI

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(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" on Form 990, Part IV, line 34, 35b, or 36.

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
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 related 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" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V?UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation

Additional Data

Software ID: 13000248
Software Version: 2013v3.1
EIN: 47-0617373
Name: CATHOLIC HEALTH INITIATIVES

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) ALEGENT CREIGHTON CLINIC 12809 W DODGE RD OMAHA, NE 68154 47-0765154	HEALTHCARE	NE	501(C)(3)	3	ACH	Yes	
(1) ALEGENT CREIGHTON HEALTH 12809 W DODGE RD OMAHA, NE 68154 47-0757164	HEALTHCARE	NE	501(C)(3)	3	CHI NEBRASKA	Yes	
(2) ALEGENT CREIGHTON HEALTH FOUNDATION 12809 W DODGE RD OMAHA, NE 68154 47-0648586	FUNDRAISING	NE	501(C)(3)	7	ACH	Yes	
(3) ALEGENT HEALTH - BERGAN MERCY HEALTH SYSTEM 7500 MERCY RD OMAHA, NE 68124 47-0484764	HEALTHCARE	NE	501(C)(3)	3	CHI NEBRASKA	Yes	
(4) ALEGENT HEALTH - COMMUNITY MEMORIAL HOSPITAL OF MISSOURI VALLEY IA 631 N 8TH ST MISSOURI VALLEY, IA 51555 42-0776568	HEALTHCARE	IA	501(C)(3)	3	CHI NEBRASKA	Yes	
(5) ALEGENT HEALTH - IMMANUEL MEDICAL CENTER 6901 N 72ND ST OMAHA, NE 68122 47-0376615	HEALTHCARE	NE	501(C)(3)	3	CHI NEBRASKA	Yes	
(6) ALEGENT HEALTH - MEMORIAL HOSPITAL SCHUYLER 104 W 17TH ST SCHUYLER, NE 68661 47-0399853	HEALTHCARE	NE	501(C)(3)	3	CHI NEBRASKA	Yes	
(7) ALEGENT HEALTH - MERCY HOSPITAL CORNING IOWA PO BOX 368 CORNING, IA 50841 42-0782518	HEALTHCARE	IA	501(C)(3)	3	CHI NEBRASKA	Yes	
(8) ALVERNA APARTMENTS 300 SE 8TH AVE LITTLE FALLS, MN 56345 41-1351177	LTERM CARE	MN	501(C)(3)	9	CHI	Yes	
(9) APPLETREE COURT 601 OAK ST BRECKENRIDGE, MN 56520 41-1850500	SENIOR LIVING	MN	501(C)(3)	9	SFH	Yes	
(10) BISHOP DRUMM RETIREMENT CENTER 1111 6TH AVE DES MOINES, IA 50314 42-0725196	LTERM CARE	IA	501(C)(3)	9	CHI-IA CORP	Yes	
(11) BORNEMANN HEALTHCARE CORPORATION 2500 BERNVILLE RD PO BOX 316 READING, PA 19603 23-2187242	HEALTHCARE	PA	501(C)(3)	11 - Type I	CHI	Yes	
(12) CARRINGTON HEALTH CENTER 800 N 4TH ST CARRINGTON, ND 58421 45-0227311	HEALTHCARE	ND	501(C)(3)	3	CHI	Yes	
(13) CATHOLIC HEALTH INITIATIVES 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 47-0617373	HEALTHCARE	CO	501(C)(3)	9	NA	Yes	
(14) CATHOLIC HEALTH INITIATIVES - COLORADO 188 INVERNESS DRIVE WEST STE 500 ENGLEWOOD, CO 80112 84-0405257	HEALTHCARE	CO	501(C)(3)	3	CHI	Yes	
(15) CATHOLIC HEALTH INITIATIVES - IOWA CORP 1111 6TH AVE DES MOINES, IA 50314 42-0680448	HEALTHCARE	IA	501(C)(3)	3	CHI	Yes	
(16) CATHOLIC HEALTH INITIATIVES COLORADO FOUNDATION 6385 CORPORATE DR STE 301 COLORADO SPRINGS, CO 80919 84-0902211	FUNDRAISING	CO	501(C)(3)	7	CHIC	Yes	
(17) CATHOLIC HEALTH INITIATIVES NATIONAL FOUNDATION 6385 CORPORATE DR COLORADO SPRINGS, CO 80919 27-0930004	FUNDRAISING	CO	501(C)(3)	11 - Type I	CHI	Yes	
(18) CATHOLIC HEALTH INITIATIVES VIRTUAL HEALTH SERVICES 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 46-0992796	HEALTHCARE	CO	501(C)(3)	11 - Type I	CHINS	Yes	
(19) CENTENNIAL MEDICAL GROUP INC 2700 STEWART PKWY ROSEBURG, OR 97471 26-3946191	PHYSICIANS	OR	501(C)(3)	9	MMC	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(21) CENTRAL KANSAS MEDICAL CENTER 3515 BROADWAY GREAT BEND, KS 67530 48-0543724	SURGERY CENTER	KS	501(C)(3)	3	CHI	Yes	
(1) CHI HEALTH CONNECT AT HOME - FARGO 4816 AMBER VALLEY PKWY S FARGO, ND 58104 27-1966847	HEALTHCARE	MN	501(C)(3)	9	CHI	Yes	
(2) CHI INSTITUTE FOR RESEARCH AND INNOVATION 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 27-1050565	HEALTHCARE	CO	501(C)(3)	11 - Type I	CHI	Yes	
(3) CHI KENTUCKY INC 3900 OLYMPIC BLVD STE 400 ERLANGER, KY 41018 20-2741651	HEALTHCARE	KY	501(C)(3)	11 - Type I	CHI	Yes	
(4) CHI NATIONAL HOME CARE 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 45-1261716	HEALTHCARE	CO	501(C)(3)	9	CHI NS	Yes	
(5) CHI NATIONAL SERVICES 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 45-2532084	HEALTHCARE	CO	501(C)(3)	11 - Type I	CHI	Yes	
(6) CHI NEBRASKA 6940 O ST STE 200 LINCOLN, NE 68510 36-3233121	HEALTHCARE	NE	501(C)(3)	11 - Type III - FI	CHI	Yes	
(7) CHI ST LUKE'S HEALTH BAYLOR COLLEGE OF MEDICINE MEDICAL CENTER 6624 FANNIN ST HOUSTON, TX 77030 74-1161938	HEALTHCARE	TX	501(C)(3)	3	SLHS	Yes	
(8) CHI ST VINCENT HOSPITAL HOT SPRINGS 300 WERNER ST HOT SPRINGS, AR 71913 71-0236913	HEALTHCARE	AR	501(C)(3)	3	CHISVHS	Yes	
(9) CHI ST VINCENT HOT SPRINGS 300 WERNER ST HOT SPRINGS, AR 71913 26-1125064	HOLDING CO	AR	501(C)(3)	11 - Type II	SVIMC	Yes	
(10) CHI ST VINCENT MEDICAL GROUP HOT SPRINGS 1 MERCY LANE STE 201 HOT SPRINGS, AR 71913 26-1125131	HEALTHCARE	AR	501(C)(3)	3	CHISVHS	Yes	
(11) COMMUNITY LIMITED CARE DIALYSIS CENTER 619 OAK ST ACCOUNTING-3 W CINCINNATI, OH 45206 23-7419853	HOLDING CO	OH	501(C)(2)	N/A	GSH	Yes	
(12) COMMUNITY MEMORIAL HOSPITAL MEDICAL SERVICE FOUNDATION 631 N 8TH ST MISSOURI VALLEY, IA 51555 42-1294399	FUNDRAISING	IA	501(C)(3)	11 - Type I	AH-CMHMV	Yes	
(13) CONTINUING CARE HOSPITAL 150 NORTH EAGLE CREEK DR LEXINGTON, KY 40509 61-1400619	LT ACH	KY	501(C)(3)	3	SJHS	Yes	
(14) COVENANT HOME CARE 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 23-2028429	HOME HEALTH	PA	501(C)(3)	11 - Type II	CHI NHC	Yes	
(15) ENUMCLAW REGIONAL HOSPITAL ASSOCIATION 1450 BATTERSBY AVE ENUMCLAW, WA 98022 91-0715805	HEALTHCARE	WA	501(C)(3)	3	FHS	Yes	
(16) FLAGET HEALTHCARE INC 4305 NEW SHEPHERDSVILLE RD BARDSTOWN, KY 40004 61-1345363	HEALTHCARE	KY	501(C)(3)	3	KOH	Yes	
