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

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07-01-2015 , and ending 06-30-2016

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
Catholic Health Initiatives

Doing business as

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

City or town, state or 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 $ 1,956,935,037

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 integral part of its national system of hospitals and other healthcare providers

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	3,782
6	Total number of volunteers (estimate if necessary)	6	11
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	68,538,327
b	Net unrelated business taxable income from Form 990-T, line 34	7b	15,820,833

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	43,318	94,809
9	Program service revenue (Part VIII, line 2g)	1,980,033,386	1,852,001,368
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	187,741,975	87,778,394
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,339,381	15,932,202
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,175,158,060	1,955,806,773
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	38,837,105	7,901,815
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)	413,954,226	389,713,588
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)	2,305,826,125	2,540,430,384
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,758,617,456	2,938,045,787
19	Revenue less expenses Subtract line 18 from line 12	-583,459,396	-982,239,014

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	8,496,035,053	7,858,341,860
21	Total liabilities (Part X, line 26)	10,606,134,430	11,882,484,001
22	Net assets or fund balances Subtract line 21 from line 20	-2,110,099,377	-4,024,142,141

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2017-05-01

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	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 $ 1,394,218,665 including grants of $ 7,901,815) (Revenue $ 1,783,066,798)

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 ▶** 1,394,218,665

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		No
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		No
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 domestic 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 or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, 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), 501(c)(4), and 501(c)(29) 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 "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
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	4,950		
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	3,782		
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
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.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .		9a		
b	Did the sponsoring 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	12		
	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	11		
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, address, and telephone number of the person who possesses the organization's books and records ▶ 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			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								37,801,959	7,115,033	1,626,518

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 ▶ 1,049

			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	Yes	

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	469,594,656
DELOITTE CONSULTING LLP 30 ROCKEFELLER PLAZA NEW YORK, NY 101120015	CONSULTING SERVICES	112,962,104
WIPRO LIMITED DODDAKANNELLI SARJAPUR ROAD BANGALORE, KARNATAKA IN	IT CONSULTING SERVICES	88,088,648
MONUMENT CONSULTING LLC 3957 WESTERRE PARKWAY SUITE 330 RICHMOND, VA 23233	CONSULTING Services	48,131,156
MCKINSEY & COMPANY INC 55 EAST 52ND STREET 21ST FLOOR NEW YORK, NY 10022	CONSULTING SERVICES	17,273,200

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 ▶ 352

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 0				
	b	Membership dues	1b 0				
	c	Fundraising events	1c 0				
	d	Related organizations	1d 94,809				
	e	Government grants (contributions)	1e 0				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 0				
	g	Noncash contributions included in lines 1a-1f $	0				
	h	**Total.** Add lines 1a-1f	▶	94,809			
Program Service Revenue			Business Code				
	2a	Assessments	900099	1,873,230,244	1,822,275,414	50,954,830	0
	b	Premiums	900099	3,088,553	3,088,553	0	0
	c	Services Sold	900099	416,436	0	416,436	0
	d	Equity changes of unconsolidated orgs	900099	-191,716,163	-209,279,467	17,563,304	0
	e	Interest Income	900099	166,938,152	166,938,152	0	0
	f	All other program service revenue		44,146	44,146	0	0
	g	**Total.** Add lines 2a–2f	▶	1,852,001,368			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	▶	79,954,157	0	63,036	79,891,121
	4	Income from investment of tax-exempt bond proceeds	▶	0	0	0	0
	5	Royalties	▶	24,832	0	0	24,832
			(i) Real / (ii) Personal				
	6a	Gross rents	668,985 / 0				
	b	Less rental expenses	1,128,264 / 0				
	c	Rental income or (loss)	-459,279 / 0				
	d	Net rental income or (loss)	▶	-459,279	0	-459,279	0
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	0 / 7,824,237				
	b	Less cost or other basis and sales expenses	0 / 0				
	c	Gain or (loss)	0 / 7,824,237				
	d	Net gain or (loss)	▶	7,824,237	0	0	7,824,237
	8a	Gross income from fundraising events (not including $ 0 of contributions reported on line 1c) See Part IV, line 18	a 0				
	b	Less direct expenses	b 0				
	c	Net income or (loss) from fundraising events	▶	0	0	0	0
	9a	Gross income from gaming activities See Part IV, line 19	a 0				
	b	Less direct expenses	b 0				
	c	Net income or (loss) from gaming activities	▶	0	0	0	0
	10a	Gross sales of inventory, less returns and allowances	a 0				
	b	Less cost of goods sold	b 0				
	c	Net income or (loss) from sales of inventory	▶	0	0	0	0
		Miscellaneous Revenue	Business Code				
	11a	transition services revenue	900099	6,847,222	0	0	6,847,222
	b	Epayables Rebate	900099	6,122,115	0	0	6,122,115
	c	DSH Medicare Settlement	900099	2,233,203	0	0	2,233,203
	d	All other revenue		1,164,109	0	0	1,164,109
	e	**Total.** Add lines 11a–11d	▶	16,366,649			
	12	**Total revenue.** See Instructions	▶	1,955,806,773	1,783,066,798	68,538,327	104,106,839

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 domestic organizations and domestic governments See Part IV, line 21	7,496,739	7,496,739		
2 Grants and other assistance to domestic individuals See Part IV, line 22	1,462	1,462		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	403,614	403,614		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	27,943,944		27,943,944	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	294,081,723	65,717,018	228,364,705	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,006,007	2,874,343	2,131,664	
9 Other employee benefits	41,371,278	9,178,095	32,193,183	
10 Payroll taxes	21,310,636	4,595,635	16,715,001	
11 Fees for services (non-employees)				
a Management				
b Legal	271,394	224,386	47,008	
c Accounting	22,156,665		22,156,665	
d Lobbying				
e Professional fundraising services See Part IV, line 17	0			0
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	722,925,714	4,148,014	718,777,700	0
12 Advertising and promotion	2,856,264	5,755	2,850,509	
13 Office expenses	25,827,135	1,800,060	24,027,075	
14 Information technology	18,712,805	1,650	18,711,155	
15 Royalties				
16 Occupancy	15,215,947	131,678	15,084,269	
17 Travel	9,323,171	1,273,093	8,050,078	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,200,602	164,134	2,036,468	
20 Interest	306,695,698	287,701,527	18,994,171	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	96,857,725	778,592	96,079,133	
23 Insurance	206,614,281	206,613,604	677	
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 Taxes	1,069,022		1,069,022	
b Repairs and Maintenance	308,364,853	175,977,851	132,387,002	
c Restructuring Losses	77,538,926		77,538,926	
d Group Medical Costs	622,233,238	622,233,238		
e All other expenses	101,566,944	2,898,177	98,668,767	0
25 **Total functional expenses.** Add lines 1 through 24e	2,938,045,787	1,394,218,665	1,543,827,122	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)				

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	0	1	1,475,694
	2	Savings and temporary cash investments	424,243,757	2	446,604,006
	3	Pledges and grants receivable, net		3	0
	4	Accounts receivable, net	24,352,816	4	22,316,306
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	0
	7	Notes and loans receivable, net	3,979,940,708	7	3,588,532,440
	8	Inventories for sale or use		8	0
	9	Prepaid expenses and deferred charges	82,422,159	9	64,164,104
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 1,276,519,502			
	b	Less accumulated depreciation — 10b: 458,515,641	815,979,380	10c	818,003,861
	11	Investments—publicly traded securities		11	0
	12	Investments—other securities See Part IV, line 11	991,585,869	12	784,514,120
	13	Investments—program-related See Part IV, line 11	0	13	
	14	Intangible assets	18,700,000	14	16,500,000
	15	Other assets See Part IV, line 11	2,158,810,364	15	2,116,231,329
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	8,496,035,053	16	7,858,341,860
Liabilities	17	Accounts payable and accrued expenses	560,903,797	17	517,329,620
	18	Grants payable		18	0
	19	Deferred revenue	614,953,989	19	465,569,794
	20	Tax-exempt bond liabilities	4,723,921,741	20	4,233,814,766
	21	Escrow or custodial account liability Complete Part IV of Schedule D	15,172	21	6,974
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	965,343,029	23	1,007,571,874
	24	Unsecured notes and loans payable to unrelated third parties	2,440,000,000	24	3,023,741,163
	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	1,300,996,702	25	2,634,449,810
	26	**Total liabilities.** Add lines 17 through 25	10,606,134,430	26	11,882,484,001
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	-2,110,538,127	27	-4,024,581,474
	28	Temporarily restricted net assets	438,750	28	439,333
	29	Permanently restricted net assets		29	0
		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	-2,110,099,377	33	-4,024,142,141
	34	Total liabilities and net assets/fund balances	8,496,035,053	34	7,858,341,860

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	1,955,806,773
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,938,045,787
3	Revenue less expenses Subtract line 2 from line 1	3	-982,239,014
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-2,110,099,377
5	Net unrealized gains (losses) on investments	5	-124,538,738
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	-807,265,012
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-4,024,142,141

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: 15000238
Software Version: 2015v3.0
EIN: 47-0617373
Name: Catholic Health Initiatives

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KEVIN LOFTON FACHE Chief Executive Officer	58 0 2 0	X		X				6,193,668	0	39,061
CHRISTOPHER LOWNEY TRUSTEE/Board Chair	10 0 0	X		X				96,154	0	0
ANTOINETTE HARDY-WALLER RN TRUSTEE/ VICE CHAIR	2 0 0 0	X		X				0	0	0
James Hamill Trustee	2 0 0	X						0	0	0
ELEANOR MARTIN SCN ESQ TRUSTEE	2 0 0	X						0	0	0
Edward Speed Trustee (Partial Year)	2 0 0	X						0	0	0
Barbara Hagedorn SC Trustee	2 0 0	X						0	0	0
Lillian Murphy RSM Trustee	2 0 0	X						0	0	0
Geraldine Bednash PhD RN FAAN Trustee	2 0 0	X						1,450	0	0
Richard Corrente Trustee	2 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, High-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			
Betsy Goodwin OSF Trustee	2 0 0	X						0	0	0
Margaret Ormond OP Trustee	2 0 0	X						0	0	0
Gary Yates MD Trustee	2 0 0	X						0	0	0
DEBRA HANKS ASSISTANT SECRETARY	40 0 0			X				87,234	0	17,431
MITCH H MELFI ESQ EVP Corporate Affairs & Chief Legal Officer/Secretary	58 0 2 0			X				1,498,982	0	53,543
JOYCE ROSS SVP COMMUNICATIONS/ASSISTANT SECRETARY	60 0 0			X				701,631	0	29,653
MICHAEL ROWAN FACHE President OF Health System Delivery & COO	45 0 15 0			X				3,895,913	0	57,577
DEAN SWINDLE CPA President OF Enterprise Business Lines & CFO/Treasurer	58 0 2 0			X				2,912,490	0	321,807
THOMAS Clifford DEVENY MD SVP-PHYS SERV & CLIN INTEGR	59 0 1 0				X			1,372,018	0	126,996
JOHN DICOLA EVP Enterprise Strategic DevELOPMENT	50 0 10 0				X			1,906,664	0	187,498

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employe 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			
PAUL EDGETT III EVP Growth and Business Acquisitions	51 0 ..... 9 0				X			1,294,484	0	50,743
PHILIP FOSTER SVP RISK & Insurance	60 0 0				X			812,246	0	35,675
THOMAS KOPFENSTEINER EVP MISSION	57 0 ..... 3 0				X			1,529,341	0	22,949
STEPHEN MOORE MD SVP & CHIEF MEDICAL OFFICER	59 0 ..... 1 0				X			1,555,256	0	14,721
MICHAEL O'ROURKE SVP & CHIEF INFORMATION OFFICER	60 0 0				X			1,188,712	0	53,277
KATHLEEN SANFORD RN DBA FACHE SVP & CHIEF NURSING OFFICER	58 0 ..... 2 0				X			1,333,776	0	32,163
PATRICIA WEBB EVP & Chief Administrative/ Chief HR Officer	60 0 ..... 2 0				X			1,399,700	0	156,320
RUTH WILLIAMS BRINKLEY SVP/MBO President & CEO	60 0 ..... 0 0					X		1,927,186	0	172,181
DAVID VELLINGA SVP Divisional Operations/MBO CEO	60 0 ..... 0 0					X		1,814,994	0	24,639
TODD CONKLIN SVP OPERATIONAL FINANCE & ACCOUNTING	60 0 0					X		1,724,469	0	31,392

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employ
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			
JOSEPH WILCZEK SVP Divisional Operations/MBO CEO	60 0 0 0					X		1,667,930	0	20,240
Michael Covert SVP Divisional Operations/MBO CEO	20 0 51 0					X		1,623,949	0	73,828
DAVID J FINE President & CEO CIRI	0 0 60 0						X	0	7,115,033	56,381
CAROL KEENAN FORMER INTERIM SVP HUMAN RESOURCES	60 0 0						X	403,197	0	33,035
STEVEN KEHRBERG SVP SUPPLY CHAIN & Clinical Engineering	60 0 0						X	860,516	0	15,406

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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.**

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

OMB No 1545-0047

2015

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 (Form 990 or 990-EZ))

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 331/3% 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 331/3% 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a ☑ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations 1

g 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 (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A) CATHOLIC HEALTH CARE FEDERATION	999999999		Yes		0	0
Total1					0	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ. Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2015

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 VI)						
11 **Total support.** Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2014 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2015.** 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—2014.** 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—2015.** 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2014.** 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 VI 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15
16	Public support percentage from 2014 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	17
18	Investment income percentage from **2014** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2015.** 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—2014.** 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		No
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2	Yes	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		No
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below*	4a		No
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		No
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		No
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990)*	7		No
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990)*	8		No
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		No
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		No
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		No
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below*	10a		No
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		No
b	A family member of a person described in (a) above?	11b		No
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	11c		No

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year*	1	Yes	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization*	2		No

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)*	1		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

			Yes	No
2	Activities Test. **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations. **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard*	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E ☐

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI) _____			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) ☐

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2016.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI **Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
Schedule A, Part III, Line 19a Supported Orgs Listed By Name	Catholic Health Initiative's articles of incorporation specifically designate Catholic Health Care Federation as its publicly supported organization and designate, by purpose, such other charitable organizations, the purposes of which are to embody the mission of the healing ministry of Jesus in the Church through ownership, management, or governance of health ministries, or the offering of or supporting of charitable and religious programs or services consistent with such purposes, in keeping with the gospel imperative
Schedule A, Part III, Line 19b Supported Org Without IRS Status 509(a)1 or (2)	Catholic Health Initiatives is organized and operated, within the meaning of Section 509(a)(3)(A) of the Internal Revenue Code of 1986, as now in effect or as subsequently amended ("IRC"), exclusively for the benefit of, to perform the functions of, and/or to carry out the religious, charitable, scientific, and educational purposes within the meaning of Section 509(c)(3) of the IRC, of Catholic Health Care Federation ("CHCF"), a public juridic person within the meaning of the Code of Canon Law for the Roman Catholic Church ("Canon Law"), including by supporting such other charitable organizations, the purposes of which are to embody the mission of the healing ministry of Jesus in the Church through ownership, management, or governance of health ministries, or the offering of or supporting of charitable and religious programs or services consistent with such purposes, in keeping with the gospel imperative Because CHCF is part of the Roman Catholic Church, is not required to apply for recognition of exempt status pursuant to IRC Section 508(c) By virtue of its decree of canonical erection by the Congregation for Institutes of Consecrated Life and Societies of Apostolic Life, CHCF is a public juridic person of pontifical right, subject to the direct oversight and jurisdiction of the Apostolic See in the Vatican As a public juridic person in the Church, CHCF is the juridical equivalent of a diocese or parish or religious order in the Catholic Church As a public juridic person, CHCF is not merely affiliated with the Catholic Church, it is the Catholic Church, an official part of the Church itself, with a munus or duty assigned to it by the Church, and able to act publicly in the name of the Church The Congregation for Institutes of Consecrated Life and Societies of Apostolic Life by decree dated June 8, 1991, conferred public juridic personality in the Church on CHCF, stating that CHCF was "to be governed in accordance with Canon Law and its own approved Statutes "

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

OMB No 1545-0047

2015

Open to Public Inspection

If the organization answered "Yes" on 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" on 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" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), 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-
2					
3					
4					
5					
6					

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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(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 on 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		232,268
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			232,268
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, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	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, a Vice President of Public Policy, and a Director of Regulatory Affairs 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, changes to the Affordable Care Act, Medicare payments, site neutral payments for new off-campus hospital-based outpatient departments, rural accountable care organizations, critical access hospital length of stay payment requirements, access to outpatient therapies in critical access hospitals, 340B drug discount program, the federal budget/deficit reduction, debt ceiling, meaningful use reporting, hospice and palliative care, mental health reform, and violence prevention 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 charitable purpose of not-for-profit health care, clinically integrated care, community health improvement, quality and value and fair payment, rural health 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 18 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
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	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, a Vice President of Public Policy, and a Director of Regulatory Affairs 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, changes to the Affordable Care Act, Medicare payments, site neutral payments for new off-campus hospital-based outpatient departments, rural accountable care organizations, critical access hospital length of stay payment requirements, access to outpatient therapies in critical access hospitals, 340B drug discount program, the federal budget/deficit reduction, debt ceiling, meaningful use reporting, hospice and palliative care, mental health reform, and violence prevention 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 charitable purpose of not-for-profit health care, clinically integrated care, community health improvement, quality and value and fair payment, rural health 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 18 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

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2015

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" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of 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" on 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, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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) Revenue included on 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 Revenue included on 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" on 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

			Amount
b	If "Yes," explain the arrangement in Part XIII and complete the following table		
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, for escrow or custodial account liability? ☑ 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	b (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 on 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" on 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)	Accumulated (c)depreciation	(d)Book value
1a Land		9,993,072		9,993,072
b Buildings		59,919,365	4,835,235	55,084,130
c Leasehold improvements		13,668,621	8,371,565	5,297,056
d Equipment		891,490,288	445,306,508	446,183,780
e Other		301,448,156	2,333	301,445,823
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				818,003,861

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' on 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		
(2) Closely-held equity interests		
(3) Other		
(A) Int Designated CHV II LP	7,908,626	F
(B) Int Designated CHV III LP	12,378,412	F
(C) Investments in Highmark Fund	201,607,874	F
(D) Held for Debt Req - CHI Debt Program	2,013	F
(E) CHI Legacy Gift - Texas Heart Institute	53,658,990	F
(F) CHI Operating Investment Program	508,958,205	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	784,514,120	

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on 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' on 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)* . . . . . ▶	2,116,231,329

Part X Other Liabilities. Complete if the organization answered 'Yes' on 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	
See Additional Data Table	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	2,634,449,810

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' on 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 (losses) 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' on 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

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 15000238
Software Version: 2015v3.0
EIN: 47-0617373
Name: Catholic Health Initiatives

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

(a) Description	**(b)** Book value
(1) Conifer Valuation & Revenue Cycle	14,365,958
(2) Executflex Deferred Income Plan	7,743,926
(3) Cash Surrendor Value Life Insurance	2,896,946
(4) CHI 457(b) Plan	12,080,054
(5) Reinsurance Recovery Assets	15,000
(6) Intercompany Receivables	908,425,475
(7) Investments in Unconsolidated Orgs - Controlling Interest	1,058,758,589
(8) Investments in Unconsolidated Orgs - Noncontrolling Interest	98,581,025
(9) MSI Escrow	
(10) Miscellaneous Assets	1,792,859
(11) ITS Infrastructure	11,571,497

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

1 **(a)** Description of Liability	**(b)** Book Value
Pension Liability	1,195,772,601
Self-insurance reserves and claims	5,475,458
Interest Rate Swaps	174,929,728
Losses incurred but not reported	60,621,995
Intercompany Payables	1,087,432,338
THI Mission Admin Support	50,498,443
Legacy Gift - Texas Heart Institute	53,658,990
Unclaimed Property	2,171,021
Accrued SWAP Interest	1,158,152
Miscellaneous Liabilities	8,541
Deferred Gain on Sale/Lease back	2,722,543

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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.