(17) FLAGET MEMORIAL HOSPITAL FOUNDATION INC 4305 NEW SHEPHERDSVILLE RD BARDSTOWN, KY 40004 56-2351341	FUNDRAISING	KY	501(C)(3)	11 - Type I	FH	Yes	
(18) FRANCISCAN FOUNDATION 1717 SOUTH J ST TACOMA, WA 98405 91-1145592	FUNDRAISING	WA	501(C)(3)	9	FHS	Yes	
(19) FRANCISCAN HEALTH SYSTEM 1717 SOUTH J ST TACOMA, WA 98405 91-0564491	HEALTHCARE	WA	501(C)(3)	3	CHI	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(41) FRANCISCAN HEALTH VENTURES FKA SJMGROUP TACOMA FNC CTR BLDG 1145 BROADWAY TACOMA, WA 98402 43-1882377	PHYSICIANS	MO	501(C)(3)	9	CHI	Yes	
(1) FRANCISCAN MEDICAL GROUP 1313 BROADWAY STE 200 TACOMA, WA 98402 91-1939739	HEALTHCARE	WA	501(C)(3)	9	FHS	Yes	
(2) FRANCISCAN VILLA OF SOUTH MILWAUKEE INC 3601 S CHICAGO AVE SOUTH MILWAUKEE, WI 53172 39-1093829	HEALTHCARE	WI	501(C)(3)	9	CHI	Yes	
(3) GLOBAL HEALTH INITIATIVES 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 20-1536108	MINISTRIES	CO	501(C)(3)	11 - Type I	CHI	Yes	
(4) GOOD SAMARITAN COLLEGE OF NURSING & HEALTH SCIENCE 619 OAK ST ACCOUNTING-3 W CINCINNATI, OH 45206 31-1778403	EDUCATION	OH	501(C)(3)	2	GSH	Yes	
(5) GOOD SAMARITAN FOUNDATION OF CINCINNATI INC 619 OAK ST ACCOUNTING-3 W CINCINNATI, OH 45206 31-1206047	FUNDRAISING	OH	501(C)(3)	11 - Type I	GSH	Yes	
(6) GOOD SAMARITAN HOSPITAL PO BOX 1990 KEARNEY, NE 68848 47-0379755	HEALTHCARE	NE	501(C)(3)	3	CHI NEBRASKA	Yes	
(7) GOOD SAMARITAN HOSPITAL FOUNDATION 111 W 31ST ST KEARNEY, NE 68847 47-0659443	FUNDRAISING	NE	501(C)(3)	7	GSH	Yes	
(8) GOOD SAMARITAN HOSPITAL FOUNDATION - DAYTON 110 N MAIN ST STE 500 DAYTON, OH 45402 23-7296923	FUNDRAISING	OH	501(C)(3)	7	SHP	Yes	
(9) HARRISON MEDICAL CENTER 2520 CHERRY AVE BREMERTON, WA 98310 91-0565546	HEALTHCARE	WA	501(C)(3)	3	FHS	Yes	
(10) HARRISON MEDICAL CENTER FOUNDATION 2520 CHERRY AVE BREMERTON, WA 98310 91-1197626	FUNDRAISING	WA	501(C)(3)	7	HMC	Yes	
(11) HEALTH SET 2420 W 26TH AVE STE 460D DENVER, CO 80211 84-1102943	LOW INC CARE	CO	501(C)(3)	7	CHIC	Yes	
(12) HEALTHCARE AND WELLNESS FOUNDATION 2400 ST FRANCIS DR BRECKENRIDGE, MN 56520 76-0761782	FUNDRAISING	MN	501(C)(3)	11 - Type I	SFMC	Yes	
(13) HIGHLINE MEDICAL CENTER 16251 SYLVESTER RD SW BURIEN, WA 98166 91-0712166	HEALTHCARE	WA	501(C)(3)	3	FHS	Yes	
(14) HOUSE OF MERCY 1111 6TH AVE DES MOINES, IA 50314 42-1323808	SHELTER	IA	501(C)(3)	7	CHI-IA CORP	Yes	
(15) JEWISH HOSPITAL AND ST MARY'S HEALTHCARE INC 539 S 4TH ST LOUISVILLE, KY 40202 61-1029768	HEALTHCARE	KY	501(C)(3)	3	KOH	Yes	
(16) KENTUCKYONE HEALTH MEDICAL GROUP INC 539 S 4TH ST LOUISVILLE, KY 40202 61-1352729	HEALTHCARE	KY	501(C)(3)	9	JHSMH	Yes	
(17) KENTUCKYONE HEALTH INC 200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 61-1029769	HEALTHCARE	KY	501(C)(3)	9	CHI	Yes	
(18) LAKEWOOD HEALTH CENTER 600 MAIN AVE S BAUDETTE, MN 56623 41-0758434	HEALTHCARE	MN	501(C)(3)	3	CHI	Yes	
(19) LINUS OAKES INC 2700 STEWART PKWY ROSEBURG, OR 97471 93-0821381	SENIOR LIVING	OR	501(C)(3)	9	MMC	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(61) LISBON AREA HEALTH SERVICES 905 MAIN ST LISBON, ND 58054 82-0558836	HEALTHCARE	ND	501(C)(3)	3	CHI	Yes	
(1) LUFKIN VISION ACQUISITIONS PO BOX 1447 LUFKIN, TX 75901 82-0563768	PROPERTY MGMT	TX	501(C)(3)	11 - Type III - FI	MHSET	Yes	
(2) MEMORIAL HEALTH CARE SYSTEM FOUNDATION INC 2525 DE SALES AVE CHATTANOOGA, TN 37404 62-1839548	FUNDRAISING	TN	501(C)(3)	7	MHCS	Yes	
(3) MEMORIAL HEALTH CARE SYSTEM INC 2525 DE SALES AVE CHATTANOOGA, TN 37404 62-0532345	HEALTHCARE	TN	501(C)(3)	3	CHI	Yes	
(4) MEMORIAL HEALTH PARTNERS FOUNDATION INC 5600 BRAINERD RD STE 500 CHATTANOOGA, TN 37411 03-0417049	HEALTHCARE	TN	501(C)(3)	9	MHCS	Yes	
(5) MEMORIAL HEALTH SYSTEM OF EAST TEXAS PO BOX 1447 LUFKIN, TX 75902 75-0755367	HEALTHCARE	TX	501(C)(3)	3	CHI	Yes	
(6) MEMORIAL MEDICAL CENTER - LIVINGSTON PO BOX 1447 LUFKIN, TX 75902 76-0436439	HEALTHCARE	TX	501(C)(3)	3	MHSET	Yes	
(7) MEMORIAL MEDICAL CENTER - SAN AUGUSTINE PO BOX 1447 LUFKIN, TX 75902 75-2663904	HEALTHCARE	TX	501(C)(3)	3	MHSET	Yes	
(8) MEMORIAL MULTISPECIALTY ASSOCIATES 1201 FRANK AVE LUFKIN, TX 95904 75-2721155	PHYSICIANS	TX	501(C)(3)	11 - Type III - FI	MHSET	Yes	
(9) MEMORIAL SPECIALTY HOSPITAL PO BOX 1447 LUFKIN, TX 95902 75-2492741	HEALTHCARE	TX	501(C)(3)	3	MHSET	Yes	
(10) MERCY AUXILIARY OF CENTRAL IOWA 1111 6TH AVE DES MOINES, IA 50314 42-6076069	AUXILIARY	IA	501(C)(3)	11 - Type I	MF-DM IA	Yes	
(11) MERCY CLINICS INC 1111 6TH AVE DES MOINES, IA 50314 42-1193699	PHYSICIANS	IA	501(C)(3)	9	CHI-IA CORP	Yes	
(12) MERCY COLLEGE OF HEALTH SCIENCES 1111 6TH AVE DES MOINES, IA 50314 42-1511682	EDUCATION	IA	501(C)(3)	2	CHI-IA CORP	Yes	
(13) MERCY FOUNDATION OF DES MOINES IA 1111 6TH AVE DES MOINES, IA 50314 23-7358794	FUNDRAISING	IA	501(C)(3)	7	CHI-IA CORP	Yes	
(14) MERCY FOUNDATION INC 2700 STEWART PKWY ROSEBURG, OR 97471 93-6088946	FUNDRAISING	OR	501(C)(3)	7	MMC	Yes	
(15) MERCY HEALTH CARE FOUNDATION PO BOX 368 CORNING, IA 50841 42-1461064	FUNDRAISING	IA	501(C)(3)	11 - Type I	AHMH-CORNING	Yes	
(16) MERCY HEALTHCARE FOUNDATION 570 CHAUTAUQUA BLVD VALLEY CITY, ND 58072 45-0435338	FUNDRAISING	ND	501(C)(3)	11 - Type III - FI	MHVC	Yes	
(17) MERCY HOSPITAL FOUNDATION COUNCIL BLUFFS 800 MERCY DR COUNCIL BLUFFS, IA 51503 42-1178204	FUNDRAISING	IA	501(C)(3)	11 - Type I	AHBMHS	Yes	
(18) MERCY HOSPITAL OF DEVILS LAKE 1031 7TH ST NE DEVILS LAKE, ND 58301 45-0227012	HEALTHCARE	ND	501(C)(3)	3	CHI	Yes	
(19) MERCY HOSPITAL OF DEVILS LAKE FOUNDATION 1031 7TH ST NE DEVILS LAKE, ND 58301 35-2367360	FUNDRAISING	ND	501(C)(3)	7	MHDL	Yes	