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

OMB No 1545-0047

2015

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	0	13			81,431,706
b Total from continuation sheets to Part I	0	0			0
c **Totals** (add lines 3a and 3b)	0	13			81,431,706

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 . . . . ▶ 7

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, do not file with Form 990)*	☐ 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, do not file with Form 990)*	☐ 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	(3, 4, & 9) THERE ARE A FEW CATHOLIC HEALTH INITIATIVES (CHI) EMPLOYEES WHO SERVE ON THE B OARDS OF OFFSHORE CAPTIVES OF CHI CHI ALLOCATED A PORTION OF THE SALARIES OF THESE INDIVI DUALS TO LINE 3(F) TRAVEL COSTS FOR THESE INDIVIDUALS WERE NOT PAID BY CHI (5) CHI'S INV ESTMENTS IN CAPTIVE MANAGEMENT INITIATIVES AND ALL SAINTS INSURANCE COMPANY, SPC, LTD ARE REFLECTED IN LINE 5 ALSO INCLUDED IN LINE 5 IS THE COMMON STOCK INVESTMENT IN FIRST INITI ATIVES INSURANCE, LTD, A WHOLLY OWNED CORPORATION FIRST INITIATIVES INSURANCE, LTD IS INC LUDED IN CHI'S CONSOLIDATED FINANCIAL STATEMENTS (1, 2, & 11) CHI PAYS VARIOUS FOREIGN IN DEPENDENT CONTRACTORS FOR PROGRAM RELATED SERVICES INCLUDED IN LINE 11 IS APPROXIMATELY $ 78 7 MILLION PAID TO WIPRO FOR CENTRALIZED IT SUPPORT SHARED SERVICES PROVIDED TO CHI NATI ONAL OFFICES AND MBOS (6, 7, 8, & 10) CHI PROVIDES CHARITABLE GRANTS TO OTHER U S 501(C) (3) ORGANIZATIONS TO SUPPORT FOREIGN PROGRAMS (SEE DESCRIPTION FOR PART I, LINE 2)

Additional Data

Software ID: 15000238
Software Version: 2015v3.0
EIN: 47-0617373
Name: Catholic Health Initiatives

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)	0	2	Program Services	INDEPENDENT CONTRACTORS	8,947
North America (Canada & Mexico only)	0	10	Program Services	INDEPENDENT CONTRACTORS	282,118
Central America and the Caribbean	0	0	Conducting board meetings		48,392

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)	0	0	Conducting board meetings		141,969
Central America and the Caribbean	0	0	Investments		1,784,049
South America	0	0	Grantmaking		138,085

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Central America and the Caribbean	0	0	Grantmaking		162,852
South Asia	0	0	Grantmaking		77,677
Europe (Including Iceland and Greenland)	0	0	Conducting board meetings		21,434

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
East Asia and the Pacific	0	0	Grantmaking		25,000
South Asia	0	1	Program Services	INDEPENDENT CONTRACTORS	78,741,183

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 America	Helping Babies & Mothers	138,085	Wire			
		Central America and the Caribbean	LIFE	68,360	Check			
		South Asia	Nazareth Hospital Mokama India	58,852	Wire			
		South Asia	Catherine Spalding Centre Ranchi India	18,825	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)
		Central America and the Caribbean	Kingston Neighborhood	52,804	Wire			
		Central America and the Caribbean	Haiti Mission Abriko Clinic	41,688	Wire			
		East Asia and the Pacific	INDIGENOUS PEOPLE'S OUTREACH	25,000	CHECK			

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135020297

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," on 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

2015

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 Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on 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 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 . . . . . ▶ 40

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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

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: 15000238
Software Version: 2015v3.0
EIN: 47-0617373
Name: Catholic Health Initiatives

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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)	174,443				United Against Violence of Greater Dayton
Catholic Relief Services 228 West Lexington St Baltimore, MD 21201	13-5563422	501(c)(3)	10,000				program support
St Catherine Hospital 401 E Spruce Garden City, KS 67846	20-0598702	501(c)(3)	85,829				Family Literacy Project

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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 401 E Spruce Garden City, KS 67846	20-0598702	501(c)(3)	128,215				Family Violence prevention
St Alphosus Medical Center - Ontario 351 SW 9th St Ontario, ID 97914	20-2683560	501(c)(3)	662,047				Health Resource Center
Sisters of Mercy West Midwest Community 7262 Mercy Road Omaha, NE 68124	26-2400800	501(c)(3)	57,740				Preventing Violence

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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)	40,500				Peace Center New Orleans
Dominican Sisters of Peace 2320 Airport Drive Columbus,OH 43219	26-3550703	501(c)(3)	147,930				Dare to Live in Peace
Enroll America 1001 G Street NW FL 8 Washington,DC 20001	27-1661221	501(c)(3)	50,000				mission to maximize health insurance enrollment

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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 Alphosus Medical Center - Nampa 1512 12th Ave Rd Nampa,ID 83686	27-1790052	501(c)(3)	396,138				Newborn Family Support
Saint Joseph Health System 424 Lewis Hargett Circle suite 160 Lexington,KY 40503	61-1334601	501(c)(3)	100,389				Violence Prevention
Good Samaritan Hospital Foundation 375 Dixmyth Ave Cincinnati,OH 45220	31-1027660	501(c)(3)	100,204				HOPE Program

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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 Association of Catholic Chaplains 4915 S Howell Avenue Milwaukee, WI 53207	39-1368967	501(c)(3)	30,000				2015 Platinum Level Sponsorship
Unity Family Healthcare 116 8th Avenue SE Little Falls, MN 56345	41-0721642	501(c)(3)	43,127				Violence Prevention Morrison County
Franciscan Sisters of Little Falls 116 8th Avenue SE Little Falls, MN 56345	41-0695518	501(c)(3)	66,551				Urock Against Violence

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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 116 8th Avenue SE Little Falls,MN 56345	41-0721642	501(c)(3)	73,623				Live Better Live Longer Start Strong
Unity Family Healthcare 116 8th Avenue SE Little Falls,MN 56345	41-0721642	501(c)(3)	164,438				Patient-Centered Medical Home Devlp
St Francis Healthcare Campus 2400 St Francis Drive Breckenridge,MN 56520	41-0695598	501(c)(3)	94,343				Violence Prevention

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
St Joseph Area Health Services 600 Pleasant Ave Park Rapids, MN 56470	41-0695603	501(c)(3)	57,144				Violence Prevention
Mercy Foundation of Des moines IA 1755 59th Pl Des Moines, IA 50266	23-7358794	501(c)(3)	56,336				Childhood Obesity
Mercy Foundation of Des moines IA 1755 59th Pl Des Moines, IA 50266	23-7358794	501(c)(3)	61,734				Girl Power-Violence Prevention

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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 of Des moines IA 1755 59th Pl Des Moines,IA 50266	23-7358794	501(c)(3)	86,938				Building a Strong Community
Mercy Foundation of Des moines IA 1755 59th Pl Des Moines,IA 50266	23-7358794	501(c)(3)	91,989				Mental Health Crisis Stabilization
Mercy Foundation of Des moines IA 1755 59th Pl Des Moines,IA 50266	23-7358794	501(c)(3)	246,048				Community Palliative Care

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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 Alexius Health PO Box 5510 Bismarck, ND 58506	45-0226711	501(c)(3)	334,928				Violence Prevention
Mother of God Monastery 110 28th Ave SE Watertown, SD 57201	46-0441468	501(c)(3)	68,895				Violence Prevention Design
Arupe Jesuit High School 4343 Utica St Denver, CO 80212	46-0508814	501(c)(3)	5,600				Work Study Program

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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 Jesuit High School 4343 Utica St Denver, CO 80212	46-0508814	501(c)(3)	25,250				Work Study Program
St Francis Medical Center Foundation 2620 W Faidley Ave Grand Island, NE 68803	47-0376601	501(c)(3)	46,759				The Violence Prevention Program
St Francis Medical Center Foundation 2620 W Faidley Ave Grand Island, NE 68803	47-0376601	501(c)(3)	108,254				CHW Intervention Program

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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 1301 Grundman Blvd Nebraska City, NE 68410	47-0443636	501(c)(3)	76,496				United Against Violence SE Nebraska
St Elizabeth Foundation 555 S 70th Street Lincoln, NE 68510	47-0625523	501(c)(3)	21,858				United Against Violence
Alegent Creighton Health PO Box 642150 Omaha, NE 68154	47-0757164	501(c)(3)	104,000				Health Advocates

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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 Creighton Health PO Box 642150 Omaha, NE 68154	47-0757164	501(c)(3)	105,025				Violence Prevention
Alegent Creighton Health PO Box 642150 Omaha, NE 68154	47-0757164	501(c)(3)	194,500				Behavioral Health Svs
Alegent Creighton Health PO Box 642150 Omaha, NE 68154	47-0757164	501(c)(3)	223,251				Telepsychiatry for Rural Communities

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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 10 E 31st Street Kearney, NE 68847	47-0379755	501(c)(3)	83,268				HelpCare Clinic
Good Samaritan Hospital 10 E 31st Street Kearney, NE 68847	47-0379755	501(c)(3)	110,048				Violence Prevention
Women's Business leader 1227 25th St NW Washintgon, DC 20037	51-0410145	501(c)(3)	20,000				Women Empowerment-2016 Bold Annual Sponsorship

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Catholic Charities USA PO Bo 17066 Baltimore, MD 21297	53-0196620	501(c)(3)	10,000				Donation in honor of Pope Francis visit to US
Saint Joseph Health System 424 Lewis Hargett Circle suite 160 Lexington, KY 40503	61-1334601	501(c)(3)	93,258				Violence Prevention
Jewish Hospital & St Marys Healthcare Inc 200 Abraham Flexner Way Louisville, KY 40202	61-1029768	501(c)(3)	20,000				BOUNCE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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 Marys Healthcare Inc 200 Abraham Flexner Way Louisville, KY 40202	61-1029768	501(c)(3)	98,146				Shelbyville Violence Prevention
Jewish Hospital & St Marys Healthcare Inc 200 Abraham Flexner Way Louisville, KY 40202	61-1029768	501(c)(3)	157,760				PACT in Action
Jewish Hospital & St Marys Healthcare Inc 200 Abraham Flexner Way Louisville, KY 40202	61-1029768	501(c)(3)	533,076				Health Connections Initiative

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Saint Joseph Health System 424 Lewis Hargett Circle suite 160 Lexington, KY 40503	61-1334601	501(c)(3)	39,975				Creating Safe Neighborhoods
Saint Joseph Health System 424 Lewis Hargett Circle suite 160 Lexington, KY 40503	61-1334601	501(c)(3)	48,228				Safe Child Initiative
Saint Joseph Health System 424 Lewis Hargett Circle suite 160 Lexington, KY 40503	61-1334601	501(c)(3)	59,414				Violence Prevention

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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)	98,229				Violence Prevention
Memorial Health Care 2525 de Sales Ave Chattanooga, TN 42506	62-0532345	501(c)(3)	29,466				United Against Violence
Memorial Health Care 2525 de Sales Ave Chattanooga, TN 42506	62-0532345	501(c)(3)	57,350				Healthy Kids at Ivy

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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 Association of Health Services Executives 1015 Connecticut Ave NW 10th Floor Washington, DC 20036	62-1312239	501(c)(3)	30,000				Executives Annual Educational Conference
St Vincent Infirmary Medical Center Two St Vincent Circle Little Rock, AR 72205	71-0236917	501(c)(3)	342,165				Health Connections Initiative
Centura Health Corporation 9100 E Mineral Circle Centennial, CO 80112	84-1335382	501(c)(3)	65,458				Fremont Violence Prevention

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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 9100 E Mineral Circle Centennial, CO 80112	84-1335382	501(c)(3)	83,670				Pueblo Violence Prevention
Centura Health Corporation 9100 E Mineral Circle Centennial, CO 80112	84-1335382	501(c)(3)	108,835				Youth Violence Prevention
The Center for African American Health 3601 Martin Luther King Blvd Denver, CO 80205	84-1477546	501(c)(3)	10,000				2016 Sponsorship of CAAH Denver Metro Area Health Fair

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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 Foundation (FHS) 1149 Market St Tacoma, WA 984023515	91-1145592	501(c)(3)	62,855				Community Building Health
Franciscan Foundation (FHS) 1149 Market St Tacoma, WA 984023515	91-1145592	501(c)(3)	98,279				Responsive Care Coordination Program
Franciscan Foundation (FHS) 1149 Market St Tacoma, WA 984023515	91-1145592	501(c)(3)	154,451				Youth Violence Prevention

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
Highline Medical Center Foundation 16259 Sylvester Road SW Burien, WA 98166	91-1171170	501(c)(3)	314,834				Highline Health Connections
Mercy Housing Northwest 2505 Third Ave Seattle, WA 98121	91-1546525	501(c)(3)	62,180				Affordable Housing & Healthcare
Saint Anthony Pendleton 2801 St Anthony Way Pendleton, OR 97801	93-0391614	501(c)(3)	37,328				Violence Prevention

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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 2700 Stewart Parkway Roseburg,OR 97471	93-6088946	501(c)(3)	64,508				Rural Action Dental Health Program
Mercy Foundation 2700 Stewart Parkway Roseburg,OR 97471	93-6088946	501(c)(3)	67,510				Teen Transitions
Mercy Foundation 2700 Stewart Parkway Roseburg,OR 97471	93-6088946	501(c)(3)	91,680				UP2US Now Violence Prevention

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Faithful Fools Ministry 230 HYDE St San Francisco,CA 94102	94-3348396	501(c)(3)	61,300				Institute for Street Level Learning

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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" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

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 appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☑ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☑ Travel for companions	☐ Payments for business use of personal residence		
	☑ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes 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 on 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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on 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," on line 5a or 5b, describe in Part III			
6	For persons listed on 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," on line 6a or 6b, describe in Part III			
7	For persons listed on 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 on 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" on 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 on 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 in column(B) reported as deferred on 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 2015 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) Joseph Wilczek - $650,171 Steven Kehrberg - $292,516 Todd Conklin -$939,420 DURING THE 2015 CALENDAR YEAR CHANGE OF CONTROL PAYMENTS were paid to David Fine by CHI INSTITUTE FOR RESEARCH AND INNOVATION AS A RESULT OF THE ACQUISITION OF St Luke's Health System Corporation (SLHS) BY CATHOLIC HEALTH INITIATIVES 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 - $1,704,882
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	During the 2015 calendar year Catholic Health Initiatives (CHI) maintained a supplemental non-qualified deferred compensation plan for MBO CEOs/Presidents and other CHI executives at the level of Senior Vice President and above The following reportable individuals were eligible to participate in that plan Dean Swindle David Vellinga John DiCola Joseph Wilczek Joyce Ross Kathleen Sanford Kevin Lofton Michael Covert Michael O'Rourke Michael Rowan Mitch Melfi Patricia Webb Paul Edgett Philip Foster Ruth Williams-Brinkley Stephen Moore Steven Kehrberg Thomas Clifford Deveny Thomas Kopfensteiner Todd Conklin During 2015 the following contributions were made by CHI to the deferred compensation plan Dean Swindle - $288,009 John DiCola - $144,319 Patricia Webb - $128,263 Ruth Williams-Brinkley - $138,601 Thomas Clifford Deveny - $101,893 During 2015 the following distributions were made by CHI from the deferred compensation plan Dean Swindle - $145,738 John DiCola- $411,817 Joyce Ross - $31,766 Kathleen Sanford - $71,912 Kevin Lofton - $1,086,396 Michael O'Rourke - $62,153 Michael Rowan - $242,516 Mitch Melfi - $82,241 Patricia Webb - $79,731 Paul Edgett - $34,216 Philip Foster- $43,209 Ruth Williams-Brinkley - $103,156 Stephen Moore - $177,709 Steven Kehrberg - $54,523 Thomas Clifford Deveny - $77,880 Thomas Kopfensteiner- $125,418 Due to the "super" vesting rules under the CHI deferred compensation plan, participants who have met certain requirements such as termination, age, years of service, or more than 5 years of plan participation were eligible to receive their 2015 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 2015, the following contributions that would have been made by CHI to the deferred compensation plan were paid in cash David Vellinga - $107,651 Joseph Wilczek - $22,539 Joyce Ross - $30,262 Kathleen Sanford - $86,615 Kevin Lofton - $470,364 Michael Covert - $175,553 Michael O'Rourke - $54,193 Michael Rowan - $313,628 Mitch Melfi - $126,755 Paul Edgett - $110,684 Philip Foster - $36,342 Steven Kehrberg - $78,447 Thomas Kopfensteiner - $125,396 Todd Conklin - $101,205 ST LUKE'S HEALTH SYSTEM CORPORATION (SLHS) MAINTAINed A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN FOR CERTAIN EXECUTIVES After the acquisition of SLHS by Catholic Health Initiatives (CHI), the plan was taken over by CHI 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 2015, THE FOLLOWING CONTRIBUTIONS THAT WOULD HAVE BEEN MADE BY SLHS TO THE DEFERRED COMPENSATION PLAN WERE PAID IN CASH DAVID FINE - $4,079,951 The paid in Cash amount was included on the W-2 David Fine received from CHI Institute for Research and Innovation (CIRI), a related organization that employed David Fine during 2015
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 reaching minimum levels of operating margin and charity care levels, unless the HR Committee of the Board of Stewardship Trustees uses its discretion to approve an exception

Additional Data

Software ID: 15000238
Software Version: 2015v3.0
EIN: 47-0617373
Name: Catholic Health Initiatives

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

(A) Name 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 in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1KEVIN LOFTON FACHE Chief Executive Officer	(I)	1,595,856	2,862,074	1,735,738	15,775	23,286	6,232,729	1,086,396
	(II)	0	0	0	0	0	0	0
1MITCH H MELFI ESQ EVP Corporate Affairs & Chief Legal Officer/Secretary	(I)	638,592	596,240	264,150	15,775	37,768	1,552,525	82,241
	(II)	0	0	0	0	0	0	0
2JOYCE ROSS SVP COMMUNICATIONS/ASSISTANT SECRETARY	(I)	345,871	229,673	126,087	14,869	14,784	731,284	31,766
	(II)	0	0	0	0	0	0	0
3MICHAEL ROWAN FACHE President OF Health System Delivery & COO	(I)	1,273,340	1,763,164	859,409	15,775	41,802	3,953,490	242,516
	(II)	0	0	0	0	0	0	0
4DEAN SWINDLE CPA President OF Enterprise Business Lines & CFO/Treasurer	(I)	1,160,179	1,519,534	232,777	303,959	17,848	3,234,297	145,738
	(II)	0	0	0	0	0	0	0
5CAROL KEENAN FORMER INTERIM SVP HUMAN RESOURCES	(I)	311,590	41,608	49,999	15,775	17,260	436,232	0
	(II)	0	0	0	0	0	0	0
6STEVEN KEHRBERG SVP SUPPLY CHAIN & Clinical Engineering	(I)	108,053	235,530	516,933	14,900	506	875,922	54,523
	(II)	0	0	0	0	0	0	0
7 THOMAS Clifford DEVENY MD SVP-PHYS SERV & CLIN INTEGR	(I)	630,237	556,368	185,413	117,668	9,328	1,499,014	77,880
	(II)	0	0	0	0	0	0	0
8JOHN DICOLA EVP Enterprise Strategic DevELOPMENT	(I)	645,504	679,385	581,775	160,094	27,404	2,094,162	411,817
	(II)	0	0	0	0	0	0	0
9PAUL EDGETT III EVP Growth and Business Acquisitions	(I)	559,551	453,631	281,302	15,231	35,512	1,345,227	34,216
	(II)	0	0	0	0	0	0	0
10PHILIP FOSTER SVP RISK & Insurance	(I)	403,392	266,744	142,110	15,775	19,900	847,921	43,209
	(II)	0	0	0	0	0	0	0
11THOMAS KOPFENSTEINER EVP MISSION	(I)	624,841	585,192	319,308	15,775	7,174	1,552,290	125,418
	(II)	0	0	0	0	0	0	0
12STEPHEN MOORE MD SVP & CHIEF MEDICAL OFFICER	(I)	608,258	578,783	368,215	8,180	6,541	1,569,977	177,709
	(II)	0	0	0	0	0	0	0
13MICHAEL O'ROURKE SVP & CHIEF INFORMATION OFFICER	(I)	597,089	402,104	189,519	15,775	37,502	1,241,989	62,153
	(II)	0	0	0	0	0	0	0
14 KATHLEEN SANFORD RN DBA FACHE SVP & CHIEF NURSING OFFICER	(I)	541,398	506,488	285,890	15,123	17,040	1,365,939	71,912
	(II)	0	0	0	0	0	0	0
15PATRICIA WEBB EVP & Chief Administrative/ Chief HR Officer	(I)	642,883	596,361	160,456	144,038	12,282	1,556,020	79,731
	(II)	0	0	0	0	0	0	0
16DAVID J FINE President & CEO CIRI	(I)	0	0	0	0	0	0	0
	(II)	772,156	351,981	5,990,896	15,775	40,608	7,171,416	4,079,951
17RUTH WILLIAMS BRINKLEY SVP/MBO President & CEO	(I)	864,871	830,059	232,256	154,377	17,804	2,099,367	103,156
	(II)	0	0	0	0	0	0	0
18DAVID VELLINGA SVP Divisional Operations/MBO CEO	(I)	717,250	824,380	273,364	15,195	9,444	1,839,633	0
	(II)	0	0	0	0	0	0	0
19TODD CONKLIN SVP OPERATIONAL FINANCE & ACCOUNTING	(I)	427,388	156,369	1,140,712	15,775	15,617	1,755,861	0
	(II)	0	0	0	0	0	0	0

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

(A) Name 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 in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21 JOSEPH WILCZEK SVP Divisional Operations/MBO CEO	(I)	291,839	698,925	677,166	13,610	6,630	1,688,170	0
	(II)	0	0	0	0	0	0	0
1 Michael Covert SVP Divisional Operations/MBO CEO	(I)	1,137,434	207,077	279,438	0	73,828	1,697,777	0
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

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

OMB No 1545-0047

2015

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 2008C-4	84-0752932	19648A4Q5	11-12-2015	26,495,000	SEE PART VI (2008C2, C4, D3 COMP ISSUE)		X		X		X
B	COLORADO HEALTH FACILITIES AUTHORITY 2008C-2	84-0752932	19648A4P7	11-15-2015	26,495,000	SEE PART VI (2008C2, C4, D3 COMP ISSUE)		X		X		X
C	COLORADO HEALTH FACILITIES AUTHORITY 2008D-3	84-0752932	19648A4R3	11-12-2015	48,835,493	SEE PART VI (2008C2,C4, D3 COMP ISSUE)		X		X		X
D	WASHINGTON HEALTH CARE FACILITIES AUTHORITY 2015A	91-1108929	000000000	08-11-2015	51,400,000	SEE PART VI - (2015A ISSUE)		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	0	0	0	1,900,000
2	Amount of bonds legally defeased	0	0	0	0
3	Total proceeds of issue	26,495,000	26,495,000	48,835,493	51,400,000
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	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	0	0	0	0
11	Other spent proceeds	26,495,000	26,495,000	48,835,000	51,400,000
12	Other unspent proceeds	0	0	0	0
13	Year of substantial completion	2009	2009	2008	2004

		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 18 %						
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 05 %						
6	Total of lines 4 and 5		0 23 %		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		1 26 %		1 26 %				4 59 %
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?	X		X				X	
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		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 "Yes" to 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								
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								
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
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 FEDERAL INCOME TAX PURPOSES (THE SERIES 2009 COMPOSITE ISSUE) ALL AMOUNTS REPORTED BELOW ARE FOR THE COMPOSITE ISSUE RATHER THAN THE COMPONENT PARTS PART I LINE F PURPOSE COLORADO HEALTH FACILITIES AUTHORITY 2009 A/B - CAPITAL IMPROVEMENTS, ACQUISITIONS AND EQUIPMENT ACQUISITIONS FOR AFFILIATES IN COLORADO, IOWA, NEW JERSEY AND NEBRASKA AND CURRENT REFUNDING OF COLORADO 1997B-1, 1997B-2, 1997B-3 (ORIGINAL ISSUANCE DATE NOVEMBER 25, 1997), 2004B-4 AND 2004B-5 BONDS (ORIGINAL ISSUANCE DATE NOVEMBER 18, 2004) AND IOWA 1997B BONDS (REISSUANCE DATE DECEMBER 2, 1999) KENTUCKY ECONOMIC DEV FINANCE AUTH 2009 A/B - CAPITAL IMPROVEMENTS AND EQUIPMENT ACQUISITIONS FOR AFFILIATES IN KENTUCKY COUNTY OF MONTGOMERY, OHIO 2009 A/B - CAPITAL IMPROVEMENTS AND EQUIPMENT ACQUISITIONS FOR AFFILIATES IN OHIO AND CURRENT REFUNDING OF OHIO 1997B (ORIGINAL ISSUANCE DATE NOVEMBER 25, 1997), 2006B-1 AND 2006B-2 BONDS (ORIGINAL ISSUANCE DATE NOVEMBER 9, 2006) $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 "REISSUED" PORTIONS OF THE BONDS HAVE BEEN REPORTED IN A FORM 8038 AND NOT SEPARATELY REPORTED IN THIS SCHEDULE K $66,585 OF PROCEEDS OF THE COUNTY OF MONTGOMGERY, OHIO 2009A AND 2009B 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" PORTIONS OF THE BONDS HAVE BEEN REPORTED IN A FORM 8038 AND NOT SEPARATELY REPORTED IN THIS SCHEDULE K $42,296 OF PROCEEDS OF THE COLORADO HEALTH FACILITIES AUTHORITY 2009A 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 REPORTED IN A FORM 8038 AND NOT SEPARATELY 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 HAVE BEEN REPORTED IN A FORM 8038 AND NOT SEPARATELY REPORTED IN THIS SCHEDULE K $42,935,594 18 OF PROCEEDS OF THE COLORADO HEALTH FACILITIES AUTHORITY 2009A and 2009B BONDS WERE REISSUED ON OCTOBER 1, 2015 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 REPORTED IN A FORM 8038 AND NOT SEPARATELY REPORTED IN THIS SCHEDULE K $1,124,855 22 OF PROCEEDS OF THE COLORADO HEALTH FACILITIES AUTHORITY 2009A BONDS WERE REISSUED ON JUNE 30, 2016 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 REPORTED IN A FORM 8038 AND NOT SEPARATELY REPORTED IN THIS SCHEDULE K PART II LINE 3 TOTAL PROCEEDS OF ISSUE INCLUDES INVESTMENT EARNINGS PART III 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 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 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) ON AUGUST 1, 2016, CHI PROVIDED FOR THE DEFEASANCE OF $61,950,000 OF THE LOUISVILLE/JEFFERSON COUNTY GVT REVENUE BONDS SERIES 2012A TO THEIR EARLIEST CALL DATE AS REMEDIAL ACTION FOR THE CHANGE IN OWNERSHIP OF CERTAIN BOND FINANCED PROPERTY THAT OCCURED MAY 11, 2016 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 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 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) $7,418,571 95 OF PROCEEDS OF THE COLORADO HEALTH FACILITIES AUTHORITY 2011A BONDS WERE REISSUED ON JUNE 30, 2016 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 REPORTED IN A FORM 8038 AND NOT SEPARATELY REPORTED IN THIS SCHEDULE K $233,182 91 OF PROCEEDS OF THE WASHINGTON HEALTH CARE FACILITIES 2011A BONDS WERE REISSUED ON MAY 11, 2016 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 REPORTED IN A FORM 8038 AND NOT SEPARATELY REPORTED IN THIS SCHEDULE K PART II LINE 3 TOTAL PROCEEDS OF ISSUE INCLUDES INVESTMENT EARNINGS PART III 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 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 2004CD 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 2004CD COMPOSITE ISSUE) ALL AMOUNTS REPORTED BELOW ARE FOR THE COMPOSITE ISSUE RATHER THAN THE COMPONENT PARTS PART I LINE F PURPOSE 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 PART II LINE 3 TOTAL PROCEEDS OF ISSUE INCLUDES INVESTMENT EARNINGS PART III 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 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 2006A COMPOSITE ISSUE	THE BONDS DESCRIBED ON LINE D 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 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 REPORTED IN A FORM 8038 AND NOT SEPARATELY 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 REPORTED IN A FORM 8038 AND NOT SEPARATELY REPORTED IN THIS SCHEDULE K $6,908,623 61 OF PROCEEDS OF THE COLORADO HEALTH FACILITIES AUTHORITY 2006A BONDS WERE REISSUED ON JUNE 30, 2016 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 REPORTED IN A FORM 8038 AND NOT SEPARATELY REPORTED IN THIS SCHEDULE K PART II LINE 3 INCLUDES INVESTMENT EARNINGS PART III 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 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 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 F PURPOSE COLORADO HEALTH FACILITIES AUTHORITY 2011 C - CAPITAL IMPROVEMENTS, ACQUISITIONS AND EQUIPMENT ACQUISITIONS FOR AFFILIATES IN ARKANSAS, COLORADO, IOWA, KANSAS AND NEBRASKA KENTUCKY ECONOMIC DEV FINANCE AUTH 2011 B - CAPITAL IMPROVEMENTS AND EQUIPMENT ACQUISITIONS FOR AFFILIATES IN KENTUCKY PART II LINE 3 TOTAL PROCEEDS OF ISSUE INCLUDES INVESTMENT EARNINGS PART III 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 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 2008D COMPOSITE ISSUE	THE BONDS DESCRIBED ON LINES D, A, B AND C IN PART I ARE PART OF A COMPOSITE ISSUE FOR FEDERAL INCOME TAX PURPOSES (THE SERIES 2008D COMPOSITE ISSUE) ALL AMOUNTS REPORTED BELOW ARE FOR THE COMPOSITE ISSUE RATHER THAN THE COMPONENT PARTS PART I LINE F PURPOSE COLORADO HEALTH FACILITIES AUTHORITY 2008D - CAPITAL IMPROVEMENTS AND EQUIPMENT ACQUISITIONS FOR AFFILIATES IN COLORADO, IOWA, MINNESOTA, NEBRASKA, NEW JERSEY AND OREGON COUNTY OF MONTGOMERY, OHIO 2008D - CAPITAL IMPROVEMENTS AND EQUIPMENT ACQUISITIONS FOR AFFILIATES IN OHIO CHATTANOOGA TN HEALTH ED & HOUSING FAC BD 2008D - CAPITAL IMPROVEMENTS AND EQUIPMENT ACQUISITIONS FOR AFFILIATES IN TENNESSEE WASHINGTON HEALTH CARE FACILITIES AUTHORITY 2008D - REFUND WA AUTH BONDS 2007A1-3 (ORIGINAL ISSUANCE DATE NOVEMBER 8, 2007) $30,256 OF PROCEEDS OF THE COUNTY OF MONTGOMGERY, OHIO 2008D-1 AND SERIES 2008 D-2 BONDS WERE REISSUED ON FEBRUARY 14, 2013 AS AN "ALTERNATE USE OF DISPOSITION PROCEEDS" REMEDIAL ACTION FOR CHANGE IN OWNERSHIP OF CERTAIN BOND FINANCED PROPERTY THESE "REISSUED" PORTIONS OF THE BONDS HAVE BEEN REPORTED IN A FORM 8038 AND NOT SEPARATELY REPORTED IN THIS SCHEDULE K $16,922 OF PROCEEDS OF THE COLORADO HEALTH 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 REPORTED IN A FORM 8038 AND NOT SEPARATELY REPORTED IN THIS SCHEDULE K $9,016 OF PROCEEDS OF THE COLORADO HEALTH FACILITIES AUTHORITY 2008D-2 AND 2008D-3 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 REPORTED IN A FORM 8038 AND NOT SEPARATELY REPORTED IN THIS SCHEDULE K $50,000,000 OF THE COLORADO HEALTH FACILITIES AUTHORITY D-3 BONDS WERE REMARKETED ON NOVEMBER 12, 2015 AND TREATED AS A REISSUANCE AND CURRENT REFUNDING PART II LINE 3 TOTAL PROCEEDS OF ISSUE INCLUDES INVESTMENT EARNINGS PART III 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 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 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
	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 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 3 TOTAL PROCEEDS OF ISSUE INCLUDES INVESTMENT EARNINGS PART III 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 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
Schedule K, Part VI SERIES 2004A COMPOSITE ISSUE	

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 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 KENTUCKY ECONOMIC DEV FINANCE AUTHORITY 2013A - CAPITAL IMPROVEMENTS, ACQUISITIONS AND EQUIPMENT ACQUISITIONS FOR AFFILIATES IN KENTUCKY $62,469 31 OF PROCEEDS OF THE KENTUCKY ECONOMIC DEV FINANCE AUTHORITY 2013A BONDS WERE REISSUED ON MAY 11, 2016 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 REPORTED IN A FORM 8038 AND NOT SEPARATELY REPORTED IN THIS SCHEDULE K PART II LINE 3 TOTAL PROCEEDS OF ISSUE INCLUDES INVESTMENT EARNINGS PART III 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 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 CO 2013C	PART I LINE F PURPOSE COLORADO HEALTH FACILITIES AUTHORITY 2013C - CAPITAL IMPROVEMENTS AND EQUIPMENT ACQUISITIONS FOR AFFILIATES IN NEBRASKA AND OREGON $79,442 OF PROCEEDS OF THE COLORADO HEALTH FACILITIES AUTHORITY 2013C BONDS WERE REISSUED ONJUNE 30, 2016 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 REPORTED IN A FORM 8038 AND NOT SEPARATELY REPORTED IN THIS SCHEDULE K 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 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 PART II LINE 3 TOTAL PROCEEDS INCLUDES INVESTMENT EARNINGS 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 CO 2004B-6	PART I, LINE F PURPOSE REISSUANCE OF COLORADO HEALTH FACILITIES AUTHORITY 2004B-6, ORIGINALLY ISSUED ON NOVEMBER 18, 2004 ALL OF THE DEEMED PROCEEDS OF THE REISSUANCE WERE TREATED AS REFUNDING ALL OF THE OUTSTANDING COLORADO HEALTH FACILITIES AUTHORITY 2004B-6 ON SEPTEMBER 25, 2014 $51,759 38 OF PROCEEDS OF THE COLORADO HEALTH FACILITIES AUTHORITY 2004B-6 BONDS WERE REISSUED ON JUNE 30, 2016 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 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 THE PRIVATE PAYMENT TEST HAS NOT BEEN MET

Return Reference	Explanation
Schedule K, Part VI WASHINGTON HEALTH CARE FACILITIES 2015A	PART I LINE F PURPOSE CURRENT REFUNDING OF WASHINGTON HEALTH CARE FACILITIES SERIES 2002B (ORIGINAL ISSUANCE DATE NOVEMBER 7, 2002 AND REISSUED DECEMBER 1, 2004) $2,357,581 72 OF PROCEEDS OF THE WASHINGTON HEALTH CARE FACILITIES 2015A BONDS WERE REISSUED ON MAY 11, 2016 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 REPORTED IN A FORM 8038 AND NOT SEPARATELY REPORTED IN THIS SCHEDULE K 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 2015 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 2015 COMPOSITE ISSUE) ALL AMOUNTS REPORTED BELOW ARE FOR THE COMPOSITE ISSUE RATHER THAN THE COMPONENT PARTS PART I LINE F PURPOSE COLORADO HEALTH FACILITIES AUTHORITY 2015A - CURRENT REFUNDING OF PULASKI COUNTY, ARKANSAS HEALTH FACILITIES BOARD (ST VINCENT INFIRMARY) VARIABLE RATE DEMAND REVENUE BONDS SERIES 2000B (ORIGINAL ISSUE DATE MARCH 30, 2000) COLORADO HEALTH FACILITIES AUTHORITY 2015B - CURRENT REFUNDING OF COUNTY OF MONTGOMERY, OHIO VARIABLE RATE DEMAND BONDS SERIES 2006C-2 (ORIGINAL ISSUE DATE NOVEMBER 9, 2006 AND REISSUED ON APRIL 28, 2008) COLORADO HEALTH FACILITIES AUTHORITY 2015-1 - CURRENT REFUNDING OF COLORADO HEALTH FACILITIES AUTHORITY VARIABLE RATE REVENUE BONDS SERIES 2002B (ORIGINAL ISSUE DATE NOVEMBER 7, 2002 AND REISSUED ON DECEMBER 1, 2004) COLORADO HEALTH FACILITIES AUTHORITY 2015-2 - CURRENT REFUNDING OF COUNTY OF MONTGOMERY, OHIO VARIABLE RATE REVENUE BONDS SERIES 2004B (ORIGINAL ISSUE DATE NOVEMBER 18, 2004) PART III 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 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 2008C-2, 2008C-4 AND 2008D-3 COMPOSITE ISSUE	THE BONDS DESCRIBED ON LINES A, B, AND C IN PART I ARE PART OF A COMPOSITE ISSUE FOR FEDERAL INCOME TAX PURPOSES ALL AMOUNTS REPORTED BELOW ARE FOR THE COMPOSITE ISSUE RATHER THAN THE COMPONENT PARTS PART I LINE F PURPOSE COLORADO HEALTH FACILITIES AUTHORITY 2008C-2 - CURRENT REFUNDING OF OF COLORADO HEALTH FACILITIES AUTHORITY REVENUE BONDS SERIES 2008C-2 (ORIGINAL ISSUE DATE APRIL 30, 2008) COLORADO HEALTH FACILITIES AUTHORITY 2008C-4 - CURRENT REFUNDING OF OF COLORADO HEALTH FACILITIES AUTHORITY REVENUE BONDS SERIES 2008C-4 (ORIGINAL ISSUE DATE APRIL 30, 2008) COLORADO HEALTH FACILITIES AUTHORITY 2008D-3 - CURRENT REFUNDING OF OF COLORADO HEALTH FACILITIES AUTHORITY REVENUE BONDS SERIES 2008D-3 (ORIGINAL ISSUE DATE NOVEMBER 30, 2008) $1,332,999 11 OF PROCEEDS OF THE COLORADO HEALTH FACILITIES AUTHORITY 2008C-2 AND C-4 BONDS WERE REISSUED ON JUNE 30, 2016 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 REPORTED IN A FORM 8038 AND NOT SEPARATELY REPORTED IN THIS SCHEDULE K PART III 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 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 IV, Line 2c COLUMN D	Issuer name COLORADO HEALTH FACILITIES AUTHORITY 2008D The calculation for computing no rebate due was performed on 07/25/2014

Return Reference	Explanation
Schedule K, Part IV, Line 2c COLUMN A	Issuer name COUNTY OF MONTGOMERY, OHIO 2008D The calculation for computing no rebate due was performed on 07/25/2014

Return Reference	Explanation
Schedule K, Part IV, Line 2c COLUMN B	Issuer name CHATTANOOGA TN HLTH ED & HOUSING FAC BD 2008D The calculation for computing no rebate due was performed on 07/25/2014

Return Reference	Explanation
Schedule K, Part IV, Line 2c COLUMN C	Issuer name WASHINGTON HEALTH CARE FACILITIES AUTH 2008D The calculation for computing no rebate due was performed on 07/25/2014

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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.

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

OMB No 1545-0047

2015

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 2015A	84-0752932	000000000	07-24-2015	21,400,000	SEE PART VI - (2015 COMP ISSUE)		X		X		X
B	COLORADO HEALTH FACILITIES AUTHORITY 2015B	84-0752932	000000000	07-24-2015	50,000,000	SEE PART VI - (2015 COMP ISSUE)		X		X		X
C	COLORADO HEALTH FACILITIES AUTHORITY 2015-1	84-0752932	000000000	07-24-2015	40,000,000	SEE PART VI (2015 COMP ISSUE)		X		X		X
D	COLORADO HEALTH FACILITIES AUTHORITY 2015-2	84-0752932	000000000	07-24-2015	73,700,000	SEE PART VI (2015 COMP ISSUE)		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	1,400,000	0	1,600,000	0
2	Amount of bonds legally defeased	0	0	0	0
3	Total proceeds of issue	21,400,000	50,000,000	40,000,000	73,700,000
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	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	0	0	0	0
11	Other spent proceeds	21,400,000	50,000,000	40,000,000	73,000,000
12	Other unspent proceeds	0	0	0	0
13	Year of substantial completion	2001	2008	2006	2004

		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 03 %						
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 03 %		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, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		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 "Yes" to 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								
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								
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.

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OMB No 1545-0047

2015

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	63,627,582	76,509,117
4	Gross proceeds in reserve funds	0	0	0	0
5	Capitalized interest from proceeds	0	0	0	0
6	Proceeds in refunding escrows	0	0	0	0
7	Issuance costs from proceeds	0	0	0	0
8	Credit enhancement from proceeds	0	0	0	0
9	Working capital expenditures from proceeds	0	0	0	330
10	Capital expenditures from proceeds	247,549,679	160,903,777	63,627,582	7,529,586
11	Other spent proceeds	0	38,571,058	0	68,979,201
12	Other unspent proceeds	2,010	0	0	0
13	Year of substantial completion	2013	2013	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 36 %						
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 36 %		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								0 08 %
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, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		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 "Yes" to 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								
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								
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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▶ Attach to Form 990.

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OMB No 1545-0047

2015

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	000000000	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	7,090,000	5,500,000
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	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 78 %		0 02 %		3 9 %		0 01 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %		0 %		0 %	
6	Total of lines 4 and 5	0 78 %		0 02 %		3 9 %		0 01 %	
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 08 %		22 81 %		0 21 %	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?			X		X		X	
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		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 "Yes" to 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								
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								
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.

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

OMB No 1545-0047

2015

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	000000000	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	69,320,000	0	7,000,000	147,205,000
2	Amount of bonds legally defeased	0	0	0	
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 37 %				0 11 %
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶				0 %				0 01 %
6	Total of lines 4 and 5		0 %		0 37 %		0 %		0 12 %
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		1 78 %						6 19 %
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, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X		X		X			
b	Exception to rebate?							X	
c	No rebate due?								
	If "Yes" to 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								
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								
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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▶ Attach to Form 990.