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						Yes	No
(81) MERCY HOSPITAL OF VALLEY CITY 570 CHAUTAUQUA BLVD VALLEY CITY, ND 58072 45-0226553	HEALTHCARE	ND	501(C)(3)	3	CHI	Yes	
(1) MERCY MEDICAL CENTER 1301 15TH AVE WEST WILLISTON, ND 58801 45-0231183	HEALTHCARE	ND	501(C)(3)	3	CHI	Yes	
(2) MERCY MEDICAL CENTER - CENTERVILLE ONE ST JOSEPHS DRIVE CENTERVILLE, IA 52544 42-0680308	HEALTHCARE	IA	501(C)(3)	3	CHI-IA CORP	Yes	
(3) MERCY MEDICAL CENTER INC 2700 STEWART PKWY ROSEBURG, OR 97471 93-0386868	HEALTHCARE	OR	501(C)(3)	3	CHI	Yes	
(4) MERCY MEDICAL FOUNDATION 1301 15TH AVE WEST WILLISTON, ND 58801 45-0381803	FUNDRAISING	ND	501(C)(3)	11 - Type I	MMC	Yes	
(5) MERCY PROFESSIONAL PRACTICE ASSOCIATES INC 1111 6TH AVE DES MOINES, IA 50314 42-1470935	PHYSICIANS	IA	501(C)(3)	9	CHI-IA CORP	Yes	
(6) NEBRASKA HEART HOSPITAL 7500 S 91ST ST LINCOLN, NE 68526 39-2031968	HEALTHCARE	NE	501(C)(3)	3	CHI NEBRASKA	Yes	
(7) OAKES COMMUNITY HOSPITAL 1200 N 7TH ST OAKES, ND 58474 45-0231675	HEALTHCARE	ND	501(C)(3)	3	CHI	Yes	
(8) OAKES COMMUNITY HOSPITAL FOUNDATION 1200 N 7TH ST OAKES, ND 58474 71-0966606	FUNDRAISING	ND	501(C)(3)	11 - Type I	OCH	Yes	
(9) PINEYWOODS MEDICAL DEVELOPMENT CORP PO BOX 1447 LUFKIN, TX 75902 75-2493116	PROPERTY MGMT	TX	501(C)(3)	11 - Type III - FI	MHSET	Yes	
(10) PUEBLO STEPUP 1925 E ORMAN AVE STE G52 PUEBLO, CO 81004 84-1234295	COMMUNITY	CO	501(C)(3)	7	CHIC	Yes	
(11) REGIONAL HOSPITAL FOR RESPIRATORY AND COMPLEX CARE 12844 MILITARY RD S TUKWILA, WA 98168 91-1170040	HEALTHCARE	WA	501(C)(3)	3	FHS	Yes	
(12) SET OF COLORADO SPRINGS INC 2864 S CIRCLE DR STE 450 COLORADO SPRINGS, CO 80906 84-1183335	LTERM CARE	CO	501(C)(3)	7	CHIC	Yes	
(13) SAINT CLARE'S COMMUNITY CARE INC 25 POCONO RD DENVILLE, NJ 07834 22-2876836	HEALTHCARE	NJ	501(C)(3)	11 - Type II	SCHS	Yes	
(14) SAINT CLARE'S FOUNDATION INC 25 POCONO RD DENVILLE, NJ 07834 22-2502997	FUNDRAISING	NJ	501(C)(3)	7	SCHS	Yes	
(15) SAINT CLARE'S HEALTH SERVICES INC 25 POCONO RD DENVILLE, NJ 07834 22-3639733	MANAGEMENT	NJ	501(C)(3)	11 - Type II	CHI	Yes	
(16) SAINT CLARE'S HOSPITAL INC 25 POCONO RD DENVILLE, NJ 07834 22-3319886	HEALTHCARE	NJ	501(C)(3)	3	SCHS	Yes	
(17) SAINT ELIZABETH FOUNDATION 555 S 70TH ST LINCOLN, NE 68510 47-0625523	FUNDRAISING	NE	501(C)(3)	7	SERMC	Yes	
(18) SAINT ELIZABETH HEALTH SERVICES 555 S 70TH ST LINCOLN, NE 68510 36-3233120	HEALTHCARE	NE	501(C)(3)	3	SERMC	Yes	
(19) SAINT ELIZABETH REGIONAL MEDICAL CENTER 555 S 70TH ST LINCOLN, NE 68510 47-0379836	HEALTHCARE	NE	501(C)(3)	3	CHI NEBRASKA	Yes	

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						Yes	No
(101) SAINT FRANCIS MEDICAL CENTER 2620 W FAIDLEY GRAND ISLAND, NE 68803 47-0376601	HEALTHCARE	NE	501(C)(3)	3	CHI NEBRASKA	Yes	
(1) SAINT FRANCIS MEDICAL CENTER FOUNDATION PO BOX 9804 GRAND ISLAND, NE 68802 47-0630267	FUNDRAISING	NE	501(C)(3)	7	SFMC	Yes	
(2) SAINT JOSEPH BEREA HOSPITAL FOUNDATION INC 305 ESTILL ST BEREA, KY 40403 26-0152877	FUNDRAISING	KY	501(C)(3)	7	SJHS	Yes	
(3) SAINT JOSEPH HEALTH SYSTEM INC 424 LEWIS HARGETT CIRCLE STE 160 LEXINGTON, KY 40503 61-1334601	HEALTHCARE	KY	501(C)(3)	3	KOH	Yes	
(4) SAINT JOSEPH HOSPITAL FOUNDATION INC ONE SAINT JOSEPH DRIVE LEXINGTON, KY 40504 61-1159649	FUNDRAISING	KY	501(C)(3)	11 - Type I	SJHS	Yes	
(5) SAINT JOSEPH LONDON FOUNDATION INC 1001 SAINT JOSEPH LANE LONDON, KY 40741 26-0438748	FUNDRAISING	KY	501(C)(3)	7	SJHS	Yes	
(6) SAINT JOSEPH MEDICAL FOUNDATION INC 200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 31-1539059	PHYSICIANS	KY	501(C)(3)	3	SJHS	Yes	
(7) SAINT JOSEPH MOUNT STERLING FOUNDATION INC 225 FALCON DR MOUNT STERLING, KY 40353 27-2884584	FUNDRAISING	KY	501(C)(3)	7	SJHS	Yes	
(8) SAINT JOSEPH'S HOSPITAL FOUNDATION 30 WEST 7TH ST DICKINSON, ND 58601 36-3418207	FUNDRAISING	ND	501(C)(3)	11 - Type I	SJHHC	Yes	
(9) SAMARITAN BEHAVIORAL HEALTH INC 601 S EDWIN C MOSES BLVD DAYTON, OH 45417 02-0633634	HEALTHCARE	OH	501(C)(3)	7	SHP	Yes	
(10) SAMARITAN HEALTH PARTNERS 110 N MAIN ST STE 500 DAYTON, OH 45402 31-1107411	HEALTHCARE	OH	501(C)(3)	11 - Type I	CHI	Yes	
(11) SCHUYLER MEMORIAL HOSPITAL FOUNDATION INC 104 W 17TH ST SCHUYLER, NE 68661 36-3630014	FUNDRAISING	NE	501(C)(3)	11 - Type I	AHMHS	Yes	
(12) SJRMC JOPLIN MISSOURI 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 44-0545809	HEALTHCARE	MO	501(C)(3)	3	CHI	Yes	
(13) SL AUGUSTA CORP PO BOX 20269 HOUSTON, TX 77225 76-0226623	TITLE HOLDING	TX	501(C)(2)	N/A	SLPC	Yes	
(14) ST ANTHONY HOSPITAL 1601 SE COURT AVE PENDLETON, OR 97801 93-0391614	HEALTHCARE	OR	501(C)(3)	3	CHI	Yes	
(15) ST ANTHONY HOSPITAL FOUNDATION 1601 SE COURT AVE PENDLETON, OR 97801 93-0992727	FUNDRAISING	OR	501(C)(3)	11 - Type I	SAH	Yes	
(16) ST ANTHONY'S HOSPITAL ASSOCIATION FOUR HOSPITAL DR MORRILTON, AR 72110 71-0245507	HEALTHCARE	AR	501(C)(3)	3	SVIMC	Yes	
(17) ST CATHERINE HOSPITAL 401 EAST SPRUCE ST GARDEN CITY, KS 67846 48-0543721	HEALTHCARE	KS	501(C)(3)	3	CHI	Yes	
(18) ST CATHERINE HOSPITAL DEVELOPMENT FOUNDATION 401 EAST SPRUCE ST GARDEN CITY, KS 67846 20-0598702	FUNDRAISING	KS	501(C)(3)	11 - Type I	SCH	Yes	
(19) ST DOMINIC OF ONTARIO OREGON 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 93-0433692	HEALTHCARE	OR	501(C)(4)	N/A	CHI	Yes	

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						Yes	No
(121) ST FRANCIS HOME 2400 ST FRANCIS DR BRECKENRIDGE, MN 56520 41-0729978	LTERM CARE	MN	501(C)(3)	9	CHI	Yes	
(1) ST FRANCIS LIFE CARE CORPORATION 19 POCONO RD DENVILLE, NJ 07834 22-2536017	ELDERLY CARE	NJ	501(C)(3)	9	SCHS	Yes	
(2) ST FRANCIS MEDICAL CENTER 2400 ST FRANCIS DR BRECKENRIDGE, MN 56520 41-0695598	HEALTHCARE	MN	501(C)(3)	3	CHI	Yes	
(3) ST FRANCIS OF BAKER CITY 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 93-0412495	HEALTHCARE	OR	501(C)(3)	3	CHI	Yes	
(4) ST JOSEPH COMMUNITY HEALTH 1516 5TH ST NW ALBUQUERQUE, NM 87102 71-0897107	COMMUNITY	NM	501(C)(3)	11 - Type I	CHI	Yes	
(5) ST JOSEPH HEALTH MINISTRIES 1929 LINCOLN HWY E STE 150 LANCASTER, PA 17602 23-2342997	HEALTHCARE	PA	501(C)(3)	11 - Type I	CHI	Yes	
(6) ST JOSEPH MEDICAL CENTER FOUNDATION 2500 BERNVILLE RD PO BOX 316 READING, PA 19603 23-2649362	FUNDRAISING	PA	501(C)(3)	11 - Type I	SJRHN	Yes	
(7) ST JOSEPH MEDICAL CENTER INC 201 INTERNATIONAL CIRCLE STE 212 HUNT VALLEY, MD 21030 52-0591461	HEALTHCARE	MD	501(C)(3)	3	CHI	Yes	
(8) ST JOSEPH MEDICAL GROUP 2500 BERNVILLE RD PO BOX 316 READING, PA 19603 20-8544021	HEALTHCARE	PA	501(C)(3)	9	BHC	Yes	
(9) ST JOSEPH PHYSICIAN ENTERPRISE INC 201 INTERNATIONAL CIRCLE STE 212 HUNT VALLEY, MD 21030 52-1311775	PHYSICIANS	MD	501(C)(3)	11 - Type I	SJMC	Yes	
(10) ST JOSEPH REGIONAL HEALTH NETWORK 2500 BERNVILLE RD PO BOX 316 READING, PA 19603 23-1352211	HEALTHCARE	PA	501(C)(3)	3	CHI	Yes	
(11) ST JOSEPH'S AREA HEALTH SERVICES 600 PLEASANT AVE PARK RAPIDS, MN 56470 41-0695603	HEALTHCARE	MN	501(C)(3)	3	CHI	Yes	
(12) ST JOSEPH'S HOSPITAL AND HEALTH CENTER 30 WEST 7TH ST DICKINSON, ND 58601 45-0226429	HEALTHCARE	ND	501(C)(3)	3	CHI	Yes	
(13) ST LUKE'S COMMUNITY DEVELOPMENT CORPORATION 6624 FANNIN ST STE 2505 HOUSTON, TX 77030 26-0274448	MANAGEMENT	TX	501(C)(3)	11 - Type I	SLHS	Yes	
(14) ST LUKE'S COMMUNITY DEVELOPMENT CORPORATION - PMC 6624 FANNIN ST STE 2505 HOUSTON, TX 77030 27-3733278	HEALTHCARE	TX	501(C)(3)	3	SLCDC	Yes	
(15) ST LUKE'S COMMUNITY DEVELOPMENT CORPORATION - SUGAR LAND 6624 FANNIN ST STE 2505 HOUSTON, TX 77030 26-1947374	HEALTHCARE	TX	501(C)(3)	3	SLHS	Yes	
(16) ST LUKE'S COMMUNITY DEVELOPMENT CORPORATION - THE WOODLANDS 6624 FANNIN ST STE 2505 HOUSTON, TX 77030 26-0335902	HEALTHCARE	TX	501(C)(3)	3	SLCDC	Yes	
(17) ST LUKE'S COMMUNITY HEALTH SERVICES 6624 FANNIN ST STE 1100 HOUSTON, TX 77030 76-0536234	HEALTHCARE	TX	501(C)(3)	3	SLHS	Yes	
(18) ST LUKE'S FOUNDATION 1213 HERMANN DRIVE STE 855 HOUSTON, TX 77004 45-3811485	FUNDRAISING	TX	501(C)(3)	7	SLHS	Yes	
(19) ST LUKE'S HEALTH SYSTEM CORPORATION 6624 FANNIN ST STE 1100 HOUSTON, TX 77030 76-0536232	MANAGEMENT	TX	501(C)(3)	11 - Type I	CHI	Yes	