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OMB No 1545-0047

2015

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	17,785,000	21,435,000	85,000	57,920,000
2	Amount of bonds legally defeased	0	0	0	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 28 %		0 31 %
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶						0 %		0 01 %
6	Total of lines 4 and 5		0 %		0 %		0 28 %		0 32 %
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 07 %				2 73 %
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, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		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			
c	No rebate due?							X	
	If "Yes" to 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						2800 %		
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

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OMB No 1545-0047

2015

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	COLORADO HEALTH FACILITIES AUTHORITY 2006A	84-0752932	19648ADH5	11-09-2006	285,855,808	SEE PART VI - (2006A COMP ISSUE)		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	1,980,256	1,385,000	0	15,865,000
2	Amount of bonds legally defeased	0	0	0	0
3	Total proceeds of issue	59,736,646	24,105,273	172,029,155	297,652,875
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	745,623	280,554	2,302,907	0
8	Credit enhancement from proceeds	0	0	0	0
9	Working capital expenditures from proceeds	0	0	1,248	0
10	Capital expenditures from proceeds	58,991,023	23,824,719	0	297,652,875
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	2009

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								0 34 %
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								0 01 %
6	Total of lines 4 and 5		0 %		0 %		0 %		0 35 %
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 05 %						8 01 %
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, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		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 "Yes" to 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								
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								
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

2015

Open to Public Inspection

Name of the organization

Catholic Health Initiatives

Employer identification number

47-0617373

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	COLORADO HEALTH FACILITIES AUTHORITY 2004B-6	84-0752932	196574T34	09-25-2014	54,200,000	SEE PART VI		X		X		X
B	KENTUCKY ECONOMIC DEV FINANCE AUTHORITY 2004CD	61-0600439	49126PCL2	11-18-2004	94,575,000	SEE PART VI - (2004BCD COMP ISSUE)		X		X		X
C	CHATTANOOGA TN HEALTH ED & HOUSING FAC BD 2004C	52-1298872	162410CB8	11-18-2004	58,900,000	SEE PART VI - (2004BCD COMP ISSUE)		X		X		X
D	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	0	56,775,000	0	1,010,000
2	Amount of bonds legally defeased	0	0	0	125,000
3	Total proceeds of issue	54,200,000	96,850,606	59,737,305	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	0	428,619	152,050	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	0	96,421,987	59,585,255	30,930,840
11	Other spent proceeds	54,200,000	0	0	0
12	Other unspent proceeds	0	0	0	0
13	Year of substantial completion	2014	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 45 %		0 38 %				0 09 %
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 09 %		0 09 %				0 03 %
6	Total of lines 4 and 5		0 54 %		0 47 %		0 %		0 12 %
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 1 %						
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, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X							
b	Exception to rebate?			X		X		X	
c	No rebate due?								
	If "Yes" to 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								
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								
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.

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

OMB No 1545-0047

2015

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	613549FC3	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

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	2,340,000	2,270,000		
2	Amount of bonds legally defeased	0	14,575,000		
3	Total proceeds of issue	73,736,287	59,675,935		
4	Gross proceeds in reserve funds	0	0		
5	Capitalized interest from proceeds	0	0		
6	Proceeds in refunding escrows	0	0		
7	Issuance costs from proceeds	714,250	590,200		
8	Credit enhancement from proceeds	0	0		
9	Working capital expenditures from proceeds	0	0		
10	Capital expenditures from proceeds	73,022,036	51,384,426		
11	Other spent proceeds	0	7,701,309		
12	Other unspent proceeds	0	0		
13	Year of substantial completion	2006	2008		

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X	X					
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	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				
2	Are there any lease arrangements that may result in private business use of bond-financed property?	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					
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					
c	Are there any research agreements that may result in private business use of bond-financed property?	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					
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 ▶								
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 ▶								
6	Total of lines 4 and 5		0 %		0 %				
7	Does the bond issue meet the private security or payment test?		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					
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of				24 69 %				
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					

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X				
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?								
b	Exception to rebate?	X		X					
c	No rebate due?								
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X				
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		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		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				
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	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					

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

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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 990-EZ 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

2015

Open to Public Inspection

Name of the organization	Employer identification number
Catholic Health Initiatives	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 4 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS CONTINUATION	THE FOLLOWING EXAMPLES OF COMMUNITY BENEFIT ACTIVITIES IN FISCAL YEAR 2016 REPRESENT ONLY A SMALL FRACTION OF THOSE TAKING PLACE ON A DAILY BASIS AT THESE FACILITIES AND THROUGHOUT THE CATHOLIC HEALTH INITIATIVES HEALTH CARE SYSTEM CHI Health Creighton University Medical Center - Bergan Mercy, Omaha, Nebraska, other CHI Health facilities cross Nebraska CHI Health has a history of centralized community benefit and hospital specific community benefit investments to address community health needs of the particular service area Community Outreach Programs - Healthy Families-this program is a free, 8-week health and nutrition program for families with a child between the ages of 4-18 who has been identified in the top 85th percentile of body mass index This program invites the whole families to participate in learning about physical activity, eating healthy, and setting realistic goals as a family - Childcare-provided the Nutrition & Physical Activity Self-Assessment in Child Care (NAP SACC) Learning Collaborative for child care programs in Douglas, Sarpy and Cass Counties in Nebraska Ten child care programs sent a total of 30 providers through a series of five workshops to learn about best practices for teaching healthy eating and physical activity habits to young children - Breastfeeding-provided funding and planning support to host a 5 day training in York, NE for clinic and community healthcare workers to obtain their Certified Lactation Counselor (CLC) designation CHI Health also provided funds towards the planning of a continuing education event (Beyond Best Practices Creating a Supportive Environment for Breastfeeding Parents) for clinic and hospital professionals (nurses, medical assistants, dieticians, health coaches/navigators and providers) in addition to support for an online course called Breastfeeding the NICU Infant for hospital-based NICU nursing staff Eighty professionals were enrolled in February of 2016 - Heart & Sole Walking Program-supported the program by purchasing two blood pressure cuffs and provided subsidized pricing for Heart Healthy Cooking classes allowing easier access for community members to attend - Siena Francis Homeless Shelter-hospital provides staff and supplies for stroke education and screening at local homeless shelter In FY16, over 1,250 shelter guests were screened and provided education - Subsidized low income individuals' outpatient dialysis treatments in the community to give them the care that they require - Provided counseling, free of charge, to discharged Lasting Hope Recovery Center patients who needed to be seen within 7 days of discharge but couldn't get appointments - Provided counseling and assistance in enrolling individuals in means tested insurance programs to improve access to care CHI St Joseph's Children's, Albuquerque, New Mexico CHI St Joseph's Children (SJC) is a non-profit organization that works to ensure children reach kindergarten with the health and family capacity necessary to support learning SJC achieves this goal through three primary programs Home Visiting, Enhanced Referral Services, and Advocacy During fiscal year FY 2016 SJC provided benefits to the economically disadvantaged in the amount of $3,669,694 and to the broader community in the amount of $881,329 Those dollars represented 46,360 contacts with residents of the State of New Mexico Community Outreach Programs Home Visiting This program is the flagship program of SJC providing home visits by trained professionals to expectant moms and families with first born children SJC utilizes an outcomes-based model (First Born) that has proven results in improving child and family outcomes The benefits of early intervention and health promotion in maternal and child health are well-documented and have a lifetime affect The net benefit provided to the community by this program during fiscal year 2016 was $3,253,386 and included 14,227 contacts Enhanced Referral This program operates in conjunction with the Home Visiting program (see above) The Enhanced Referral program provides services to address housing, legal aid, transportation, medical care, access to food, child care, employment, dental care, school re-entry and special needs services Addressing these underlying social-environmental factors has been shown to impact physical health, emotional/social development, family capacity and functioning In fiscal year 2016 the enhanced referral program provided a net benefit of $332,316 to the community and resulted in 5,764 community contacts Rubin Eye Fund SJC provided funding to the New Mexico 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 including annual screening for children three to five years old and the provision of used eye-wear to needy individuals The net benefit provided to the community for the fiscal year was approximately $17,760 not including the use of restricted funds of $80,000 and included 17,653 contacts Miscellaneous Programs This category covers events sponsored by SJC throughout the year including the SJC Celebration of Babies Event The net benefit provided to the community by these programs was $66,232 and yielded 1,073 community contacts CHI LakeWood Health, Baudette, Minnesota LakeWood Health Center provides traditional charity care, an internal program for the medically needy that assists patients, residents or clients financially by forgiving or reducing their medical debt at CHI LakeWood Health The billing/insurance office or the social worker identifies those individuals or families without insurance coverage or those that are underinsured and provide application assistance for this program Total expense for this program is $49,684 with 66 persons served Unpaid cost of Medicaid is $1,239,641 with 1,736 persons served for fiscal year ending June 30, 2016 Community Outreach for the Broader Community * LakeWood Health sponsors and provides support for development and maintaining an Alzheimer's support group in Lake of the Woods County and surrounding area A need was identified during the 2009 community assessment and through LakeWood Care Center Family Council members Volunteers have come forward to lead the support group and monthly meetings have been established The meetings are held at LakeWood and refreshments are provided by LakeWood dietary department An Alzheimer's Association Support Group is a safe place to learn, offer and receive helpful tips, and meet others coping with Alzheimer's disease or another dementia The atmosphere of an Alzheimer's Association Support Group is one of sharing and caring friendship The environment is a confidential and non-judgmental place to share ideas, frustrations, anger and joy Members receive positive reinforcement LakeWood Health collaborated with Lake of the Woods County Social Services to sponsor a community grief support class/group LakeWood provided space, materials, and refreshments for the sessions The county provided the trained facilitator for the six to eight week sessions Plan to repeat the grief support class/group 1 - 2 times per year * LakeWood partnered with the Lake of the Woods School to screen all fall, winter and spring sports athletes The program also extended to the community's youth hockey program The screening involves a 10-minute baseline test on each athlete looking for any physical or cognitive signs of previous concussion The athlete's normal physical and cognitive abilities are documented, shared with the coach and kept with the student's medical record Minnesota State High School League adopted new rules (2011) about what steps should be taken before an athlete with a head injury can return to play or practice and this program is assisting the athletic programs to maintain compliance and safety for young athletes * CHI LakeWood Health in conjunction with the clinic developed the Diabetes Resource Center to bring awareness of the chronic disease to the public and provide education for people with diabetes to help them understand and manage their disease The program is offered in class sessions and encourages self-management and long-term health maintenance CHI LakeWood Health provides a dietitian consult as needed for the program The Diabetes Resource Center Staff is available to meet with individuals to assist them with managing their diabetes The Diabetic Resource Center is staffed out of the Cardio-Pulmonary Rehab Department

Return Reference	Explanation
Form 990, Part III, Line 4 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	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 CATHOLIC HEALTH INITIATIVES (CHI) IS A NATIONAL NONPROFIT HEALTH ORGANIZATION HEADQUARTERED IN DENVER CHI'S EXEMPT PURPOSE IS TO OPERATE EXCLUSIVELY FOR THE BENEFIT OF, TO PERFORM THE FUNCTIONS OF, AND/OR TO CARRY OUT THE RELIGIOUS, CHARITABLE, SCIENTIFIC, AND EDUCATIONAL PURPOSES, WITHIN THE MEANING OF SECTION 501(C)(3) OF THE CODE, OF CATHOLIC HEALTH CARE FEDERATION, A PUBLIC JURIDIC PERSON WITHIN THE MEANING OF THE CODE OF CANON LAW FOR THE ROMAN CATHOLIC CHURCH, INCLUDING BY SUPPORTING SUCH OTHER CHARITABLE ORGANIZATIONS, THE PURPOSES OF WHICH ARE TO EMBODY THE MISSION OF THE HEALING MINISTRY OF JESUS IN THE CHURCH THROUGH OWNERSHIP, MANAGEMENT, OR GOVERNANCE OF HEALTH MINISTRIES, OR THE SUPPORTING OF CHARITABLE AND RELIGIOUS PROGRAMS OR SERVICES CONSISTENT WITH SUCH PURPOSES, IN KEEPING WITH THE GOSPEL IMPERATIVE chi SERVES AS AN INTEGRAL PART OF ITS NATIONAL SYSTEM OF HOSPITALS AND OTHER CHARITABLE ENTITIES, WHICH ARE DESCRIBED AS MARKET-BASED ORGANIZATIONS, OR MBOS AN MBO IS A DIRECT PROVIDER OF CARE OR SERVICES WITHINTO FURTHER ITS EXEMPT PURPOSE, CHI PROVIDES STRATEGIC PLANNING AND MANAGEMENT SERVICES AS WELL AS CENTRALIZED "SHARED SERVICES" FOR THE MBOS THE PROVISION OF CENTRALIZED MANAGEMENT AND SHARED SERVICES - INCLUDING AREAS SUCH AS ACCOUNTING, HUMAN RESOURCES, PAYROLL AND SUPPLY CHAIN - PROVIDES ECONOMIES OF SCALE AND PURCHASING POWER TO THE MBOS COST SAVINGS ASSOCIATED WITH CENTRALIZED SERVICES FOR THE FISCAL YEAR ENDED JUNE 30, 2016, INCLUDE APPROXIMATELY $71 MILLION FOR INSURANCE COSTS COST SAVINGS ASSOCIATED WITH CENTRALIZED SERVICES FOR THE FISCAL YEAR ENDED JUNE 30, 2015, INCLUDED MORE THAN $267 MILLION IN SUPPLY CHAIN EXPENSE THE COST SAVINGS ACHIEVED THROUGH CHI'S CENTRALIZATION ENABLE MBOS TO DEDICATE ADDITIONAL RESOURCES TO DELIVERY OF HIGH-QUALITY HEALTH CARE AND COMMUNITY OUTREACH SERVICES TO THE MOST VULNERABLE MEMBERS OF OUR SOCIETY A DEFINED MARKET AREA THAT MAY BE AN INTEGRATED HEALTH SYSTEM AND/OR A STAND-ALONE HOSPITAL OR OTHER FACILITY OR SERVICE PROVIDER THE CHI MISSION AND MINISTRY FUND PROVIDED $10 9 MILLION IN GRANTS TO BUILD HEALTHY COMMUNITIES IN THE UNITED STATES AND INTERNATIONALLY THE MISSION AND MINISTRY FUND ALSO ALLOCATED $17 MILLION IN GRANTS TO REDUCE VIOLENCE IN THE COMMUNITIES CHI SERVES DURING THE PAST 20 YEARS 483 GRANTS HAVE BEEN AWARDED FOR MORE THAN $74 MILLION Reporting Across the System THE FAITH-BASED SYSTEM OPERATES IN 17 STATES AND COMPRISES 104 HOSPITALS, including four academic health centers and major teaching hospitals as well as 30 critical access facilities, community health-services organizations, accredited nursing colleges, home-health agencies, living communities, and other facilities and services that span the inpatient and outpatient continuum of care In fiscal year 2016, CHI provided more than $1 1 billion in financial assistance and community benefit - a 13% increase over the previous year -- for programs and services for the poor, free clinics, education and research Financial assistance and community benefit totaled more than $2 billion with the inclusion of the unpaid costs of Medicare The health system, which generated operating revenues of $15 9 billion in fiscal year 2016, has total assets of approximately $22 7 billion CHI HEALTHCARE FACILITIES PROVIDED 10 4 MILLION PHYSICIAN AND PRACTICE CLINICIAN VISITS, 525,234 ACUTE CARE ADMISSIONS, 2 1 MILLION OUTPATIENT EMERGENCY VISITS, 5 9 MILLION NON-EMERGENCY VISITS AND 1 1 million HOME VISITS IN ORDER TO SERVE THE CONTINUALLY CHANGING HEALTHCARE NEEDS OF THE COMMUNITIES CHI SERVES CHI IMPLEMENTED Clinically Integrated Networks A clinically integrated network is a model of health care delivery designed to provide better health results and lower costs through improved efficiency CHI participates in 12 clinically integrated networks across the country, and that number will continue to grow CHI DIRECTLY INVESTS IN THE COMMUNITIES IT SERVES THROUGH CHI'S DIRECT COMMUNITY INVESTMENT PROGRAM WHICH HAS PROVIDED $58 3 MILLION IN LOW INTEREST LOANS TO ORGANIZATIONS THAT GIVE DISADVANTAGED POPULATIONS ACCESS TO JOBS, HOUSING, EDUCATION AND HEALTH CARE

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, 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 CHAIRPERSON, THE CHAIRPERSON-ELECT, vice-chairPERSON, 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. ADDITIONALLY, THE EXECUTIVE COMMITTEE SHALL HAVE AND MAY EXCERCISE SUCH POWERS TO TRANSACT ROUTINE BUSINESS OF THE CORPORATION IN THE INTERIM PERIOD BETWEEN REGULARLY SCHEDULED MEETINGS OF THE BOARD OF STEWARDSHIP TRUSTEES, PROVIDED THAT SUCH ACTIONS TAKEN SHALL BE CONSISTENT WITH AND NOT CONFLICT WITH ANY ACTIONS OR POLICIES OF THE BOARD OF STEWARDSHIP TRUSTEES, THE BYLAWS, OR APPLICABLE LAW. THE EXECUTIVE COMMITTEE SHALL KEEP REGULAR MINUTES OF ITS PROCEEDINGS AND REPORT THE SAME TO THE BOARD OF STEWARDSHIP TRUSTEES AT THE NEXT REGULAR OR ANNUAL MEETING OF THE BOARD OF STEWARDSHIP TRUSTEES

Return Reference	Explanation
Form 990, Part VI, Line 4 Significant changes to organizational documents	Catholic Health Initiatives has amended its bylaws to incorporate certain governance changes These changes include Reducing the number of meetings that the Participating Congregations are to have with the CHI Board of Stewardship Trustees (BOST) and incorporating the CHI Governance Matrix into the list of corporate member duties within the BOST's authority, Allowing the nomination, election, and appointment of BOST Trustees and the election of the BOST Chairperson, Vice-Chairperson, Secretary, and Treasurer to take place before the annual meeting of the BOST and clarifying the elected officers' length of service, adding standing committees of the BOST and Clarifying certain duties with respect to the purpose, responsibilities, composition, and meeting schedule for each of the standing committees of the BOST, Removing a reference to the BOST in identifying who is to assign the duties of the CHI President(s)

Return Reference	Explanation
Form 990, Part VI, 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 AT LEAST ONCE A 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, 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 APPROVAL OF THE GOVERNING BODY'S DECISION TO DISSOLVE THE ORGANIZATION THE CORPORATION WAS FOUNDED BY RELIGIOUS INSTITUTES OF THE ROMAN CATHOLIC CHURCH THOSE RELIGIOUS INSTITUTES OF THE ROMAN CATHOLIC CHURCH THAT AGREE TO ACCEPT THE MISSION AND VISION OF THE ORGANIZATION AND MEET CERTAIN OTHER REQUIREMENTS ESTABLISHED BY THE BOARD OF STEWARDSHIP TRUSTEES, AND WHO ARE APPROVED BY A 2/3 VOTE OF THE BOARD OF STEWARDSHIP TRUSTEES HAVE PARTICIPATING CONGREGATION RIGHTS AND DUTIES UNDER THE BYLAWS OF THE ORGANIZATION PARTICIPATING CONGREGATIONS HAVE THE RIGHT TO APPROVE SUBSTANTIAL CHANGES TO THE MISSION AND PHILOSOPHICAL DIRECTION OF THE ORGANIZATION, APPROVE AMENDMENTS TO THE ARTICLES AND BYLAWS AFFECTING ANY PROVISION GOVERNING THE QUALIFICATIONS, RIGHTS OR RESPONSIBILITIES OF THE PARTICIPATING CONGREGATIONS, SELECT AND REMOVE A PERSON WHO REPRESENTS THAT PARTICIPATING CONGREGATION IN EXERCISING ITS RIGHTS AND DUTIES, PARTICIPATE IN THE DISTRIBUTION OF ASSETS UPON THE DISSOLUTION OF THE ORGANIZATION, PARTICIPATE IN ORGANIZATIONAL ADVOCACY EFFORTS, ENCOURAGE MEMBERS OF THE PARTICIPATING CONGREGATIONS TO PARTICIPATE IN THE MINISTRIES SPONSORED BY THE ORGANIZATION, PARTICIPATE THROUGH THEIR REPRESENTATIVES IN MEETINGS HELD AT LEAST ONCE A 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, Line 11b Review of form 990 by governing body	THE CATHOLIC HEALTH INITIATIVES (CHI) VICE PRESIDENT, LEGAL - TRANSACTIONS AND TAX 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 After the Form 990 is filed with the Internal Revenue Service the VICE PRESIDENT, LEGAL - TRANSACTIONS AND TAX formally presents the Form 990 at a board meeting UPON CHIEF FINANCIAL OFFICER APPROVAL AND SIGNATURE, THE VICE PRESIDENT, LEGAL - TRANSACTIONS AND TAX FILES THE FINAL FORM 990 AS PROVIDED 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, Line 12c Conflict of interest policy	Catholic Health Initiatives ("CHI") has a Conflicts of Interest ("COI") policy in place to maintain the integrity of all of its activities The policy applies to CHI Board of Stewardship Trustees and members of its committees, all board and board committee members of CHI Entities, all CHI employees, all CHI physicians (both employed and non-employed) and all physician administrators and leaders, advanced practice clinicians (both employed and non-employed), and all CHI research personnel (both employed and non-employed) Disclosure, review and management of perceived, potential or actual conflicts of interest are accomplished through a defined COI disclosure process Each person has a general ongoing obligation to promptly and fully report to his/her direct manager, supervisor, medical staff office, board or board committee chair any situation or circumstance that may create a conflict of interest The person must report the actual or potential conflict as soon as she/he becomes aware of it In any situation where the person may be in doubt, a full disclosure should be made to permit an impartial and objective determination In addition to the general ongoing obligation, there are initial disclosure obligations The board, board committee members, and new employees are required to make disclosures at the time of their initial hiring/appointment All non-employed, credentialed or contracted physicians are required to make disclosures at the time of their credentialing and during any subsequent reappointment or recredentialing All researchers are required to make disclosures upon consideration of affiliation with a research sponsor In addition to the general ongoing and initial disclosure obligations, there is an annual disclosure obligation All corporate officers, board and board committee members, employees at the level of manager and above, researchers, supply chain employees, employed physicians, physician administrators and leaders, and employed advanced practice clinicians must complete a new conflict of interest disclosure annually Disclosures of perceived, potential or actual conflicts involving financial interests are forwarded to the Conflicts of Interest Review Committee ("C-CIRC") or Legal Services Group for review depending on the position of the person involved The C-CIRC reviews COI questionnaires containing disclosures of perceived or possible conflicts for employees at a level of manager or above, supply chain employees, researchers and physicians, physician administrators and leaders, and advanced practice clinicians (both employed and non-employed) In the determination of a conflict, a COI management plan will be developed for that person With respect to those audiences for which the C-CIRC has review responsibility, the C-CIRC will facilitate development of any such conflict of interest management plan in collaboration with local CRP staff A designated CHI Entity staff will be responsible for monitoring the COI management plan and for documenting monitoring activities At its sole discretion, a CHI Entity may reject a Person's request to enter into the relationship in question, or require the relationship be sufficiently altered to avoid a potential COI If the C-CIRC determines that there is a potential or actual conflict of interest that does not currently have appropriate controls to address the conflict of interest, it may recommend that the disclosing person be allowed to participate in the activity or transaction subject to restrictions as outlined in the COI management plan If a Person does not agree with a determination made by the C-CIRC, its interpretation of the Policy or Addenda, or seeks an exemption or exception, the following steps should be followed The Employee disputing the review decision, interpretation of the Policy, or seeking exemption or exception must present the matter to the Employee's immediate direct manager or supervisor for review and determination If the Employee and the manager do not agree with the review decision, interpretation of the Policy, or seek exemption or exception, the manager shall consult with the manager's Vice President (or higher if the manager is a Vice President) to reach a determination If the matter remains unresolved, it shall be referred to the CHI Vice President of Human Resources and the CHI Corporate Responsibility Officer If they are unable to reach agreement, the matter shall be referred to the CHI General Counsel, whose decision shall be final Reviews and determinations involving board and board committee members and corporate officers will be the responsibility of the board, board executive committee, or board chair, with guidance from the Legal Services Group (LSG) Annual COI disclosures of all trustee and corporate officers will be reviewed by the CHI Senior Vice President, Legal Services, and General Counsel or his or her designee who will report potential conflicts to the applicable Board Chair The Board Chair or designee shall make such further investigation of any conflict of interest disclosures as he or she may deem appropriate If the conflict involves the Board Chair, the Vice Chair will assume the Chair's role Based on review and evaluation of the relevant facts and circumstances, the Board Chair will make an initial determination as to whether a conflict of interest exists and whether, pursuant to the COI Policy, review and approval or other action by the Board is required A written record of the Board Chair's determination, including relevant facts and circumstances, will be made The Board Chair shall then make an appropriate report to the Executive Committee of the Board concerning such review, evaluation and determination If a difference of opinion exists between the Board Chair and another Trustee as to whether the facts and circumstances of a given situation constitute a conflict of interest or whether Board review and approval or other action is required within the COI Policy, the matter shall be submitted to the Board's Executive Committee, which shall make a final determination as to the matter presented Such determination, including relevant facts and circumstances, will be reflected in the Executive Committee minutes and will be reported to the Board When any conflict of interest is considered by the board, the trustee or corporate officer, as appropriate, must disclose all of the material facts to the Board The trustee shall not vote and the trustee or corporate officer shall not use his or her personal influence on the matter The trustee or corporate officer shall be excused from the meeting during discussion and vote on the conflict of interest In reviewing such transactions between CHI or CHI Entities and vendors or other contractors who are, or are affiliated with, Trustees or Corporate Officers, the Board will act as it would in reviewing transactions with unrelated third parties The transaction is not be approved unless the Board determines that the transaction is fair to CHI or the CHI Entity The Board must approve the transaction by a majority of the Trustees on the Board, without counting the vote of any individual who has an interest in the transaction All determinations of conflicts of interest are reported as required by law, regulations, and CHI policy

Return Reference	Explanation
Form 990, Part VI, 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 Korn Ferry 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 Korn Ferry 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 Korn Ferry 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 The last review was September 13, 2016 In addition, Korn Ferry Hay Group completed a comprehensive review of all positions at the level of vice president and above in the fall of 2014 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, 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 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, 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 VIII, Line 2f Other Program Service Revenue	Other Program Service Revenue - Total Revenue 44146, Related or Exempt Function Revenue 44146, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 ,

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	Other Miscellaneous Revenue - Total Revenue 1164109, Related or Exempt Function Revenue , Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 1164109,

Return Reference	Explanation
Form 990, Part IX, Line 11g Other Fees	Purchased Svcs - Collection Fees - Total Expense 319291, Program Service Expense , Management and General Expenses 319291, Fundraising Expenses , Purchased Svcs - Other - Total Expense 170169551, Program Service Expense 2470893, Management and General Expenses 167698658, Fundraising Expenses , Purchased Svcs - Rev Cycle - Total Expense 413255946, Program Service Expense , Management and General Expenses 413255946, Fundraising Expenses , Consulting - Clinical - Total Expense 129889, Program Service Expense , Management and General Expenses 129889, Fundraising Expenses , Consulting - Administrative - Total Expense 7465352, Program Service Expense 169273, Management and General Expenses 7296079, Fundraising Expenses , Consulting - Strategic Planning - Total Expense 155786, Program Service Expense , Management and General Expenses 155786, Fundraising Expenses , Consulting - Other - Total Expense 18388297, Program Service Expense 1485336, Management and General Expenses 16902961, Fundraising Expenses , Contract Labor - AIMS - Total Expense 2860, Program Service Expense 2860, Management and General Expenses , Fundraising Expenses , Contract Labor - Other - Total Expense 26922261, Program Service Expense 19652, Management and General Expenses 26902609, Fundraising Expenses , Purchased Svcs-IT Managed Services - Total Expense 86116481, Program Service Expense , Management and General Expenses 86116481, Fundraising Expenses ,

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Capital Resource Pool Contributions - 52291854, Equity Transfers to/from affiliates - -209131735, Pension Adjustment - -652319626, Returned Grants - 37495, CHIPS NCI - 1857000,

Return Reference	Explanation
FORM 990, PART III, LINE 4 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS CONTINUATION	St Francis Medical Center, Breckenridge, Minnesota St Francis Medical Center continues to live the legacy of giving back to the community we serve, as begun by the sisters who founded us over 117 years ago In fiscal year 2016, St Francis donated over $1,516,000 in total community benefit In conjunction with her sister corporations, St Francis Home, AppleTree Court, and the Healthcare and Wellness Foundation, that total is in excess of $1,551,500, which provides a significant impact to the communities we serve Community Outreach For the Poor Prescription Drug Program - St Francis Medical Center provides prescription medications to persons who have no means to procure those medications Provision of these medications helps the recipients to recover more quickly from their illnesses, better manage chronic conditions, and avoid costly hospitalizations and interventions In fiscal year 2016, prescription drugs (valued at $2,330) were provided to 26 low-income, elderly, and/or uninsured individuals St Francis subsidizes the cost of Anesthesia services in order to provide 24-hr on call coverage in our area Approximately 1,043 people were benefited at a cost of $188,101 throughout the fiscal year St Francis partnered with the local Rotary Club to provide blood tests as a screen for those in the community who would not have preventative services covered by their insurance A nominal fee was paid by each participant to cover the costs of the reagents However, staff time, advertising, postage, etc was not covered by the fee Over 200 people participated in the screenings held in the Spring and the Fall As St Francis receives new and updated equipment and supplies, we then donate the replaced items for use in other health care settings Recipients include HERO's, based in Fargo, ND, which is a medical redistribution company, that provides low-income individuals and medical mission trips with supplies and equipment In addition, some items were donated to local colleges to assist with their health career training programs Equipment and supplies valued at over $19,000 were donated during fiscal year 2016 CHI ST JOSEPH CHILDREN'S HEALTH, Lancaster, Pennsylvania CHI St Joseph Children's Health provides dental and behavioral health services to economically disadvantaged children, those who are Medicaid, and those who are not covered by insurance COMMUNITY INITIATIVES SJCH ACTS AS AN ADVOCATE ON BEHALF OF ECONOMICALLY DISADVANTAGED CHILDREN OF LANCASTER COUNTY IT WORKS WITH LOCAL, STATE, AND NATIONAL OFFICIALS AS WELL AS OTHER COMMUNITY ORGANIZATIONS TO PURSUE INITIATIVES THAT WILL INCREASE ACCESS TO HEALTH CARE WITHIN THE COUNTY AS PART OF THIS EFFORT SJHM PROVIDED SUPPORT THROUGH A COMMUNITY-DRIVEN GRANT PROGRAM TO ORGANIZATIONS WORKING TO ENHANCE CHILDREN'S HEALTH AND WELL-BEING IN THE LANCASTER COMMUNITY SJCH PROVIDES CLASSROOM AND COMMUNITY CHILDREN'S HEALTH EDUCATION WHILE THE PROGRAM IS EXPANDING TO INCLUDE OTHER HEALTH NEEDS, FY2016 EFFORTS FOCUSED UPON ORAL HEALTH EDUCATION AND PROGRAMMING PROGRAMMING WAS PROVIDED TO CHILDREN FROM PRE-SCHOOL THROUGH GRADE 6 THE INSTRUCTIONS FOR THE COURSE EMPHASIZED PREVENTIVE ORAL HEALTH AT AN AGE LEVEL THAT WAS APPROPRIATE TO THE AUDIENCE STUDENTS LEARNED THROUGH GROUP DISCUSSIONS AS WELL AS THROUGH PARTICIPATION AT FOUR ACTIVITY STATIONS IN TOTAL, OVER 10,000 CHILDREN WERE TAUGHT THROUGH THE CLASSROOM AND COMMUNITY EDUCATION SESSIONS Flaget Memorial Hospital, Bardstown, Kentucky Community Outreach for the Poor Enrollment Assistance - Medical Eligibility Counselors Flaget Memorial Hospital employs medical eligibility counselors to assist individuals who need help enrolling in Kentucky's state-wide expansion programs They assist patients/community members in navigating and applying for public medical programs This year, 1,167 individuals were assisted by staff at an expense of $109,407 Nelson County Community Clinic The Nelson County Community Clinic is a vital safety net for Nelson County residents who are employed, but have no health insurance Income-eligible residents have access to an array of free services, including medical care, basic dental care, lab tests, eye exams and free medications Many volunteers who serve at the clinic are Flaget Memorial employees The clinic was started in 2006 with a $278,000 grant from Catholic Health Initiative's Mission and Ministry Fund Flaget Memorial donated $12,500 to the Nelson County Community Clinic in FY 2016 Prescription Assistance Program Flaget Memorial partners with the Nelson County Community Clinic to help 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 medications they need at no cost This enables the patients to better manage their health and avoid unnecessary visits to the emergency department Flaget Memorial donates $2,500 each year to assist in covering overhead costs Donation of Equipment/Supplies Flaget Memorial Hospital partners with Louisville based Supplies Over Seas (SOS), which offers an environmentally-friendly and cost-effective way of dealing with surplus medical products while simultaneously helping people in desperate need SOS relies on these product donations to supply their qualified recipient institutions in the economically developing world as well as local clinics and individuals traveling on mission trips out of the country This year Flaget Memorial Hospital donated $71,417 of materials and equipment Food Drive Flaget Memorial Hospital has an annual department food drive competition with all food items going to St Vincent DePaul Food Pantry Christmas Adopt-a-Family Each year hospital departments adopt families from the local "community action" to help provide gifts to families in need Through addressing these basic human needs, Flaget Memorial Hospital provided services totaling $3,761,573 to support poor and indigent patients CHI St Joseph's Health, Park Rapids, Minnesota Community Outreach for the Poor Community Dental Clinic Our Community Dental Clinic provides dental care to the publicly funded populations throughout north central Minnesota This past year, they provided 6,090 dental visits The "Give Kids a Smile" day provided hygiene and exams to 92 children, and the clinic also provided dental education and dental screenings to an additional 78 children Healthy Families-Healthy Homes The Healthy Families-Healthy Homes was developed to address the needs of at-risk mothers and children living in our county The program includes prenatal education, parenting education and support CHI St Joseph's Health provides the oversight of the grants and the additional funding for this program Temporary Assistance for Needy Families (TANF) This non-medical home visiting program is partially funded by grant dollars CHI St Joseph's Health has worked to expand the number of families served through the TANF program which focuses on family violence prevention and child abuse prevention Weekly home visits are made to at-risk families by a trained family home visitor to provide parenting education Families are visited until the child reaches three years of age Immunization Clinics Vaccinations are one of the most effective ways to prevent disease and also one of the most cost efficient medical interventions available We offer low cost or free vaccinations to eligible children from birth to age 19 through our participating schools Annual flu shot clinics are provided to area businesses Minnesota Care Outreach CHI St Joseph's Health provides outreach to uninsured individuals in our service area We assist them in the enrollment to Minnesota Care or makes referrals for other insurance services CHI St Joseph's Health has been certified as an MNCAA agent (Minnesota Community Application Agent) since 2010 to help assist eligible patients with their Medical Assistance applications Transportation CHI St Joseph's Health will pay the cost of transportation home from the emergency department or the hospital to individuals that have no options for a ride home Free Mammography Services CHI St Joseph's Health provides mammograms at no cost to eligible women enrolled in the Sage Program through the Minnesota Department of Health Violence Prevention CHI St Joseph's Health implemented programs for violence prevention This programming has centered on mentoring, the promotion of fatherhood and on family resources in the community

Return Reference	Explanation
FORM 990, PART III, LINE 4 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS CONTINUATION	Mercy Medical Center-Centerville, Centerville, Iowa Community Outreach for the Poor Senior Transportation The hospital sponsors a community bus 4 days per week which provides free transportation to medical appointments or general errands for the elderly and others with low income who are unable to drive or have no one to transport them Medical Eligibility & Counseling Services Provide dedicated person to assist uninsured and underinsured patient's with links to health care services and government programs Operation Santa Hotline Provide and maintain a hotline for Operation Santa, a non-profit community group who gives food and presents to local families living in poverty

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

OMB No 1545-0047

2015

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	679,323	11,835,675	CHI
(2) CHI PATIENT SAFETY ORGANIZATION LLC 198 INVERNESS DR W ENGLEWOOD, CO 80112 47-1682623	PATIENT SAFETY PROGRAMS	CO	144,110	553	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	(g) 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.

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

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

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

(a) Name of 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: 15000238
Software Version: 2015v3.0
EIN: 47-0617373
Name: Catholic Health Initiatives

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
ALEGENT CREIGHTON CLINIC 12809 W DODGE RD OMAHA, NE 68154 47-0765154	HEALTHCARE	NE	501(c)(3	3	ACH	Yes	
ALEGENT CREIGHTON HEALTH 12809 W DODGE RD OMAHA, NE 68154 47-0757164	HEALTHCARE	NE	501(c)(3	3	CHI NEBRASKA	Yes	
ALEGENT CREIGHTON HEALTH FOUNDATION 12809 W DODGE RD OMAHA, NE 68154 47-0648586	FUNDRAISING	NE	501(c)(3	7	ACH	Yes	
ALEGENT HEALTH - BERGAN MERCY HEALTH SYSTEM 7500 MERCY RD OMAHA, NE 68124 47-0484764	HEALTHCARE	NE	501(c)(3	3	CHI NEBRASKA	Yes	
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	
ALEGENT HEALTH - IMMANUEL MEDICAL CENTER 6901 N 72ND ST OMAHA, NE 68122 47-0376615	HEALTHCARE	NE	501(c)(3	3	CHI NEBRASKA	Yes	
ALEGENT HEALTH - MEMORIAL HOSPITAL SCHUYLER 104 W 17TH ST SCHUYLER, NE 68661 47-0399853	HEALTHCARE	NE	501(c)(3	3	CHI NEBRASKA	Yes	
ALEGENT HEALTH - MERCY HOSPITAL CORNING IOWA PO BOX 368 CORNING, IA 50841 42-0782518	HEALTHCARE	IA	501(c)(3	3	CHI NEBRASKA	Yes	
ALVERNA APARTMENTS 300 SE 8TH AVE LITTLE FALLS, MN 56345 41-1351177	LTERM CARE	MN	501(c)(3	9	CHI	Yes	
APPLETREE COURT 601 OAK ST BRECKENRIDGE, MN 56520 41-1850500	SENIOR LIVING	MN	501(c)(3	9	SFH	Yes	
BAYLOR ST LUKE'S HEALTH VENTURES 17200 ST LUKES WAY STE 170 THE WOODLANDS, TX 77384 27-4499340	PHYSICIANS	TX	501(c)(3	9	SLCHS	Yes	
BELLEVILLE ST JOSEPH HEALTH CENTER 2801 FRANCISCAN DRIVE BRYAN, TX 77802 27-4005511	HEALTHCARE	TX	501(c)(3	3	SHSC	Yes	
BISHOP DRUMM RETIREMENT CENTER 1111 6TH AVE DES MOINES, IA 50314 42-0725196	LTERM CARE	IA	501(c)(3	9	CHI-IA CORP	Yes	
BORNEMANN HEALTHCARE CORPORATION 2500 BERNVILLE RD PO BOX 316 READING, PA 19603 23-2187242	HEALTHCARE	PA	501(c)(3	Type I	CHI	Yes	
BRAZOSPORT HEALTH FOUNDATION INC 129 CIRCLE WAY STE 102 LAKE JACKSON, TX 77566 76-0080110	FUNDRAISING	TX	501(c)(3	Type I	BRHS	Yes	
BRAZOSPORT REGIONAL PHYSICIAN SERVICES 100 MEDICAL DRIVE LAKE JACKSON, TX 77566 80-0240261	HEALTHCARE	TX	501(c)(3	3	BRHS	Yes	
BURLESON ST JOSEPH HEALTH CENTER 2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2759890	HEALTHCARE	TX	501(c)(3	3	SJSC	Yes	
BURLESON ST JOSEPH MANOR 2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2913931	HEALTHCARE	TX	501(c)(3	9	SJSC	Yes	
CARRINGTON HEALTH CENTER 800 N 4TH ST CARRINGTON, ND 58421 45-0227311	HEALTHCARE	ND	501(c)(3	3	CHI	Yes	
CATHOLIC HEALTH INITIATIVES 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 47-0617373	HEALTHCARE	CO	501(c)(3	Type I	NA	Yes	