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

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						Yes	No
(141) ST LUKE'S HEALTH SYSTEM FOUNDATION 6624 FANNIN ST STE 1100 HOUSTON, TX 77030 76-0127715	INVESTMENT MGMT	TX	501(C)(3)	11 - Type I	SLHS	Yes	
(1) ST LUKE'S HOSPITAL AT THE VINTAGE 6624 FANNIN ST STE 2505 HOUSTON, TX 77030 26-3734606	HEALTHCARE	TX	501(C)(3)	3	SLHS	Yes	
(2) ST LUKE'S MEDICAL GROUP 6624 FANNIN ST HOUSTON, TX 77030 76-0458535	PHYSICIANS	TX	501(C)(3)	3	SLHS	Yes	
(3) ST LUKE'S MEDICAL TOWER CORPORATION 6624 FANNIN ST STE 1100 HOUSTON, TX 77030 76-0531713	PROPERTY MGMT	TX	501(C)(3)	11 - Type I	CHI-SLH	Yes	
(4) ST LUKE'S PROPERTIES CORPORATION 6624 FANNIN ST STE 1100 HOUSTON, TX 77030 76-0531716	PROPERTY MGMT	TX	501(C)(3)	11 - Type I	SLHS	Yes	
(5) ST LUKE'S SUGAR LAND PROPERTIES CORPORATION 6624 FANNIN ST STE 2505 HOUSTON, TX 77030 45-4120549	PROPERTY MGMT	TX	501(C)(3)	11 - Type I	SLCDC-SL	Yes	
(6) ST MARY'S COMMUNITY HOSPITAL 1314 3RD AVE NEBRASKA CITY, NE 68410 47-0443636	HEALTHCARE	NE	501(C)(3)	3	CHI NEBRASKA	Yes	
(7) ST MARY'S HOSPITAL FOUNDATION 1314 3RD AVE NEBRASKA CITY, NE 68410 47-0707604	FUNDRAISING	NE	501(C)(3)	7	SMCH	Yes	
(8) ST VINCENT FOUNDATION TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 51-0169537	FUNDRAISING	AR	501(C)(3)	11 - Type I	SVIMC	Yes	
(9) ST VINCENT INFIRMARY MEDICAL CENTER TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 71-0236917	HEALTHCARE	AR	501(C)(3)	3	CHI	Yes	
(10) ST VINCENT MEDICAL GROUP TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 71-0830696	HEALTHCARE	AR	501(C)(3)	9	SVIMC	Yes	
(11) THE GOOD SAMARITAN HOSPITAL OF CINCINNATI OH 619 OAK ST ACCOUNTING-3 W CINCINNATI, OH 45206 31-0537486	HEALTHCARE	OH	501(C)(3)	3	CHI	Yes	
(12) THE PHYSICIAN NETWORK 2000 Q ST STE 500 LINCOLN, NE 68503 47-0780857	PHYSICIANS	NE	501(C)(3)	11 - Type I	CHI NEBRASKA	Yes	
(13) TOTAL HEALTHCARE 188 INVERNESS DRIVE WEST STE 500 ENGLEWOOD, CO 80112 84-0927232	HEALTHCARE	CO	501(C)(3)	3	CHIC	Yes	
(14) UNITY FAMILY HEALTHCARE 815 SE 2ND ST LITTLE FALLS, MN 56345 41-0721642	HEALTHCARE	MN	501(C)(3)	3	CHI	Yes	
(15) VILLA NAZARETH INC 801 PAGE DR FARGO, ND 58103 45-0226714	LTERM CARE	ND	501(C)(3)	9	CHI	Yes	
(16) VISITING NURSE ASSOCIATION OF ST CLARE'S INC 191 WOODPORT RD SPARTA, NJ 07871 22-1768334	HOME HEALTH	NJ	501(C)(3)	9	SCHS	Yes	
(17) WOODLANDS DOCTOR GROUP 17200 ST LUKES WAY STE 170 THE WOODLANDS, TX 77384 27-4499340	PHYSICIANS	TX	501(C)(3)	9	SLCHS	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
ALEGENT HEALTH NORTHWEST IMAGING CENTER LLC 3606 N 156TH ST OMAHA, NE 68116 06-1786985	OP DIAGNOSTICS	NE	ACH	RELATED	116,752	776,649		No	0	Yes		51 %
AUDUBON LAND COMPANY LLC 5390 N ACADEMY BLVD STE 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 STE 400 OMAHA, NE 68137 39-2045003	STAFFING OF NURSES	NE	AHBMHS	RELATED	-319,683	4,762,246		No	-439,535		No	95 %
BERGAN MERCY SURGERY CENTER LLC 7710 MERCY RD STE 200 OMAHA, NE 68124 20-8671994	AMBUL SURG CTR	NE	ACH	RELATED	142,085	3,294,472		No	0		No	63 94 %
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 BRDWAY STE 310 LEXINGTON, KY 40504 61-1386736	DIAGNOSTIC IMAGING	KY	SJHS	RELATED	308,428	3,317,191		No	0		No	65 %
CATHOLIC HEALTH INITIATIVES PHYSICIAN SERVICES LLC 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 46-2945938	PRACTICE MGMT SRVC	DE	CHI	RELATED	2,478	4,571,498		No	0	Yes		80 %
CENTRAL NEBRASKA HOME CARE SERVICES PO BOX 1146 4502 N SECOND AVE KEARNEY, NE 68848 47-0692112	HEALTHCARE SRVC	NE	NA	RELATED	-195,425	216,945		No	-77,269	Yes		100 %
CENTRAL NEBRASKA REHAB SERVICE 620 DIERS AVE STE 300 GRAND ISLAND, NE 68803 81-0653461	PHYSICAL THERAPY	NE	SFMC	RELATED	2,132,606	3,494,427		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		92 8 %
CHICAMSURG SURGERY CENTERS LLC 188 INVERNESS DRIVE WEST 500 ENGLEWOOD, CO 80112 11-1222333	SURGERY CENTER	CO	CHIC	RELATED	0	0		No	0		No	51 %
HC SL VINTAGE I LLC 18000 W SARAH LANE STE 250 BROOKFIELD, WI 53045 27-0453767	PROPERTY HOLDING	WI	SL CDC-V	RELATED	1,027,057	105,658,490		No	0		No	51 %
HEALTHCARE SUPPORT SERVICES PO BOX 9804 GRAND ISLAND, NE 68802 72-1546196	LAUNDRY	NE	NA	RELATED	98,584	3,190,678		No	97,006		No	100 %
HEARTLAND ONCOLOGY LLC 2337 E CRAWFORD ST SALINA, KS 67401 22-2333444	ONCOLOGY	KS	SCH	RELATED	0	0		No	0		No	51 %
HIGHLINE IMAGING LLC 275 SW 160TH ST BURIEN, WA 98166 20-0460005	DIAGNOSTIC IMAGING	WA	HMC	RELATED	375,761	1,784,057		No	0		No	80 %

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 in Box 20 of K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
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 %
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 %
LINCOLN CK LEASING LLC 6003 OLD CHENEY RD LINCOLN, NE 68516 26-2496856	REAL ESTATE	NE	SERMC	RELATED	574,064	425,034		No	0		No	53 76 %
LOUISVILLE SC LTD 3000 RIVERCHASE GALLERIA STE 500 BIRMINGHAM, AL 35244 06-2119566	SURGERY CENTER	AL	SCOFL	RELATED	417,359	478,373		No	0	Yes		61 1 %
NEBRASKA SPINE HOSPITAL LLC 6901 N 72ND ST OMAHA, NE 68122 27-0263191	SPINE HOSPITAL	NE	ACH	RELATED	10,501,730	17,301,869		No	0		No	51 %
NORTH RIVER SURGERY CENTER LLC 2209 WILDWOOD AVE SHERWOOD, AR 72120 71-0799771	AMBUL SURG CTR	AR	SVIMC	RELATED	81,071	1,077,536		No	0		No	57 45 %
ORTHOCOLORADO LLC 11650 WEST 2ND PLACE LAKEWOOD, CO 80255 37-1577105	ORTHO HOSPITAL	CO	THC	RELATED	1,846,183	8,411,844		No	0		No	60 %
PENINSULA RADIATION ONCOLOGY LLC 315 MLK JR WAY STE 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 %
PMC HOSPITAL LLC 4600 E SAM HOUSTON PKWY SOUTH PASADENA, TX 77505 27-3280598	HOSPITAL	TX	SL CDC-PMC	RELATED	1,092,540	20,751,174		No	0	Yes		51 %
PRAIRIE HEALTH VENTURES LLC 421 S 9TH ST STE 102 LINCOLN, NE 68508 20-4962103	TECH SRVC	NE	AH-IMC	RELATED	1,011,804	5,564,586		No	68,565	Yes		65 75 %
PREMIER SURGERY CENTER OF LOUISVILLE LP 3000 RIVERCHASE GALLERIA STE 500 BIRMINGHAM, AL 35244 72-1378216	SURGERY CENTER	AL	SCA	RELATED	88,900	254,399		No	0	Yes		51 %
PUEBLO AMBULATORY SURGERY CENTER LLC 188 INVERNESS DRIVE WEST 500 ENGLEWOOD, CO 80112 62-1488737	SURGERY CENTER	CO	CHIC	RELATED	0	0		No	0		No	51 %
SAINT JOSEPH - PAML LLC 424 LEWIS HARGETT CIRCLE STE 160 LEXINGTON, KY 40503 45-2116736	MGMT SVCS	KY	SJHS	RELATED	-52,573	93,769		No	0	Yes		62 5 %
SAINT JOSEPH - SCA HOLDINGS LLC 1451 HARRODSBURG RD LEXINGTON, KY 40503 45-3801157	OP SURGERY	DE	SJHS	RELATED	0	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 in Box 20 of K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
SAINT JOSEPH-ANC HOME CARE SERVICES 1700 EDISON DR MILFORD, OH 45150 26-3330545	HOME HEALTH	KY	JH	RELATED	88,608	256,606		No	0		No	100 %
SCA PREMIER SURGERY CENTER OF LOUISVILLE LLC 200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 72-1386840	SURGERY CENTER	KY	JH	RELATED	42,319	631,595		No	0	Yes		51 %
ST FRANCIS LAND COMPANY 5390 N ACADEMY BLVD STE 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 ST TACOMA, WA 98405 91-1352698	MED OFFICE	WA	FHS	RELATED	238,717	19,017,063		No	0		No	54 21 %
ST LUKE'S DIAGNOSTIC CATH LAB LLP 6620 MAIN ST STE 1520 HOUSTON, TX 77030 71-0959365	DIAGNOSTICS	TX	SLHS HOLDINGS	RELATED	273,448	868,814		No	0		No	57 3 %
ST LUKE'S HOSPITAL AT THE VINTAGE LLC 6624 FANNIN STE 2505 HOUSTON, TX 77030 26-3734516	HOSPITAL	TX	SLHS	RELATED	-19,253,743	69,158,748		No	0	Yes		51 %
ST LUKE'S LAKESIDE HOSPITAL LLC 6624 FANNIN STE 2505 HOUSTON, TX 77030 30-0427437	HOSPITAL	TX	SL CDC-W	RELATED	1,106,628	25,874,619		No	0	Yes		51 %
ST LUKE'S THE WOODLANDS SLEEP CENTER LLC 6624 FANNIN STE 800 HOUSTON, TX 77030 46-2795726	DIAGNOSTICS	TX	SLHSH	RELATED	0	0		No	0	Yes		50 %
SUPERIOR MEDICAL IMAGING LLC 5000 NORTH 26TH ST 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 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
ALEGENT HEALTHCREIGHTON ST JOSEPH MANAGED CARE SERVICES INC 12809 WEST DODGE RD OMAHA, NE 68154 47-0802396	MANAGED CARE	NE	CHI NEBRASKA	C CORPORATION	5,312,313	4,520,865	100 %	Yes	
ALL SAINTS INSURANCE COMPANY SPC LTD	INSURANCE	CJ	CHI	C CORPORATION	0	43,866,961	100 %	Yes	
ALTERNATIVE INSURANCE MANAGEMENT SERVICE 3900 OLYMPIC BLVD STE 400 ERLANGER, KY 41018 84-1112049	MANAGEMENT SERVICES	CO	CHI	C CORPORATION	0	6,272,746	100 %	Yes	
AMERICAN NURSING CARE INC 1700 EDISON DR MILFORD, OH 45150 31-1085414	HOME HEALTH	OH	CHS	C CORPORATION	5,118,606	51,920,207	100 %	Yes	
AMERIMED INC 1700 EDISON DR 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	JHSMH	C CORPORATION	0	0	100 %	Yes	
CADUCEUS MEDICAL ASSOCIATES INC 2525 DE SALES AVE CHATTANOOGA, TN 37404 62-1570736	HEALTHCARE	TN	MHCS	C CORPORATION	0	1,008	100 %	Yes	
CAPTIVE MANAGEMENT INITIATIVES LTD PO BOX 10073 APO GEORGETOWN,GRAND CAYMAN KY1-1001 CJ 98-0663022	CAPTIVE MANAGEMENT	CJ	CHI	C CORPORATION	0	0	100 %	Yes	
CARMONA-DESOTO BUILDING HORIZONTAL PROPERTY REGIME INC 300 WERNER ST HOT SPRINGS, AR 71913 71-0771076	HEALTHCARE	AR	CHI-SVHS	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	TRUST	-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	
CHI ST LUKE'S HEALTH BAYLOR COLLEGE OF MEDICINE MEDICAL CENTER CONDO ASSOC 6624 FANNIN STE 2505 HOUSTON, TX 77030 45-5079545	CONDO ASSOC	TX	CHI-SLHBCM	C CORPORATION	0	0	100 %	Yes	
CLEARRIVER HEALTH 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 46-4495960	INSURANCE	TN	PHPSI	C CORPORATION	0	0	100 %	Yes	
COMCARE SERVICES INC 5570 DTC PARKWAY ENGLEWOOD, CO 80111 84-0904813	INACTIVE	CO	CHIC	C CORPORATION	0	0	100 %	Yes	
CONSOLIDATED HEALTH SERVICES 1700 EDISON DR MILFORD, OH 45150 31-1378212	HOME HEALTH	OH	CHI	C CORPORATION	-879,467	52,379,487	100 %	Yes	