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						Yes	No
CATHOLIC HEALTH INITIATIVES - COLORADO 188 INVERNESS DRIVE WEST STE 500 ENGLEWOOD, CO 80112 84-0405257	HEALTHCARE	CO	501(c)(3	3	CHI	Yes	
CATHOLIC HEALTH INITIATIVES - IOWA CORP 1111 6TH AVE DES MOINES, IA 50314 42-0680448	HEALTHCARE	IA	501(c)(3	3	CHI	Yes	
CATHOLIC HEALTH INITIATIVES COLORADO FOUNDATION 6385 CORPORATE DR STE 301 COLORADO SPRINGS, CO 80919 84-0902211	FUNDRAISING	CO	501(c)(3	7	CHIC	Yes	
CATHOLIC HEALTH INITIATIVES NATIONAL FOUNDATION 6385 CORPORATE DR COLORADO SPRINGS, CO 80919 27-0930004	FUNDRAISING	CO	501(c)(3	Type I	CHI	Yes	
CATHOLIC HEALTH INITIATIVES VIRTUAL HEALTH SERVICES 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 46-0992796	HEALTHCARE	CO	501(c)(3	Type I	CHINS	Yes	
CENTENNIAL MEDICAL GROUP INC 2700 STEWART PKWY ROSEBURG, OR 97471 26-3946191	PHYSICIANS	OR	501(c)(3	9	MMC	Yes	
CENTRAL KANSAS MEDICAL CENTER 3515 BROADWAY GREAT BEND, KS 67530 48-0543724	SURGERY CENTER	KS	501(c)(3	3	CHI	Yes	
CHI HEALTH CONNECT AT HOME - FARGO 4816 AMBER VALLEY PKWY S FARGO, ND 58104 27-1966847	HEALTHCARE	MN	501(c)(3	9	CHI	Yes	
CHI INSTITUTE FOR RESEARCH AND INNOVATION 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 27-1050565	HEALTHCARE	CO	501(c)(3	Type I	CHI	Yes	
CHI KENTUCKY INC 3900 OLYMPIC BLVD STE 400 ERLANGER, KY 41018 20-2741651	HEALTHCARE	KY	501(c)(3	Type I	CHI	Yes	
CHI NATIONAL HOME CARE 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 45-1261716	HEALTHCARE	CO	501(c)(3	9	CHI NS	Yes	
CHI NATIONAL SERVICES 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 45-2532084	HEALTHCARE	CO	501(c)(3	Type I	CHI	Yes	
CHI NEBRASKA 6940 O ST STE 200 LINCOLN, NE 68510 36-3233121	HEALTHCARE	NE	501(c)(3	Type I	CHI	Yes	
CHI ST JOSEPH CHILDREN'S HEALTH 1929 LINCOLN HWY E STE 150 LANCASTER, PA 17602 23-2342997	HEALTHCARE	PA	501(c)(3	Type I	CHI	Yes	
CHI ST JOSEPH'S CHILDREN 1516 5TH ST NW ALBUQUERQUE, NM 87102 71-0897107	COMMUNITY	NM	501(c)(3	Type I	CHI	Yes	
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	
CHI ST VINCENT HOSPITAL HOT SPRINGS 300 WERNER ST HOT SPRINGS, AR 71913 71-0236913	HEALTHCARE	AR	501(c)(3	3	CHISVHS	Yes	
CHI ST VINCENT HOT SPRINGS 300 WERNER ST HOT SPRINGS, AR 71913 26-1125064	HOLDING CO	AR	501(c)(3	Type II	SVIMC	Yes	
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	
COMMUNITY LIMITED CARE DIALYSIS CENTER 619 OAK ST ACCOUNTING-3 W CINCINNATI, OH 45206 23-7419853	HOLDING CO	OH	501(c)(2		GSH	Yes	

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						Yes	No
COMMUNITY MEMORIAL HOSPITAL MEDICAL SERVICE FOUNDATION 631 N 8TH ST MISSOURI VALLEY, IA 51555 42-1294399	FUNDRAISING	IA	501(c)(3	Type I	AH-CMHMV	Yes	
CONTINUING CARE HOSPITAL 150 NORTH EAGLE CREEK DR LEXINGTON, KY 40509 61-1400619	LT ACH	KY	501(c)(3	3	SJHS	Yes	
COVENANT HOME CARE 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 23-2028429	HOME HEALTH	PA	501(c)(3	Type II	CHI NHC	Yes	
ENUMCLAW REGIONAL HOSPITAL ASSOCIATION 1450 BATTERSBY AVE ENUMCLAW, WA 98022 91-0715805	HEALTHCARE	WA	501(c)(3	3	FHS	Yes	
FLAGET HEALTHCARE INC 4305 NEW SHEPHERDSVILLE RD BARDSTOWN, KY 40004 61-1345363	HEALTHCARE	KY	501(c)(3	3	KOH	Yes	
FLAGET MEMORIAL HOSPITAL FOUNDATION INC 4305 NEW SHEPHERDSVILLE RD BARDSTOWN, KY 40004 56-2351341	FUNDRAISING	KY	501(c)(3	Type I	FH	Yes	
FRANCISCAN CARE CENTER 4111 N HOLLAND-SYLVANIA RD TOLEDO, OH 43623 34-1931806	HEALTHCARE	OH	501(c)(3	9	FLC	Yes	
FRANCISCAN FOUNDATION 1717 SOUTH J ST TACOMA, WA 98405 91-1145592	FUNDRAISING	WA	501(c)(3	9	FHS	Yes	
FRANCISCAN HEALTH SYSTEM 1717 SOUTH J ST TACOMA, WA 98405 91-0564491	HEALTHCARE	WA	501(c)(3	3	CHI	Yes	
FRANCISCAN HEALTH VENTURES FKA SJMGROUP TACOMA FNC CTR BLDG 1145 BROADWAY TACOMA, WA 98402 43-1882377	PHYSICIANS	MO	501(c)(3	9	CHI	Yes	
FRANCISCAN LIVING COMMUNITIES 5942 RENAISSANCE PLACE STE A TOLEDO, OH 43623 34-1892096	HEALTHCARE	OH	501(c)(3	Type I	SFH	Yes	
FRANCISCAN MEDICAL GROUP 1313 BROADWAY STE 200 TACOMA, WA 98402 91-1939739	HEALTHCARE	WA	501(c)(3	9	FHS	Yes	
FRANCISCAN VILLA OF SOUTH MILWAUKEE INC 3601 S CHICAGO AVE SOUTH MILWAUKEE, WI 53172 39-1093829	HEALTHCARE	WI	501(c)(3	9	CHI	Yes	
GARRISON MEMORIAL HOSPITAL 407 THIRD AVENUE SOUTHEAST GARRISON, ND 58540 45-0227752	HEALTHCARE	ND	501(c)(3	3	SAMC	Yes	
GLOBAL HEALTH INITIATIVES 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 20-1536108	MINISTRIES	CO	501(c)(3	Type I	CHI	Yes	
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	
GOOD SAMARITAN FOUNDATION OF CINCINNATI INC 619 OAK ST ACCOUNTING-3 W CINCINNATI, OH 45206 31-1206047	FUNDRAISING	OH	501(c)(3	Type I	GSH	Yes	
GOOD SAMARITAN HOSPITAL PO BOX 1990 KEARNEY, NE 68848 47-0379755	HEALTHCARE	NE	501(c)(3	3	CHI NEBRASKA	Yes	
GOOD SAMARITAN HOSPITAL FOUNDATION 111 W 31ST ST KEARNEY, NE 68847 47-0659443	FUNDRAISING	NE	501(c)(3	7	GSH	Yes	
GOOD SAMARITAN HOSPITAL FOUNDATION - DAYTON 110 N MAIN ST STE 500 DAYTON, OH 45402 23-7296923	FUNDRAISING	OH	501(c)(3	7	SHP	Yes	

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						Yes	No
HARRISON MEDICAL CENTER 2520 CHERRY AVE BREMERTON, WA 98310 91-0565546	HEALTHCARE	WA	501(c)(3	3	FHS	Yes	
HARRISON MEDICAL CENTER FOUNDATION 2520 CHERRY AVE BREMERTON, WA 98310 91-1197626	FUNDRAISING	WA	501(c)(3	7	HMC	Yes	
HEALTHCARE AND WELLNESS FOUNDATION 2400 ST FRANCIS DR BRECKENRIDGE, MN 56520 76-0761782	FUNDRAISING	MN	501(c)(3	Type I	SFMC	Yes	
HIGHLINE MEDICAL CENTER 16251 SYLVESTER RD SW BURIEN, WA 98166 91-0712166	HEALTHCARE	WA	501(c)(3	3	FHS	Yes	
HOUSE OF MERCY 1111 6TH AVE DES MOINES, IA 50314 42-1323808	SHELTER	IA	501(c)(3	7	CHI-IA CORP	Yes	
JEWISH HOSPITAL AND ST MARY'S HEALTHCARE INC 200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 61-1029768	HEALTHCARE	KY	501(c)(3	3	KOH	Yes	
KENTUCKYONE HEALTH MEDICAL GROUP INC 200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 61-1352729	HEALTHCARE	KY	501(c)(3	9	JHSMH	Yes	
KENTUCKYONE HEALTH INC 200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 61-1029769	HEALTHCARE	KY	501(c)(3	9	CHI	Yes	
LAKEWOOD HEALTH CENTER 600 MAIN AVE S BAUDETTE, MN 56623 41-0758434	HEALTHCARE	MN	501(c)(3	3	CHI	Yes	
LAKEWOOD REGIONAL HEALTHCARE FOUNDATION 600 MAIN AVE S BAUDETTE, MN 56623 41-1893795	FUNDRAISING	ND	501(c)(3	7	LHC	Yes	
LINUS OAKES INC 2700 STEWART PKWY ROSEBURG, OR 97471 93-0821381	SENIOR LIVING	OR	501(c)(3	9	MMC	Yes	
LISBON AREA HEALTH SERVICES 905 MAIN ST LISBON, ND 58054 82-0558836	HEALTHCARE	ND	501(c)(3	3	CHI	Yes	
LUFKIN VISION ACQUISITIONS PO BOX 1447 LUFKIN, TX 75901 82-0563768	PROPERTY MGMT	TX	501(c)(3	Type III-FI	MHSET	Yes	
MADISON ST JOSEPH HEALTH CENTER 2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2761145	HEALTHCARE	TX	501(c)(3	3	SJSC	Yes	
MADONNA MANOR INC 2344 AMSTERDAM ROAD VILLA HILLS, KY 51017 61-0654635	LIVING ASSIST	KY	501(c)(3	1	FLC	Yes	
MEMORIAL HEALTH CARE SYSTEM FOUNDATION INC 2525 DE SALES AVE CHATTANOOGA, TN 37404 62-1839548	FUNDRAISING	TN	501(c)(3	7	MHCS	Yes	
MEMORIAL HEALTH CARE SYSTEM INC 2525 DE SALES AVE CHATTANOOGA, TN 37404 62-0532345	HEALTHCARE	TN	501(c)(3	3	CHI	Yes	
MEMORIAL HEALTH PARTNERS FOUNDATION INC 5600 BRAINERD RD STE 500 CHATTANOOGA, TN 37411 03-0417049	HEALTHCARE	TN	501(c)(3	9	MHCS	Yes	
MEMORIAL HEALTH SYSTEM OF EAST TEXAS PO BOX 1447 LUFKIN, TX 75902 75-0755367	HEALTHCARE	TX	501(c)(3	3	CHI	Yes	
MEMORIAL MEDICAL CENTER - LIVINGSTON PO BOX 1447 LUFKIN, TX 75902 76-0436439	HEALTHCARE	TX	501(c)(3	3	MHSET	Yes	

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						Yes	No
MEMORIAL MEDICAL CENTER - SAN AUGUSTINE PO BOX 1447 LUFKIN, TX 75902 75-2663904	HEALTHCARE	TX	501(c)(3	3	MHSET	Yes	
MEMORIAL MULTISPECIALTY ASSOCIATES 1201 FRANK AVE LUFKIN, TX 95904 75-2721155	PHYSICIANS	TX	501(c)(3	Type III-FI	MHSET	Yes	
MEMORIAL SPECIALTY HOSPITAL PO BOX 1447 LUFKIN, TX 95902 75-2492741	HEALTHCARE	TX	501(c)(3	3	MHSET	Yes	
MERCY AUXILIARY OF CENTRAL IOWA 1111 6TH AVE DES MOINES, IA 50314 42-6076069	AUXILIARY	IA	501(c)(3	Type I	MF-DM IA	Yes	
MERCY CLINICS INC 1111 6TH AVE DES MOINES, IA 50314 42-1193699	PHYSICIANS	IA	501(c)(3	9	CHI-IA CORP	Yes	
MERCY COLLEGE OF HEALTH SCIENCES 1111 6TH AVE DES MOINES, IA 50314 42-1511682	EDUCATION	IA	501(c)(3	2	CHI-IA CORP	Yes	
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	
MERCY FOUNDATION INC 2700 STEWART PKWY ROSEBURG, OR 97471 93-6088946	FUNDRAISING	OR	501(c)(3	7	MMC	Yes	
MERCY HEALTH CARE FOUNDATION PO BOX 368 CORNING, IA 50841 42-1461064	FUNDRAISING	IA	501(c)(3	Type I	AHMH-Corning	Yes	
MERCY HEALTHCARE FOUNDATION 570 CHAUTAUQUA BLVD VALLEY CITY, ND 58072 45-0435338	FUNDRAISING	ND	501(c)(3	Type I	MHVC	Yes	
MERCY HOSPITAL FOUNDATION COUNCIL BLUFFS 800 MERCY DR COUNCIL BLUFFS, IA 51503 42-1178204	FUNDRAISING	IA	501(c)(3	Type I	AHBMHS	Yes	
MERCY HOSPITAL OF DEVILS LAKE 1031 7TH ST NE DEVILS LAKE, ND 58301 45-0227012	HEALTHCARE	ND	501(c)(3	3	CHI	Yes	
MERCY HOSPITAL OF DEVILS LAKE FOUNDATION 1031 7TH ST NE DEVILS LAKE, ND 58301 35-2367360	FUNDRAISING	ND	501(c)(3	7	MHDL	Yes	
MERCY HOSPITAL OF VALLEY CITY 570 CHAUTAUQUA BLVD VALLEY CITY, ND 58072 45-0226553	HEALTHCARE	ND	501(c)(3	3	CHI	Yes	
MERCY MEDICAL CENTER 1301 15TH AVE WEST WILLISTON, ND 58801 45-0231183	HEALTHCARE	ND	501(c)(3	3	CHI	Yes	
MERCY MEDICAL CENTER - CENTERVILLE ONE ST JOSEPHS DRIVE CENTERVILLE, IA 52544 42-0680308	HEALTHCARE	IA	501(c)(3	3	CHI-IA CORP	Yes	
MERCY MEDICAL CENTER - NEWTON DBA SKIFF MEDICAL CENTER 1111 6TH AVE DES MOINES, IA 50314 42-1470935	PHYSICIANS	IA	501(c)(3	9	CHI-IA CORP	Yes	
MERCY MEDICAL CENTER INC 2700 STEWART PKWY ROSEBURG, OR 97471 93-0386868	HEALTHCARE	OR	501(c)(3	3	CHI	Yes	
MERCY MEDICAL FOUNDATION 1301 15TH AVE WEST WILLISTON, ND 58801 45-0381803	FUNDRAISING	ND	501(c)(3	Type I	MMC	Yes	
NEBRASKA HEART HOSPITAL 7500 S 91ST ST LINCOLN, NE 68526 39-2031968	HEALTHCARE	NE	501(c)(3	3	CHI NEBRASKA	Yes	

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						Yes	No
North Central Health Care Alliance dba PrimeCare Health Group 401 N 9th St BISMARCK, ND 585014507 45-0439894	HEALTHCARE	ND	501(c)(3	9	NHCA	Yes	
OAKES COMMUNITY HOSPITAL 1200 N 7TH ST OAKES, ND 58474 45-0231675	HEALTHCARE	ND	501(c)(3	3	CHI	Yes	
OAKES COMMUNITY HOSPITAL FOUNDATION 1200 N 7TH ST OAKES, ND 58474 71-0966606	FUNDRAISING	ND	501(c)(3	Type I	OCH	Yes	
PINEYWOODS MEDICAL DEVELOPMENT CORP PO BOX 1447 LUFKIN, TX 75902 75-2493116	PROPERTY MGMT	TX	501(c)(3	Type III-FI	MHSET	Yes	
PROVIDENCE CARE CENTER 2025 HAYES AVENUE SANDUSKY, OH 44870 34-1658625	HEALTHCARE	OH	501(c)(3	9	FLC	Yes	
PROVIDENCE CARE CENTERS 2025 HAYES AVENUE SANDUSKY, OH 44870 34-1826099	HOLDING CO	OH	501(c)(3	Type II	FLC	Yes	
PROVIDENCE RESIDENTIAL COMMUNITY CORPORATION 5055 PROVIDENCE DRIVE SANDUSKY, OH 44870 34-1896807	LIVING COMM	OH	501(c)(3	9	FLC	Yes	
PUEBLO STEPUP 1925 E ORMAN AVE STE G52 PUEBLO, CO 81004 84-1234295	COMMUNITY	CO	501(c)(3	7	CHIC	Yes	
REGIONAL HOSPITAL FOR RESPIRATORY AND COMPLEX CARE 12844 MILITARY RD S TUKWILA, WA 98168 91-1170040	HEALTHCARE	WA	501(c)(3	3	FHS	Yes	
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	
SAINT CLARE'S COMMUNITY CARE INC 25 POCONO RD DENVILLE, NJ 07834 22-2876836	HEALTHCARE	NJ	501(c)(3	Type II	SCHS	Yes	
SAINT CLARE'S FOUNDATION INC 25 POCONO RD DENVILLE, NJ 07834 22-2502997	FUNDRAISING	NJ	501(c)(3	7	SCHS	Yes	
SAINT CLARE'S HEALTH SERVICES INC 25 POCONO RD DENVILLE, NJ 07834 22-3639733	MANAGEMENT	NJ	501(c)(3	Type II	CHI	Yes	
SAINT CLARE'S HOSPITAL INC 25 POCONO RD DENVILLE, NJ 07834 22-3319886	HEALTHCARE	NJ	501(c)(3	3	SCHS	Yes	
SAINT ELIZABETH FOUNDATION 555 S 70TH ST LINCOLN, NE 68510 47-0625523	FUNDRAISING	NE	501(c)(3	7	SERMC	Yes	
SAINT ELIZABETH HEALTH SERVICES 555 S 70TH ST LINCOLN, NE 68510 36-3233120	HEALTHCARE	NE	501(c)(3	3	SERMC	Yes	
SAINT ELIZABETH REGIONAL MEDICAL CENTER 555 S 70TH ST LINCOLN, NE 68510 47-0379836	HEALTHCARE	NE	501(c)(3	3	CHI NEBRASKA	Yes	
SAINT FRANCIS MEDICAL CENTER 2620 W FAIDLEY GRAND ISLAND, NE 68803 47-0376601	HEALTHCARE	NE	501(c)(3	3	CHI NEBRASKA	Yes	
SAINT FRANCIS MEDICAL CENTER FOUNDATION PO BOX 9804 GRAND ISLAND, NE 68802 47-0630267	FUNDRAISING	NE	501(c)(3	7	SFMC	Yes	
SAINT JOSEPH BEREA HOSPITAL FOUNDATION INC 305 ESTILL ST BEREA, KY 40403 26-0152877	FUNDRAISING	KY	501(c)(3	7	SJHS	Yes	