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

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								Yes	No
DES MOINES MEDICAL CENTER INC 1111 6TH AVE DES MOINES, IA 50314 42-0837382	REAL ESTATE	IA	CHI-IA CORP	C CORPORATION	67,314	1,064,032	92 98 %	Yes	
EAST TEXAS CLINICAL SERVICES INC 2801 VIA FORTUNA 500 AUSTIN, TX 78746 45-4736213	HEALTHCARE	TX	MHSET	C CORPORATION	632,545	16,782	100 %	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	434,854	718,254	100 %	Yes	
GOOD SAMARITAN OUTREACH SERVICES PO BOX 1990 KEARNEY, NE 68848 47-0659440	MEDICAL CLINIC	NE	CHI NEBRASKA	C CORPORATION	-7,280	180,468	100 %	Yes	
HEALTH SYSTEMS ENTERPRISES INC PO BOX 1990 KEARNEY, NE 68848 47-0664558	MGMT	NE	GSH	C CORPORATION	87,278	1,377,820	100 %	Yes	
HEALTHCARE MGMT SERVICES ORGANIZATION INC 1717 SOUTH J ST TACOMA, WA 98405 91-1865474	HEALTH ORG	WA	FHS	C CORPORATION	0	0	100 %	Yes	
HEARTLANDPLAINS HEALTH 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 46-4368223	INSURANCE	NE	PHPSI	C CORPORATION	0	0	100 %	Yes	
HIGHLINE MEDICAL GROUP 15811 AMBAUM BLVD SW STE 170 BURIEN, WA 98166 91-1586438	MEDICAL SERVICES	WA	HMC	C CORPORATION	-6,049,147	5,689,139	100 %	Yes	
MEDQUEST 1602 WEST 11TH ST WILLISTON, ND 58801 45-0392137	SALE OF DME	ND	MMC WILLISTON	C CORPORATION		1,152,715	100 %	Yes	
MERCY PARK APARTMENTS LTD 1111 6TH AVE DES MOINES, IA 50314 42-1202422	HOUSING	IA	CHI-IA CORP	C CORPORATION	273,525	1,937,218	100 %	Yes	
MERCY SERVICES CORP 2700 STEWART PARKWAY ROSEBURG, OR 97471 93-0824308	RETAIL SALES	OR	MMC	C CORPORATION	0	142,337	100 %	Yes	
MHI CLINICAL SERVICES 1201 W FRANK AVE LUFKIN, TX 75904 46-1967952	HEALTHCARE	TX	MHSET	C CORPORATION	0	0	100 %	Yes	
MOUNTAIN MANAGEMENT SERVICES INC 6028 SHALLOWFORD RD CHATTANOOGA, TN 37421 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	

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

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								Yes	No
PATIENT TRANSPORT SERVICES INC 1700 EDISON DR MILFORD, OH 45150 31-1100798	HOME HEALTH	OH	ANC	C CORPORATION	-164,340	5,488,275	100 %	Yes	
PHYSICIANHEALTH SYSTEM NETWORK 1149 MARKET ST TACOMA, WA 98402 91-1746721	HEALTH ORG	WA	FHS	C CORPORATION	0	0	100 %	Yes	
PROMINENCE HEALTH PLAN SERVICES INC (FKA COLLABHEALTH PLAN SERVICES INC) 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 46-1224037	ADMIN SERVICES	CO	PHI	C CORPORATION	-5,339,325	38,272,608	100 %	Yes	
PROMINENCE HEALTH INC (FKA 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	
QCA HEALTH PLAN INC 12615 CHENAL PARKWAY STE 300 LITTLE ROCK, AR 72211 71-0794605	INSURANCE	AR	QCHI	C CORPORATION	0	0	100 %	Yes	
QUALCHOICE HOLDINGS INC 12615 CHENAL PARKWAY STE 300 LITTLE ROCK, AR 72211 27-4075520	HOLDING CO	AR	PHPS	C CORPORATION	0	0	100 %	Yes	
QUALCHOICE LIFE AND HEALTH INSURANCE COMPANY INC 12615 CHENAL PARKWAY STE 300 LITTLE ROCK, AR 72211 71-0386640	INSURANCE	AR	QCH	C CORPORATION	0	0	100 %	Yes	
RIVERLINK HEALTH 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 46-4380824	INSURANCE	OH	PHPS	C CORPORATION	0	0	100 %	Yes	
RIVERLINK HEALTH OF KENTUCKY INC 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 46-4828332	INSURANCE	KY	PHPS	C CORPORATION	0	0	100 %	Yes	
SAINT CLARE'S PRIMARY CARE INC 66 FORD RD DENVILLE, NJ 07834 22-2441202	BILLING SERVICES	NJ	SCCC	C CORPORATION	-235,604	1,361,242	100 %	Yes	
SAMARITAN FAMILY CARE INC 40 W FOURTH ST STE 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 STE 160 LEXINGTON, KY 40503 27-0164198	MGMT	KY	SJHS	C CORPORATION	0	0	100 %	Yes	
SLMT PARKING INC 6624 FANNIN STE 800 HOUSTON, TX 77030 76-0637140	PARKING	TX	SLHS	C CORPORATION	1,117,934	13,768,221	100 %	Yes	
SOUNDPATH HEALTH INC 32129 WEYERHAEUSER WAY S STE 201 FEDERAL WAY, WA 98001 42-1720801	INSURANCE	WA	PHPS	C CORPORATION	-154,741	10,976,973	62 6 %	Yes	

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

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								Yes	No
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 JOSEPH DEVELOPMENT COMPANY INC 1717 SOUTH J ST TACOMA, WA 98405 91-1480569	RENTAL	WA	FSI	C CORPORATION	63,164	11,845,439	100 %	Yes	
ST JOSEPH OFFICE PARK ASSOCIATION 1401 HARRODSBURG RD BLDG B70 LEXINGTON, KY 40504 61-1079899	MGMT	KY	SJHS	C CORPORATION	0	882,139	85 %	Yes	
ST LUKE'S 6620 MAIN CONDOMINIUM ASSOCIATION 6624 FANNIN STE 2505 HOUSTON, TX 77030 30-0355517	CONDO ASSOC	TX	SLPC	C CORPORATION	0	0	100 %	Yes	
ST LUKE'S ANESTHESIOLOGY ASSOCIATES 6624 FANNIN STE 1100 HOUSTON, TX 77030 46-1517163	MEDICAL CLINIC	TX	CHI-SLH	C CORPORATION	0	0	100 %	Yes	
ST LUKE'S EPISCOPAL HOSPITAL PHYSICIAN HOSPITAL ORGANIZATION INC 6720 BERTNER MC4-262 HOUSTON, TX 77030 76-0377932	PHO	TX	CHI-SLH	C CORPORATION	6	0	60 %	Yes	
ST LUKE'S HEALTH SYSTEM HOLDINGS INC (FKA SLEHS HOLDINGS INC) 6624 FANNIN STE 800 HOUSTON, TX 77030 76-0637138	HOLDING CO	TX	SLHS	C CORPORATION	1,425,313	33,114,103	100 %	Yes	
ST LUKE'S MEDICAL ARTS CENTER I CONDOMINIUM ASSOCIATION 6624 FANNIN STE 2505 HOUSTON, TX 77030 30-0355518	CONDO ASSOC	TX	SLPC	C CORPORATION	0	0	100 %	Yes	
ST LUKE'S MEDICAL TOWER CONDOMINIUM ASSOCIATION 6624 FANNIN STE 2505 HOUSTON, TX 77030 76-0298751	CONDO ASSOC	TX	SLMTC	C CORPORATION	0	0	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	
STABLEVIEW HEALTH INC 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 46-4373713	INSURANCE	KY	PHPS	C CORPORATION	0	0	100 %	Yes	
SUGAR LAND DOCTOR GROUP 1317 LAKE POINTE PARKWAY SUGAR LAND, TX 77478 45-4270163	MEDICAL CLINIC	TX	SLCDC-SL	C CORPORATION	0	0	100 %	Yes	
THE TEXAS HEART INSTITUTE AT ST LUKE'S EPISCOPAL HOSPITAL DENTON A COOLEY B UILDING COMDOMINIUM ASSOCIATION 6624 FANNIN STE 2505 HOUSTON, TX 77030 90-0064009	CONDO ASSOC	TX	CHI-SLH	C CORPORATION	0	0	100 %	Yes	
TOWSON MANAGEMENT INC 7601 OSLER DR TOWSON, MD 21204 52-1710750	MGMT SERVICES	MD	FSI	C CORPORATION	516,457	197,196	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	19,557,581	FMV
ST ROSE AMBULATORY (FKA CENTRAL KANSAS MEDICAL CENTER)	A	199,933	FMV
CATHOLIC HEALTH INITIATIVES-COLORADO	A	10,736,258	FMV
CATHOLIC HEALTH INITIATIVES-IOWA CORP	A	6,447,222	FMV
ENUMCLAW REGIONAL HOSPITAL ASSOCIATION	A	783,720	FMV
FLAGET HEALTHCARE	A	654,112	FMV
FRANCISCAN HEALTH SYSTEM	A	6,166,312	FMV
FRANCISCAN VILLA OF SOUTH MILWAUKEE INC	A	161,053	FMV
GOOD SAMARITAN HOSPITAL	A	918,482	FMV
THE GOOD SAMARITAN HOSPITAL OF CINCINNATI OH	A	4,557,760	FMV
HIGHLINE MEDICAL CENTER	A	4,436,051	FMV
GOOD SAMARITAN HOSPITAL	A	4,974,972	FMV
JEWISH HOSPITAL & ST MARY'S HEALTHCARE	A	19,342,393	FMV
LAKEWOOD HEALTH CENTER	A	107,583	FMV
LISBON AREA HEALTH SERVICES	A	47,559	FMV
MEMORIAL HEALTH CARE SYSTEM INC	A	8,789,254	FMV
MERCY MEDICAL CENTER	A	1,506,238	FMV
MERCY MEDICAL CENTER - CENTERVILLE	A	45,652	FMV
MERCY MEDICAL CENTER	A	1,087,931	FMV
OAKES COMMUNITY HOSPITAL	A	254,697	FMV
SAINT CLARE'S HOSPITAL	A	5,124,809	FMV
ST FRANCIS LIFE CARE CORPORATION	A	1,521,681	FMV
ST ANTHONY HOSPITAL	A	338,769	FMV
ST CATHERINE HOSPITAL	A	773,356	FMV
ST FRANCIS MEDICAL CENTER	A	392,515	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 JOSEPH COMMUNITY HEALTH	A	70,773	FMV
SAINT JOSEPH HEALTH SYSTEM INC	A	13,081,369	FMV
ST JOSEPH REGIONAL HEALTH NETWORK	A	6,109,643	FMV
ST JOSEPH'S AREA HEALTH SERVICES	A	70,783	FMV
ST JOSEPH'S HOSPITAL AND HEALTH CENTER	A	3,142,553	FMV
ST MARY'S COMMUNITY HOSPITAL	A	1,081,072	FMV
ST VINCENT INFIRMARY MEDICAL CENTER	A	7,487,960	FMV
UNITY FAMILY HEALTHCARE	A	790,375	FMV
VILLA NAZARETH INC	A	155,369	FMV
CHI HEALTH CONNECT AT HOME - FARGO	A	136,075	FMV
CHI NEBRASKA	A	3,223,900	FMV
ST LUKE'S HEALTH SYSTEM CORPORATION	A	19,552,215	FMV
HARRISON MEDICAL CENTER	A	3,203,416	FMV
CONSOLIDATED HEALTH SERVICES	A	193,629	FMV
ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM	B	86,854	FMV
CATHOLIC HEALTH INITIATIVES-IOWA CORP	B	56,350	FMV
GOOD SAMARITAN HOSPITAL FOUNDATION	B	305,544	FMV
JEWISH HOSPITAL & ST MARY'S HEALTHCARE	B	759,371	FMV
MEMORIAL HEALTH CARE SYSTEM INC	B	122,116	FMV
MERCY FOUNDATION INC	B	212,410	FMV
SAINT CLARE'S HOSPITAL	B	110,593	FMV
ST CATHERINE HOSPITAL DEVELOPMENT FOUNDATION	B	214,044	FMV
SAINT ELIZABETH FOUNDATION	B	107,534	FMV
ST FRANCIS MEDICAL CENTER	B	62,885	FMV
SAINT FRANCIS MEDICAL CENTER	B	110,269	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
SAINT JOSEPH HEALTH SYSTEM INC	B	224,812	FMV
ST JOSEPH MEDICAL CENTER FOUNDATION	B	317,222	FMV
ST JOSEPH'S AREA HEALTH SERVICES	B	58,621	FMV
ST MARY'S COMMUNITY HOSPITAL	B	81,198	FMV
ST VINCENT INFIRMARY MEDICAL CENTER	B	88,418	FMV
FRANCISCAN FOUNDATION	B	254,372	FMV
UNITY FAMILY HEALTHCARE	B	249,153	FMV
KENTUCKYONE HEALTH INC	B	156,327	FMV
CATHOLIC HEALTH INITIATIVES NATIONAL FOUNDATION	B	7,000,000	FMV
HIGHLINE MEDICAL CENTER	D	123,780,000	FMV
MEMORIAL HEALTH CARE SYSTEM INC	D	95,000,000	FMV
MERCY MEDICAL CENTER	D	5,000,000	FMV
SAINT JOSEPH HEALTH SYSTEM INC	D	16,795,000	FMV
ST JOSEPH'S HOSPITAL AND HEALTH CENTER	D	50,900,000	FMV
ST MARY'S COMMUNITY HOSPITAL	D	35,591,766	FMV
ST VINCENT INFIRMARY MEDICAL CENTER	D	85,000,000	FMV
CHI HEALTH CONNECT AT HOME - FARGO	D	3,148,746	FMV
ST LUKE'S HEALTH SYSTEM CORPORATION	D	643,008,735	FMV
HARRISON MEDICAL CENTER	D	108,190,000	FMV
FIRST INITIATIVES INSURANCE LTD	F	150,000,000	FMV
CHI OPERATING INVESTMENT PROGRAM LP	F	10,726,500	FMV
ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM	L	55,394,663	FMV
BISHOP DRUMM RETIREMENT CENTER	L	428,127	FMV
BLUEGRASS REGIONAL IMAGING CENTER	L	313,057	FMV
CARRINGTON HEALTH CENTER	L	5,656,851	FMV