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						Yes	No
SAINT JOSEPH HEALTH SYSTEM INC 200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 61-1334601	HEALTHCARE	KY	501(c)(3	3	KOH	Yes	
SAINT JOSEPH HOSPITAL FOUNDATION INC ONE SAINT JOSEPH DRIVE LEXINGTON, KY 40504 61-1159649	FUNDRAISING	KY	501(c)(3	Type I	SJHS	Yes	
SAINT JOSEPH LONDON FOUNDATION INC 1001 SAINT JOSEPH LANE LONDON, KY 40741 26-0438748	FUNDRAISING	KY	501(c)(3	7	SJHS	Yes	
SAINT JOSEPH MOUNT STERLING FOUNDATION INC 225 FALCON DR MOUNT STERLING, KY 40353 27-2884584	FUNDRAISING	KY	501(c)(3	7	SJHS	Yes	
SAINT JOSEPH'S HOSPITAL FOUNDATION 30 WEST 7TH ST DICKINSON, ND 58601 36-3418207	FUNDRAISING	ND	501(c)(3	Type I	SJHHC	Yes	
SAMARITAN BEHAVIORAL HEALTH INC 601 S EDWIN C MOSES BLVD DAYTON, OH 45417 02-0633634	HEALTHCARE	OH	501(c)(3	7	SHP	Yes	
SAMARITAN HEALTH PARTNERS 110 N MAIN ST STE 500 DAYTON, OH 45402 31-1107411	HEALTHCARE	OH	501(c)(3	Type I	CHI	Yes	
SCHUYLER MEMORIAL HOSPITAL FOUNDATION INC 104 W 17TH ST SCHUYLER, NE 68661 36-3630014	FUNDRAISING	NE	501(c)(3	Type I	AHMHS	Yes	
SJRMC JOPLIN MISSOURI 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 44-0545809	HEALTHCARE	MO	501(c)(3	3	CHI	Yes	
SL AUGUSTA CORP PO BOX 20269 HOUSTON, TX 77225 76-0226623	TITLE HOLDING	TX	501(c)(2		SLPC	Yes	
ST ALEXIUS MEDICAL CENTER 900 EAST BROADWAY AVENUE BISMARCK, ND 58501 45-0226711	HEALTHCARE	ND	501(c)(3	3	CHI	Yes	
ST ANTHONY HOSPITAL 1601 SE COURT AVE PENDLETON, OR 97801 93-0391614	HEALTHCARE	OR	501(c)(3	3	CHI	Yes	
ST ANTHONY HOSPITAL FOUNDATION 1601 SE COURT AVE PENDLETON, OR 97801 93-0992727	FUNDRAISING	OR	501(c)(3	Type I	SAH	Yes	
ST ANTHONY'S HOSPITAL ASSOCIATION FOUR HOSPITAL DR MORRILTON, AR 72110 71-0245507	HEALTHCARE	AR	501(c)(3	3	SVIMC	Yes	
ST CATHERINE HOSPITAL 401 EAST SPRUCE ST GARDEN CITY, KS 67846 48-0543721	HEALTHCARE	KS	501(c)(3	3	CHI	Yes	
ST CATHERINE HOSPITAL DEVELOPMENT FOUNDATION 401 EAST SPRUCE ST GARDEN CITY, KS 67846 20-0598702	FUNDRAISING	KS	501(c)(3	Type I	SCH	Yes	
ST CLARE COMMONS 5942 RENAISSANCE PLACE STE A TOLEDO, OH 43623 27-0163752	LIVING COMM	OH	501(c)(3	9	FLC	Yes	
ST DOMINIC OF ONTARIO OREGON 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 93-0433692	HEALTHCARE	OR	501(c)(4		CHI	Yes	
ST FRANCIS HOME 2400 ST FRANCIS DR BRECKENRIDGE, MN 56520 41-0729978	LTERM CARE	MN	501(c)(3	9	CHI	Yes	
ST FRANCIS LIFE CARE CORPORATION 19 POCONO RD DENVILLE, NJ 07834 22-2536017	ELDERLY CARE	NJ	501(c)(3	9	SCHS	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
ST FRANCIS MEDICAL CENTER 2400 ST FRANCIS DR BRECKENRIDGE, MN 56520 41-0695598	HEALTHCARE	MN	501(c)(3	3	CHI	Yes	
ST FRANCIS OF BAKER CITY 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 93-0412495	HEALTHCARE	OR	501(c)(3	3	CHI	Yes	
ST JOSEPH FOUNDATION OF BRYAN TEXAS 2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2351158	FUNDRAISING	TX	501(c)(3	Type I	SJSC	Yes	
ST JOSEPH MANOR 2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2847594	HEALTHCARE	TX	501(c)(3	9	SJSC	Yes	
ST JOSEPH MEDICAL CENTER INC 201 INTERNATIONAL CIRCLE STE 212 HUNT VALLEY, MD 21030 52-0591461	HEALTHCARE	MD	501(c)(3	3	CHI	Yes	
ST JOSEPH PHYSICIAN ASSOCIATES 2801 FRANCISCAN DRIVE BRYAN, TX 77802 20-3159302	HEALTHCARE	TX	501(c)(3	3	SJSC	Yes	
ST JOSEPH PHYSICIAN ENTERPRISE INC 201 INTERNATIONAL CIRCLE STE 212 HUNT VALLEY, MD 21030 52-1311775	PHYSICIANS	MD	501(c)(3	Type I	SJMC	Yes	
ST JOSEPH REGIONAL HEALTH CENTER 2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-1282696	HEALTHCARE	TX	501(c)(3	3	SJSC	Yes	
ST JOSEPH REGIONAL HEALTH PARTNERS 2801 FRANCISCAN DRIVE BRYAN, TX 77802 45-4088170	HEALTHCARE	TX	501(c)(3	3	SJSC	Yes	
ST JOSEPH REGIONAL HEALTH PARTNERS ACO 2801 FRANCISCAN DRIVE BRYAN, TX 77802 46-3265423	HEALTHCARE	TX	501(c)(3	3	SJSC	Yes	
ST JOSEPH SERVICES CORPORATION 2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2455161	MANAGEMENT	TX	501(c)(3	Type I	SFH	Yes	
ST JOSEPH'S AREA HEALTH SERVICES 600 PLEASANT AVE PARK RAPIDS, MN 56470 41-0695603	HEALTHCARE	MN	501(c)(3	3	CHI	Yes	
ST JOSEPH'S HOSPITAL AND HEALTH CENTER 30 WEST 7TH ST DICKINSON, ND 58601 45-0226429	HEALTHCARE	ND	501(c)(3	3	CHI	Yes	
ST LEONARD 8100 CLYO ROAD CENTERVILLE, OH 45458 34-1940863	LIVING COMM	OH	501(c)(3	9	FLC	Yes	
ST LUKE'S COMMUNITY DEVELOPMENT CORPORATION 6624 FANNIN ST STE 2505 HOUSTON, TX 77030 26-0274448	MANAGEMENT	TX	501(c)(3	Type I	SLHS	Yes	
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	
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	
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	
ST LUKE'S COMMUNITY HEALTH SERVICES 6624 FANNIN ST STE 1100 HOUSTON, TX 77030 76-0536234	HEALTHCARE	TX	501(c)(3	3	SLHS	Yes	
ST LUKE'S FOUNDATION 1213 HERMANN DRIVE STE 855 HOUSTON, TX 77004 45-3811485	FUNDRAISING	TX	501(c)(3	7	SLHS	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
ST LUKE'S HEALTH SYSTEM CORPORATION 6624 FANNIN ST STE 1100 HOUSTON, TX 77030 76-0536232	MANAGEMENT	TX	501(c)(3	Type I	CHI	Yes	
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	
ST LUKE'S MEDICAL GROUP 6624 FANNIN ST HOUSTON, TX 77030 76-0458535	PHYSICIANS	TX	501(c)(3	3	SLHS	Yes	
ST LUKE'S MEDICAL TOWER CORPORATION 6624 FANNIN ST STE 1100 HOUSTON, TX 77030 76-0531713	PROPERTY MGMT	TX	501(c)(3	Type I	CHI-SLH	Yes	
ST LUKE'S PROPERTIES CORPORATION 6624 FANNIN ST STE 1100 HOUSTON, TX 77030 76-0531716	PROPERTY MGMT	TX	501(c)(3	Type I	SLHS	Yes	
ST LUKE'S SUGAR LAND PROPERTIES CORPORATION 6624 FANNIN ST STE 2505 HOUSTON, TX 77030 45-4120549	PROPERTY MGMT	TX	501(c)(3	Type I	SLCDC-SL	Yes	
ST MARY'S COMMUNITY HOSPITAL 1314 3RD AVE NEBRASKA CITY, NE 68410 47-0443636	HEALTHCARE	NE	501(c)(3	3	CHI NEBRASKA	Yes	
ST MARY'S HOSPITAL FOUNDATION 1314 3RD AVE NEBRASKA CITY, NE 68410 47-0707604	FUNDRAISING	NE	501(c)(3	7	SMCH	Yes	
ST VINCENT FOUNDATION TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 51-0169537	FUNDRAISING	AR	501(c)(3	Type I	SVIMC	Yes	
ST VINCENT INFIRMARY MEDICAL CENTER TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 71-0236917	HEALTHCARE	AR	501(c)(3	3	CHI	Yes	
ST VINCENT MEDICAL GROUP TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 71-0830696	HEALTHCARE	AR	501(c)(3	9	SVIMC	Yes	
SYLVANIA FRANCISCAN HEALTH 1715 INDIAN WOOD CIR 200 MAUMEE, OH 43537 34-1412964	HEALTHCARE	OH	501(c)(3	Type I	CHI	Yes	
SYLVANIA FRANCISCAN HEALTH FOUNDATION 1715 INDIAN WOOD CIR 200 MAUMEE, OH 43537 45-5357161	FUNDRAISING	OH	501(c)(3	Type I	FLC	Yes	
THE COMMONS OF PROVIDENCE 5000 PROVIDENCE DRIVE SANDUSKY, OH 44870 34-1826097	ASSIST LIVING	OH	501(c)(3	9	FLC	Yes	
THE COMMUNITY HOSPITAL OF BRAZOSPORT 100 MEDICAL DRIVE LAKE JACKSON, TX 77566 74-1385192	HEALTHCARE	TX	501(c)(3	3	SLHS	Yes	
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	
THE PHYSICIAN NETWORK 2000 Q ST STE 500 LINCOLN, NE 68503 47-0780857	PHYSICIANS	NE	501(c)(3	Type I	CHI NEBRASKA	Yes	
TOTAL HEALTHCARE 188 INVERNESS DRIVE WEST STE 500 ENGLEWOOD, CO 80112 84-0927232	HEALTHCARE	CO	501(c)(3	3	CHIC	Yes	
TRINITY HEALTH FOUNDATION 380 SUMMIT AVENUE STEUBENVILLE, OH 43952 31-1329423	FUNDRAISING	OH	501(c)(3	Type I	THS	Yes	
TRINITY HEALTH SYSTEM 380 SUMMIT AVENUE STEUBENVILLE, OH 43952 34-1818681	HEALTHCARE	OH	501(c)(3	Type I	SFH	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
TRINITY HEALTH SYSTEM GROUP 380 SUMMIT AVENUE STEUBENVILLE, OH 43952 30-0752920	HEALTHCARE	OH	501(c)(3	3	THS	Yes	
TRINITY HOSPITAL HOLDING COMPANY 380 SUMMIT AVENUE STEUBENVILLE, OH 43952 34-1842025	HEALTHCARE	OH	501(c)(3	3	THS	Yes	
TRINITY HOSPITAL TWIN CITY 819 NORTH FIRST STREET DENNISON, OH 44621 27-5401105	HEALTHCARE	OH	501(c)(3	3	CHI	Yes	
TRI-STATE HEALTH SERVICES INC ONE ROSS PARK BLVD STEUBENVILLE, OH 43952 34-1522484	ASSIST LIVING	OH	501(c)(3		THS	Yes	
UNITY FAMILY HEALTHCARE 815 SE 2ND ST LITTLE FALLS, MN 56345 41-0721642	HEALTHCARE	MN	501(c)(3	3	CHI	Yes	
VILLA NAZARETH INC 801 PAGE DR FARGO, ND 58103 45-0226714	LTERM CARE	ND	501(c)(3	9	CHI	Yes	
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	

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 Schedule 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	-7,263	485,853		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	250,214	23,193,712		No	0		No	50 %
AVON EMERGENCY AND URGENT CARE CENTER LLC 188 INVERNESS DRIVE WEST 500 ENGLEWOOD, CO 80112 81-1727282	HEALTHCARE SRVC	CO	CHIC	Related	0	0		No	0	Yes		77 %
BAYLOR CHI ST LUKES HEALTH SERVICES LLC 6624 Fannin St Ste 1100 HOUSTON, TX 77030 47-2079184	HEALTHCARE SRVC	TX	SLHS	Related	0	0		No	0	Yes		65 %
BERGAN MERCY SURGERY CENTER LLC 7710 Mercy Rd Ste 200 OMAHA, NE 68124 20-8671994	AMBUL SURG CTR	NE	ACH	Related	709,407	1,953,385		No	0		No	58 %
BERYWOOD OFFICE PROPERTIES LLC 400 BERYWOOD TRAIL CLEVELAND, TN 37312 62-1875199	PHYS OFFICE	TN	MHCS	Related	127,778	958,445		No	0	Yes		63 %
BLUEGRASS REGIONAL IMAGING CENTER 1218 SOUTH BROADWAY STE 310 LEXINGTON, KY 40504 61-1386736	DIAGNOSTIC IMAGING	KY	SJHS	Related	312,944	3,261,145		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	-572,758	28,961,482		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	-33,398	156,208		No	0	Yes		100 %
CENTRAL NEBRASKA REHABILITATION SERVICES LLC 3004 W FAIDLEY AVENUE GRAND ISLAND, NE 68803 81-0653461	Physical Therapy	NE	SFMC	Related	2,441,607	3,412,341		No	0		No	51 %
CENTURA-SCA HOLDINGS LLC 569 BROOK VILLAGE STE 901 BIRMINGHAM, AL 35209 47-4823023	OP SURGERY CENTER	AL	CHIC	Related	525,814	1,305,299		No	0	Yes		65 %
CHI OPERATING INVESTMENT PROGRAM LP 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 47-0727942	INVESTMENTS	CO	CHI	Unrelated	332,023,271	6,703,637,716		No	515,470	Yes		100 %
CHI ST LUKE'S HEALTH EMERGENCY CENTER LLC 6624 Fannin St Ste 1100 HOUSTON, TX 77030 81-0743412	URGENT CARE	TX	SLHS	Related	0	0		No	0	Yes		65 %
CHICAMSURG Surgery Centers LLC 188 INVERNESS DRIVE WEST 500 ENGLEWOOD, CO 80112 46-5683027	SURGERY CENTER	CO	CHIC	Related	0	0		No	0		No	51 %
CHICLARKIN VENTURES LLC 188 INVERNESS DRIVE WEST 500 ENGLEWOOD, CO 80112 47-4210888	URGENT CARE	CO	CHIC	Related	0	0		No	0	Yes		87 %

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 Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Colorado Springs CK Leasing LLC 8770 W Bryn Mawr Ste 1370 CHICAGO, IL 60631 26-2982714	REAL ESTATE	CO	CHIC	Related	599,151	425,148		No	0	Yes		40 %
HC SL VINTAGE I LLC 18000 W SARAH LANE STE 250 BROOKFIELD, WI 53045 27-0453767	PROPERTY HOLDING	WI	SL HOSP-VINTAGE	Related	1,365,254	375,590,761		No	0		No	51 %
HEALTHCARE SUPPORT SERVICES LLC PO BOX 9804 GRAND ISLAND, NE 68802 72-1546196	LAUNDRY	NE	na	Related	256,166	3,371,484		No	0		No	100 %
Heartland Oncology LLC 2337 E Crawford St SALINA, KS 67401 46-4265403	ONCOLOGY	KS	SCH	Related	-457,809	1,985,911		No	0		No	51 %
HIGHLINE IMAGING LLC PO BOX 184 BRUSH PRAIRIE, WA 98606 20-0460005	DIAGNOSTIC IMAGING	WA	HMC	Related	65,074	1,408,012		No	0		No	80 %
LAKESIDE AMBULATORY SURGICAL CENTER LLC 17031 LAKESIDE HILLS DR OMAHA, NE 68130 20-4267902	AMBUL SURG CTR	NE	ACH	Related	4,111,597	2,474,455		No	0		No	54 %
LAKESIDE ENDOSCOPY CENTER LLC 17001 LAKESIDE HILLS PLZ STE 201 OMAHA, NE 68130 20-5544496	ENDOSCOPY SRVC	NE	ACH	Related	670,348	721,021		No	0		No	51 %
LINCOLN CK LEASING LLC 6003 Old Cheney Rd Lincoln, NE 68516 26-2496856	Real Estate	NE	SERMC	Related	488,450	230,998		No	0		No	54 %
NEBRASKA SPINE HOSPITAL LLC 6901 N 72ND ST OMAHA, NE 68122 27-0263191	SPINE HOSPITAL	NE	ACH	Related	10,386,143	19,795,974		No	0		No	51 %
NORTH RIVER SURGERY CENTER LLC 2209 WILDWOOD AVE SHERWOOD, AR 72120 71-0799771	AMBUL SURG CTR	AR	SVIMC	Related	163,900	1,280,229		No	0		No	57 %
ORTHOCOLORADO LLC 11650 WEST 2ND PLACE LAKEWOOD, CO 80255 37-1577105	ORTHO HOSPITAL	CO	THC	Related	9,902,290	2,561,198		No	0		No	60 %
PENINSULA RADIATION ONCOLOGY LLC 314 MLK JR WAY STE 11 TACOMA, WA 98405 87-0808610	HEALTHCARE SRVC	WA	FHS	Related	343,465	2,173,284		No	0		No	60 %
Penrad Imaging 1390 Kelly Johnson Blvd COLORADO SPRINGS, CO 80920 84-1072619	Medical Imaging	CO	CHIC	Related	1,160,221	2,168,695		No	0		No	70 %
PMC HOSPITAL LLC 3100 MAIN ST STE 500 HOUSTON, TX 77002 27-3280598	HOSPITAL	TX	SL CDC-PMC	Related	5,287,747	67,411,280		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	1,126,606	2,905,862		No	0	Yes		66 %

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 Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Pueblo Ambulatory Surgery Center LLC 188 INVERNESS DRIVE WEST 500 ENGLEWOOD, CO 80112 62-1488737	SURGERY CENTER	CO	CHIC	Related	-155,230	107,312		No	0		No	51 %
Saint JOSEPH - PAML LLC 200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 45-2116736	MGMT SVCS	KY	SJHS	Related	57,681	589,808		No	0	Yes		63 %
SAINT JOSEPH - SCA HOLDINGS LLC 1451 Harrodsburg RD LEXINGTON, KY 40503 45-3801157	OP SURGERY	DE	SJHS	Related	0	0		No	0	Yes		51 %
SAINT JOSEPH-ANC HOME CARE SERVICES 1700 EDISON DR MILFORD, OH 45150 26-3330545	HOME HEALTH	KY	JHSMH	Related	5,517,685	7,112,135		No	0		No	100 %
SCA Premier Surgery Center of Louisville LLC 200 Abraham Flexner Way LOUISVILLE, KY 40202 72-1386840	SURGERY CENTER	KY	JHSMH	Related	-177,796	2,205,015		No	0		No	51 %
ST FRANCIS LAND COMPANY 5390 N ACADEMY BLVD STE 300 COLORADO SPRINGS, CO 80918 26-3134100	REAL ESTATE	CO	CHIC	Related	-82,977	14,572,659		No	0		No	51 %
ST FRANCIS MEDICAL CENTER ASSOCIATES 1717 SOUTH J ST TACOMA, WA 98405 91-1352698	MED OFFICE	WA	FHS	Related	265,442	1,984,098		No	0		No	61 %
ST LUKE'S DIAGNOSTIC CATH LAB LLP 6624 FANNIN ST STE 800 HOUSTON, TX 77030 71-0959365	DIAGNOSTICS	TX	SLHS HOLDINGS	Related	611,532	1,117,217		No	0		No	57 %
ST LUKE'S LAKESIDE HOSPITAL LLC 6624 FANNIN STE 2505 HOUSTON, TX 77030 30-0427437	HOSPITAL	TX	SL CDC-W	Related	277,867	42,485,184		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	-76,879	1,171,971		No	0	Yes		51 %
Superior Medical Imaging LLC 5000 North 26th ST LINCOLN, NE 68521 26-2884555	OP Diagnostics	NE	SERMC	Related	9,528	402,804		No	0	Yes		51 %
SURGERY CENTER OF LEXINGTON LLC 200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 62-1179539	SURGERY CENTER	KY	SJHS	Related	187,315	2,777,419		No	0	Yes		51 %
SURGERY CENTER OF LOUISVILLE LLC 200 Abraham Flexner Way LOUISVILLE, KY 40202 62-1179537	SURGERY CENTER	KY	JHSMH	Related	11,207	803,899		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 (1) Managed Care Services Inc 12809 West Dodge Rd Omaha, NE 68154 47-0802396	Managed Care	NE	CHI Nebraska	C Corporation	8,129,445	5,108,822	100 %	Yes	
(1) All Saints Insurance Company SPC Ltd PO BOX 10073 APO Georgetown, GRAND CAYMAN KY11001 CJ 98-0556913	Insurance	CJ	CHI	C Corporation	0	0	100 %	Yes	
ALLIANCE HEALTH PROVIDERS OF (2) BRAZOS Valley Inc 2801 FRACNISCAN DRIVE BRYAN, TX 77802 74-2466914	Healthcare	TX	SJSC	C Corporation	204,115	535,165	100 %	Yes	
Alternative Insurance Management (3) Service Inc 3900 OLYMPIC BLVD STE 400 Erlanger, KY 41018 84-1112049	Management Services	CO	CHI	C Corporation	0	6,056,338	100 %	Yes	
(4) AMERICAN NURSING CARE Inc 1700 EDISON DR MILFORD, OH 45150 31-1085414	HOME HEALTH	OH	CHS	C Corporation	91,903,143	55,758,044	100 %	Yes	
(5) AMERIMED INC 1700 EDISON DR MILFORD, OH 45150 31-1158699	HOME HEALTH	OH	ANC	C Corporation	21,464,273	12,744,198	100 %	Yes	
(6) BC HOLDING COMPANY INC 1850 BLUEGRASS AVE LOUISVILLE, KY 40215 31-1542851	Fitness Club	KY	JHSMH	C Corporation	0	0	100 %	Yes	
(7) BrazoSport Health Alliance 1 WEST WAY COURT LAKE JACKSON, TX 77566 76-0518376	Health Care	TX	BRHS	C Corporation	0	0	100 %	Yes	
(8) Caduceus Medical Associates INC 5600 Brainerd Road Ste 500 Chattanooga, TN 37411 62-1570736	Healthcare	TN	MHCS	C Corporation	0	1,008	100 %	Yes	
(9) Captive Management Initiatives Ltd PO BOX 10073 APO Georgetown, GRAND CAYMAN KY11001 CJ 98-0663022	Captive Management	CJ	CHI	C Corporation	29,750	112,461	100 %	Yes	
Carmona-DeSoto Building Horizontal (10) Property Regime Inc 300 Werner St Hot Springs, AR 71913 71-0771076	Healthcare	AR	CHI-SVHS	C Corporation	0	0	100 %	Yes	
(11) Catholic Health Initiatives Center for Translational Research 198 INVERNESS DRIVE WEST Englewood, CO 80112 27-2269511	Research	CO	CIRI	C Corporation	510,763	3,054,989	100 %	Yes	
(12) CHI St Luke's Health Baylor College of Medicine Medical Center Condominium Assoc 6624 Fannin STE 1100 Houston, TX 77030 46-5079545	Condo Assoc	TX	CHI-SLHBCM	C Corporation	0	0	100 %	Yes	
(13) ClearRiver Health 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-4495960	Insurance	TN	PHPSI	C Corporation	-186,666	6,973,984	100 %	Yes	
(14) Comcare Services Inc 5570 DTC Parkway Englewood, CO 80111 84-0904813	Inactive	CO	CHIC	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
(16) CONSOLIDATED HEALTH SERVICES 1700 EDISON DR MILFORD, OH 45150 31-1378212	HOME HEALTH	OH	CHI	C Corporation	247,400	51,845,030	100 %	Yes	
(1) Des Moines Medical Center Inc 1111 6TH AVE Des Moines, IA 50314 42-0837382	Real Estate	IA	CHI-IA Corp	C Corporation	71,628	1,151,078	93 %	Yes	
(2) Diversified Health Resources Inc 100 MEDICAL DRIVE LAKE JACKSON, TX 77566 76-0222679	Health Care	TX	BRHS	C Corporation	0	0	100 %	Yes	
(3) East Texas Clinical Services Inc 2801 Via Fortuna 500 Austin, TX 78746 45-4736213	Healthcare	TX	MHSET	C Corporation	0	16,782	100 %	Yes	
(4) First Initiatives Insurance LTD PO BOX 10073 APO Georgetown, GRAND CAYMAN KY11001 CJ 98-0203038	Insurance	CJ	CHI	C Corporation	0	0	100 %	Yes	
(5) Franciscan Services Inc 198 INVERNESS DRIVE WEST Englewood, CO 80112 23-2487967	Healthcare	CO	CHI	C Corporation	318,497	11,891,645	100 %	Yes	
(6) Good Samaritan Outreach Services PO Box 1990 Kearney, NE 68848 47-0659440	Medical Clinic	NE	CHI Nebraska	C Corporation	0	0	100 %	Yes	
(7) HarvestPlains Health of Iowa 32129 Weyerhaeuser Way S STE 201 FEDERAL WAY, WA 98001 47-3451750	Insurance	WA	QCHPS	C Corporation	2,182	3,002,182	100 %	Yes	
(8) Health Systems Enterprises Inc 1700 EDISON DR MILFORD, OH 45150 47-0664558	MGMT	NE	GSH	C Corporation	84,269	1,115,210	100 %	Yes	
(9) Healthcare MGMT Services Organization INC 1149 MARKET ST Tacoma, WA 98402 91-1865474	Health Org	WA	FHS	C Corporation	0	0	100 %	Yes	
(10) HeartlandPlains Health 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-4368223	Insurance	NE	PHPSI	C Corporation	1,755,860	3,679,133	100 %	Yes	
(11) Highline Medical Group 15811 AMBUAN Blvd SW STE A Burien, WA 98166 91-1407026	Medical Services	WA	HMC	C Corporation	0	0	100 %	Yes	
(12) Medquest 1301 15TH AVENUE WEST Williston, ND 58801 45-0392137	Sale of DME	ND	MMC Williston	C Corporation	677,839	1,583,325	100 %	Yes	
(13) Memorial CV Service Line Management Company LLC 1201 W Frank Ave Lufkin, TX 75904 46-3622849	Heath Care	TX	MHSET	C Corporation	0	0	100 %	Yes	
(14) Mercy Park Apartments LTD 1111 6th AVE Des Moines, IA 50314 42-1202422	Housing	IA	CHI-IA Corp	C Corporation	1,888,173	2,376,812	100 %	Yes	