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(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
ST ROSE AMBULATORY (FKA CENTRAL KANSAS MEDICAL CENTER)	L	3,424,175	FMV
CENTRAL NEBRASKA HOME CARE SERVICES	L	311,216	FMV
THE PHYSICAN NETWORK	L	229,776	FMV
CATHOLIC HEALTH INITIATIVES-COLORADO	L	18,348,354	FMV
CATHOLIC HEALTH INITIATIVES COLORADO FOUNDATION	L	545,405	FMV
CATHOLIC HEALTH INITIATIVES-IOWA CORP	L	159,154,705	FMV
CATHOLIC HEALTH INITIATIVES CENTER FOR TRANSLATIONAL RESEARCH	L	66,670	FMV
CONTINUING CARE HOSPITAL	L	2,239,780	FMV
ENUMCLAW REGIONAL HOSPITAL ASSOCIATION	L	6,944,272	FMV
FIRST INITIATIVES INSURANCE LTD	L	384,967	FMV
FLAGET HEALTHCARE	L	19,161,019	FMV
FRANCISCAN HEALTH SYSTEM	L	212,713,999	FMV
FRANCISCAN VILLA OF SOUTH MILWAUKEE INC	L	2,782,407	FMV
FRANSICIAN MEDICAL GROUP	L	10,281,057	FMV
GOOD SAMARITAN HOSPITAL	L	2,903,496	FMV
THE GOOD SAMARITAN HOSPITAL OF CINCINNATI OH	L	16,599,871	FMV
HIGHLINE MEDICAL CENTER	L	8,986,711	FMV
GOOD SAMARITAN HOSPITAL	L	9,125,916	FMV
JEWISH HOSPITAL & ST MARY'S HEALTHCARE	L	128,877,221	FMV
JEWISH PHYSICIAN GROUP	L	2,159,208	FMV
LAKEWOOD HEALTH CENTER	L	5,512,742	FMV
LISBON AREA HEALTH SERVICES	L	3,554,345	FMV
MEMORIAL HEALTH CARE SYSTEM INC	L	105,494,467	FMV
MERCY MEDICAL CENTER	L	34,869,426	FMV
MERCY HOSPITAL OF DEVILS LAKE	L	6,287,784	FMV

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(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
MERCY HOSPITAL OF VALLEY CITY	L	3,935,936	FMV
MERCY MEDICAL CENTER - CENTERVILLE	L	512,807	FMV
MERCY MEDICAL CENTER	L	14,610,539	FMV
NEBRASKA HEART HOSPITAL	L	933,240	FMV
OAKES COMMUNITY HOSPITAL	L	3,437,897	FMV
SAINT CLARE'S HOSPITAL	L	51,608,549	FMV
ST ANTHONY'S HOSPITAL ASSOCIATION	L	313,308	FMV
ST ANTHONY HOSPITAL	L	11,193,790	FMV
ST CATHERINE HOSPITAL	L	7,815,896	FMV
SAINT ELIZABETH REGIONAL MEDICAL CENTER	L	4,033,637	FMV
ST FRANCIS MEDICAL CENTER	L	8,913,606	FMV
SAINT FRANCIS MEDICAL CENTER	L	2,281,764	FMV
ST JOSEPH COMMUNITY HEALTH	L	754,674	FMV
ST JOSEPH DEVELOPMENT COMPANY INC	L	210,311	FMV
ST JOSEPH HEALTH MINISTRIES	L	223,075	FMV
SAINT JOSEPH HEALTH SYSTEM INC	L	151,665,874	FMV
ST JOSEPH REGIONAL HEALTH NETWORK	L	46,238,304	FMV
ST JOSEPH MEDICAL CENTER FOUNDATION	L	80,075	FMV
ST JOSEPH'S AREA HEALTH SERVICES	L	11,558,858	FMV
ST JOSEPH'S HOSPITAL AND HEALTH CENTER	L	12,537,200	FMV
ST MARY'S COMMUNITY HOSPITAL	L	406,927	FMV
ST VINCENT INFIRMARY MEDICAL CENTER	L	79,109,586	FMV
TOTAL HEALTHCARE	L	116,089	FMV
UNITY FAMILY HEALTHCARE	L	17,601,845	FMV
VILLA NAZARETH INC	L	3,111,935	FMV

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(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
CHI HEALTH CONNECT AT HOME - FARGO	L	1,022,685	FMV
CHI NEBRASKA	L	175,116,620	FMV
KENTUCKYONE HEALTH INC	L	43,192,509	FMV
ST LUKE'S HEALTH SYSTEM CORPORATION	L	45,529,130	FMV
HARRISON MEDICAL CENTER	L	10,252,760	FMV
HOT SPRINGS	L	4,651,942	FMV
CHI NATIONAL SERVICES	L	734,388	FMV
CHI NATIONAL HOME CARE	L	406,176	FMV
CHI INSTITUTE FOR RESEARCH & INNOVATION	L	244,848	FMV
CHI PHYSICIAN SERVICES	L	8,177,854	FMV
MEMORIAL HEALTH SYSTEM OF EAST TEXAS	L	223,284	FMV
CONSOLIDATED HEALTH SERVICES	L	3,390,193	FMV
PROMINENCE HEALTH PLAN SERVICES FKA COLLABHEALTH PLAN SERVICES	L	716,140	FMV
SOUNDPATH HEALTH INC	L	60,000	FMV
ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM	S	16,331,305	FMV
ST ROSE AMBULATORY (FKA CENTRAL KANSAS MEDICAL CENTER)	S	1,251,146	FMV
CATHOLIC HEALTH INITIATIVES-COLORADO	S	6,656,504	FMV
CATHOLIC HEALTH INITIATIVES-IOWA CORP	S	6,237,497	FMV
ENUMCLAW REGIONAL HOSPITAL ASSOCIATION	S	624,438	FMV
FLAGET HEALTHCARE	S	2,033,156	FMV
FRANCISCAN HEALTH SYSTEM	S	9,886,782	FMV
FRANCISCAN VILLA OF SOUTH MILWAUKEE INC	S	324,937	FMV
GOOD SAMARITAN HOSPITAL	S	3,983,054	FMV
THE GOOD SAMARITAN HOSPITAL OF CINCINNATI OH	S	11,709,771	FMV
HIGHLINE MEDICAL CENTER	S	2,166,352	FMV

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(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
GOOD SAMARITAN HOSPITAL	S	6,575,381	FMV
JEWISH HOSPITAL & ST MARY'S HEALTHCARE	S	9,403,084	FMV
LAKEWOOD HEALTH CENTER	S	327,293	FMV
LISBON AREA HEALTH SERVICES	S	178,399	FMV
MEMORIAL HEALTH CARE SYSTEM INC	S	2,465,013	FMV
MERCY MEDICAL CENTER	S	2,302,576	FMV
MERCY MEDICAL CENTER - CENTERVILLE	S	171,237	FMV
MERCY MEDICAL CENTER	S	1,026,718	FMV
OAKES COMMUNITY HOSPITAL	S	186,369	FMV
SAINT CLARE'S HOSPITAL	S	5,695,357	FMV
ST FRANCIS LIFE CARE CORPORATION	S	1,695,596	FMV
ST ANTHONY HOSPITAL	S	1,094,183	FMV
ST CATHERINE HOSPITAL	S	812,882	FMV
ST FRANCIS MEDICAL CENTER	S	569,679	FMV
ST JOSEPH COMMUNITY HEALTH	S	34,755	FMV
SAINT JOSEPH HEALTH SYSTEM INC	S	12,822,380	FMV
ST JOSEPH REGIONAL HEALTH NETWORK	S	1,476,839	FMV
ST JOSEPH'S AREA HEALTH SERVICES	S	215,336	FMV
ST JOSEPH'S HOSPITAL AND HEALTH CENTER	S	1,617,897	FMV
ST MARY'S COMMUNITY HOSPITAL	S	109,619	FMV
ST VINCENT INFIRMARY MEDICAL CENTER	S	11,313,859	FMV
UNITY FAMILY HEALTHCARE	S	866,634	FMV
VILLA NAZARETH INC	S	577,779	FMV
CHI HEALTH CONNECT AT HOME - FARGO	S	74,341	FMV
CHI NEBRASKA	S	2,806,148	FMV

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(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
ST LUKE'S HEALTH SYSTEM CORPORATION	S	8,223,661	FMV
HARRISON MEDICAL CENTER	S	2,672,498	FMV
CONSOLIDATED HEALTH SERVICES	S	2,017,718	FMV