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								Yes	No
(31) Mercy Services Corp 2700 STEWART PARKWAY Roseburg, OR 97471 93-0824308	Retail Sales	OR	MMC	C Corporation	2,502,051	1,446,108	100 %	Yes	
(1) MHI Clinical Services 1201 W Frank Ave Lufkin, TX 75904 46-1967952	Healthcare	TX	MHSET	C Corporation	10,063,699	1,339,619	100 %	Yes	
(2) Mountain Management Services Inc 6028 Shallowford Rd Chattanooga, TN 37421 62-1570739	MGMT SVC ORG	TN	MHCS	C Corporation	31,344,101	6,237,932	100 %	Yes	
(3) Nazareth Assurance Company PO BOX 10073 APO Georgetown,GRAND CAYMAN KY11001 CJ 03-0304831	Insurance	CJ	CHI	C Corporation	0	0	100 %	Yes	
(4) PATIENT TRANSPORT SERVICES INC 1700 EDISON DR MILFORD, OH 45150 31-1100798	HOME HEALTH	OH	ANC	C Corporation	9,010,987	6,688,783	100 %	Yes	
(5) PhysicianHealth System Network 1149 MARKET ST Tacoma, WA 98402 91-1746721	Health Org	WA	FHS	C Corporation	0	0	100 %	Yes	
(6) QCA Health Plan Inc 12615 Chenal Parkway STE 300 Little Rock, AR 72211 71-0794605	Insurance	AR	QCHI	C Corporation	104,106,960	86,204,029	100 %	Yes	
(7) QualChoice Advantage 32129 WEYERHAEUSER WAY S STE 201 FEDERAL WAY, WA 98001 47-3433912	Insurance	WA	QCPS	C Corporation	2,767	3,502,767	100 %	Yes	
(8) QualChoice Health Plan Services Inc (fka CollabHealth Plan Services Inc) 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-1224037	Admin Services	CO	QCHI	C Corporation	17,917,443	64,152,898	100 %	Yes	
(9) QualChoice Health Inc (fka CollabHealth Managed Solutions Inc) 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-1222808	Holding Co	CO	CHI	C Corporation	2,010,400	-2,237,656	100 %	Yes	
(10) QualChoice Holdings Inc 12615 Chenal Parkway STE 300 Little Rock, AR 72211 27-4075520	Holding Co	AR	PHPS	C Corporation	0	10,190	100 %	Yes	
(11) QualChoice Life and Health Insurance Company Inc 12615 Chenal Parkway STE 300 Little Rock, AR 72211 71-0386640	Insurance	AR	QCH	C Corporation	19,949,469	19,444,633	100 %	Yes	
(12) QualChoice of Nebraska 2401 S 73rd St Omaha, NE 68124 81-0738827	Insurance	NE	QCH	C Corporation	0	0	100 %	Yes	
(13) RiverLink Health 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-4380824	Insurance	OH	PHPS	C Corporation	2,069,874	3,679,879	100 %	Yes	
(14) RiverLink Health of Kentucky Inc 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-4828332	Insurance	KY	PHPS	C Corporation	1,590,037	5,958,786	100 %	Yes	

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								Yes	No
(46) Ross Park Pharmacy Inc 380 SUMMIT AVE STEUBENVILLE, OH 43952 34-1832654	Pharmacy	OH	THS	C Corporation	1,104,611	2,024,431	100 %	Yes	
(1) Saint Clare's Primary Care Inc 66 FORD RD Denville, NJ 07834 22-2441202	Billing Services	NJ	SCCC	C Corporation	499,042	1,183,247	100 %	Yes	
(2) SAMARITAN FAMILY CARE INC 40 W FOURTH ST STE 1700 Dayton, OH 45402 31-1299450	Healthcare	OH	SHP	C Corporation	0	0	100 %	Yes	
(3) SJH Services Corporation 198 INVERNESS DRIVE WEST Englewood, CO 80112 23-2307408	Healthcare	CO	FSI	C Corporation	2,007,370	2,441,286	100 %	Yes	
SJL PHYSICIAN MANAGEMENT (4) SERVICES INC 424 LEWIS HARGETT CR STE 160 Lexington, KY 40503 27-0164198	Mgmt	KY	SJHS	C Corporation	41	0	100 %	Yes	
(5) SLMT Parking Inc 6624 Fannin STE 800 Houston, TX 77030 76-0637140	Parking	TX	SLHS	C Corporation	3,345,698	205,200	100 %	Yes	
(6) SoundPath Health Inc 32129 Weyerhaeuser Way S STE 201 Federal Way, WA 98001 42-1720801	Insurance	WA	PHPS	C Corporation	138,106,211	32,840,909	100 %	Yes	
(7) St Alexius Health Services Inc 900 East Broadway Avenue Bismarck, ND 58501 45-0402812	Healthcare	ND	SAMC	C Corporation	0	0	100 %	Yes	
(8) St Anthony Development Company 1415 Southgate Pendleton, OR 97801 93-1216943	Athletic Club	OR	SAH	C Corporation	1,541,465	2,192,287	100 %	Yes	
(9) St Joseph Development Company Inc 1717 SOUTH J ST Tacoma, WA 98405 91-1480569	Rental	WA	FSI	C Corporation	3,758,845	12,828,493	100 %	Yes	
ST JOSEPH OFFICE PARK (10) ASSOCIATION 1401 HARRODSBURG RD BLDG B70 Lexington, KY 40504 61-1079899	Mgmt	KY	SJHS	C Corporation	200,108	1,137,660	85 %	Yes	
St Luke's 6620 Main Condominium (11) Association 6624 Fannin STE 1100 Houston, TX 77030 30-0355517	Condo Assoc	TX	SLPC	C Corporation	0	0	100 %	Yes	
(12) 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	
(13) St Luke's Episcopal Hospital Physician Hospital Organization Inc 6720 Bertner MC4-262 Houston, TX 77030 76-0377932	PHO	TX	CHI-SLH	C Corporation	0	0	60 %	Yes	
(14) St Luke's Health System Holdings Inc 6624 Fannin STE 800 Houston, TX 77030 76-0637138	Holding Co	TX	SLHS	C Corporation	2,163,924	4,389,084	100 %	Yes	

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								Yes	No
St Luke's Medical Arts Center I (61) Condominium Association 6624 Fannin STE 1100 Houston, TX 77030 30-0355518	Condo Assoc	TX	SLPC	C Corporation	0	0	100 %	Yes	
St Luke's Medical Tower Condominium (1) Association 6624 Fannin STE 1100 Houston, TX 77030 76-0298751	Condo Assoc	TX	SLMTC	C Corporation	0	0	100 %	Yes	
(2) St Vincent Community Health Services Inc TWO ST VINCENT CIRCLE Little Rock, AR 72205 71-0710785	Healthcare	AR	SVIMC	C Corporation	4,033,444	16,764,150	100 %	Yes	
(3) StableView Health Inc 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-4373713	Insurance	KY	PHPS	C Corporation	301,615	5,787,296	100 %	Yes	
(4) Sugar Land Doctor Group 1317 Lake Point 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 (5) Episcopal Hospital Denton A Cooley Building Comdominium Association 6624 Fannin STE 1100 Houston, TX 77030 90-0064009	Condo Assoc	TX	CHI-SLH	C Corporation	0	0	100 %	Yes	
(6) Towson Management Inc 7601 OSLER DR Towson, MD 21204 52-1710750	Mgmt Services	MD	FSI	C Corporation	0	0	100 %	Yes	
TRINITY MANAGEMENT SERVICES (7) ORGANIZATION 380 SUMMIT AVE STEUBENVILLE, OH 43952 34-1471026	Mgmt Services	OH	THS	C Corporation	-76,969	259,991	100 %	Yes	
(8) Vintage Doctor Group 6624 Fannin STE 1100 Houston, TX 77030	Medical Clinic	TX	CHI-SLH	C Corporation	0	0	100 %	Yes	

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	Alegent Health-Bergan Mercy Health System	A	17,924,743	
(1)	St Alexius	A	3,800,233	
(2)	St Rose Ambulatory (fka Central Kansas Medical Center)	A	115,072	
(3)	Catholic Health Initiatives-Colorado	A	10,183,554	
(4)	Catholic Health Initiatives-Iowa Corp	A	5,823,581	
(5)	CHI St Luke's - Lufkin	A	5,022,301	
(6)	Enumclaw Regional Hospital Association	A	721,288	
(7)	Flaget Healthcare	A	454,507	
(8)	Franciscan Health System	A	5,177,246	
(9)	Franciscan Villa of South Milwaukee Inc	A	128,569	
(10)	Good Samaritan Hospital	A	533,466	
(11)	The Good Samaritan Hospital of Cincinnati OH	A	3,383,751	
(12)	Highline Medical	A	5,526,321	
(13)	Good Samaritan Hospital	A	4,317,547	
(14)	Jewish Hospital & St Mary's Healthcare	A	18,399,502	
(15)	Lakewood Health Center	A	74,861	
(16)	Lisbon Area Health Services	A	29,726	
(17)	Memorial Health Care System Inc	A	11,129,468	
(18)	Mercy Medical Center	A	1,293,956	
(19)	Mercy Medical Center - Centerville	A	28,531	
(20)	Mercy Medical Center	A	1,032,471	
(21)	Oakes Community Hospital	A	236,063	
(22)	St Catherine Hospital	A	692,082	
(23)	Saint Elizabeth Regional Medical Center	A	2,943,334	
(24)	St Francis Medical Center	A	335,559	

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(26)	St Joseph Community Health	A	64,313	
(1)	Saint Joseph Health System Inc	A	12,186,412	
(2)	St Joseph's Area Health Services	A	49,252	
(3)	St Joseph's Hospital and Health Center	A	4,914,076	
(4)	St Mary's Community Hospital	A	1,814,043	
(5)	St Vincent Infirmary Medical Center	A	9,241,166	
(6)	Unity Family Healthcare	A	703,726	
(7)	Villa Nazareth Inc	A	97,606	
(8)	CHI Health Connect at Home - Fargo	A	134,745	
(9)	St Luke's Hospital	A	29,274,867	
(10)	Harrison Medical Center	A	4,645,451	
(11)	CHI National Home Care	A	110,907	
(12)	Consolidated Health Services	A	10,551	
(13)	SFH-St Joseph Health System	A	1,290,629	
(14)	Centura Longmont	A	229,177	
(15)	CHI OPERATING INVESTMENT PROGRAM LP	A	4,632,686	
(16)	Alegent Health-Bergan Mercy Health System	B	626,776	
(17)	St Alexius	B	334,928	
(18)	Flaget Healthcare	B	98,229	
(19)	Good Samaritan Foundation of Cincinnati Inc	B	100,204	
(20)	Good Samaritan Hospital	B	193,316	
(21)	Jewish Hospital & St Mary's Healthcare	B	719,582	
(22)	Memorial Health Care System Inc	B	86,816	
(23)	Mercy Foundation Inc	B	223,698	
(24)	St Catherine Hospital	B	214,044	

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(51)	St Francis Medical Center	B	94,343	
(1)	Saint Francis Medical Center	B	155,013	
(2)	Saint Joseph Health System Inc	B	341,264	
(3)	St Joseph's Area Health Services	B	57,144	
(4)	St Mary's Community Hospital	B	76,496	
(5)	St Vincent Infirmary Medical Center	B	342,165	
(6)	Franciscan Foundation	B	320,181	
(7)	Unity Family Healthcare	B	281,188	
(8)	KentuckyOne Health Inc	B	157,760	
(9)	Mercy Foundation	B	543,045	
(10)	CHI National Home Care	D	5,119,000	
(11)	Centura Longmont	D	34,057,225	
(12)	First Initiatives Insurance LTD	F	50,000,000	
(13)	CHI OPERATING INVESTMENT PROGRAM LP	F	7,454,266	
(14)	Alegent Health-Bergan Mercy Health System	L	273,386,974	
(15)	Baylor St Luke's Med Ctr McNair	L	339,249	
(16)	Baylor College of Medicine	L	73,968	
(17)	Bishop Drumm Retirement Center	L	465,220	
(18)	St Alexius	L	25,591,113	
(19)	Bluegrass Regional Imaging Center	L	173,546	
(20)	Carrington Health Center	L	3,860,904	
(21)	The Physican Network	L	350,088	
(22)	Catholic Health Initiatives-Colorado	L	18,730,212	
(23)	Catholic Health Initiatives-Iowa Corp	L	124,788,935	
(24)	Catholic Health Initiatives Center for Translational Research	L	331,012	

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(76)	CHI St Luke's - Livingston	L	599,663	
(1)	CHI St Luke's - Lufkin	L	13,482,028	
(2)	CHI St Luke's - San Augustine	L	210,276	
(3)	Continuing Care Hospital	L	998,662	
(4)	Enumclaw Regional Hospital Association	L	1,351,184	
(5)	First Initiatives Insurance Ltd	L	358,533	
(6)	Flaget Healthcare	L	5,143,541	
(7)	Franciscan Health System	L	320,609,410	
(8)	Franciscan Villa of South Milwaukee Inc	L	2,553,491	
(9)	Fransician Medical Group	L	7,808,255	
(10)	Good Samaritan Hospital	L	3,277,542	
(11)	The Good Samaritan Hospital of Cincinnati OH	L	18,064,791	
(12)	Highline Medical	L	5,258,456	
(13)	Good Samaritan Hospital	L	9,100,022	
(14)	Jewish Hospital & St Mary's Healthcare	L	68,526,433	
(15)	KYOne Health Medical Group (fka Jewish Physician Group)	L	5,507,635	
(16)	Lakewood Health Center	L	3,185,535	
(17)	Lisbon Area Health Services	L	2,489,997	
(18)	Memorial Health Care System Inc	L	96,690,909	
(19)	Mercy Medical Center	L	30,852,850	
(20)	Mercy Hospital of Devils Lake	L	4,903,207	
(21)	Mercy Hospital of Valley City	L	3,029,937	
(22)	Mercy Medical Center - Centerville	L	522,562	
(23)	Mercy Medical Center	L	16,000,660	
(24)	Nebraska Heart Hospital	L	903,924	

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(101)	Oakes Community Hospital	L	2,407,042	
(1)	St Anthony's Hospital Association	L	310,898	
(2)	St Anthony Hospital	L	9,837,839	
(3)	St Catherine Hospital	L	2,505,539	
(4)	Saint Elizabeth Regional Medical Center	L	4,026,136	
(5)	St Francis Medical Center	L	6,132,728	
(6)	Saint Francis Medical Center	L	2,241,132	
(7)	St Joseph Community Health	L	936,801	
(8)	St Joseph Development Company Inc	L	146,651	
(9)	St Joseph Health Ministries	L	370,395	
(10)	Saint Joseph Health System Inc	L	53,261,965	
(11)	St Joseph's Area Health Services	L	9,533,114	
(12)	St Joseph's Hospital and Health Center	L	10,437,542	
(13)	St Mary's Community Hospital	L	424,274	
(14)	St Vincent Infirmary Medical Center	L	94,266,977	
(15)	Sylvania Franciscan Health	L	362,264	
(16)	Regional Hospital for Respiratory and Complex Care	L	189,191	
(17)	Unity Family Healthcare	L	11,993,915	
(18)	Villa Nazareth Inc	L	3,292,176	
(19)	CHI Health Connect at Home - Fargo	L	841,758	
(20)	KentuckyOne Health Inc	L	113,998,992	
(21)	St Luke's Hospital	L	121,794,044	
(22)	Harrison Medical Center	L	10,238,896	
(23)	Hot Springs	L	6,002,827	
(24)	CHI National Services	L	610,128	

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(126)	CHI Institute for Research & Innovation	L	491,921	
(1)	Consolidated Health Services	L	25,896,401	
(2)	Prominence Health Plan Services FKA CollabHealth Plan Services	L	7,449,707	
(3)	CHI National Foundation	L	526,828	
(4)	SFH-Franciscan Living Communities	L	1,145,573	
(5)	SFH-Trinity Hospital Twin City	L	376,622	
(6)	SFH-Trinity Health System	L	1,189,798	
(7)	SFH-St Joseph Health System	L	25,128,373	
(8)	Centura Longmont	L	537,275	
(9)	SKIFF	L	797,678	
(10)	CHI ST LUKE'S HEALTH- BRAZOSPORT	L	148,278	
(11)	Physician Services (CHIPS Entities)	L	42,380,157	
(12)	Alegent Health-Bergan Mercy Health System	S	18,005,255	
(13)	St Alexius	S	1,974,708	
(14)	St Rose Ambulatory (fka Central Kansas Medical Center)	S	761,431	
(15)	Catholic Health Initiatives-Colorado	S	5,964,421	
(16)	Catholic Health Initiatives-Iowa Corp	S	6,876,840	
(17)	Enumclaw Regional Hospital Association	S	688,443	
(18)	Flaget Healthcare	S	1,963,432	
(19)	Franciscan Health System	S	10,911,953	
(20)	Franciscan Villa of South Milwaukee Inc	S	358,239	
(21)	Good Samaritan Hospital	S	3,436,993	
(22)	The Good Samaritan Hospital of Cincinnati OH	S	12,977,920	
(23)	Highline Medical	S	3,535,708	
(24)	Good Samaritan Hospital	S	7,249,363	

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(151)	Jewish Hospital & St Mary's Healthcare	S	10,426,477	
(1)	Lakewood Health Center	S	360,843	
(2)	Lisbon Area Health Services	S	196,681	
(3)	Memorial Health Care System Inc	S	10,264,457	
(4)	Mercy Medical Center	S	2,169,643	
(5)	Mercy Medical Center - Centerville	S	188,791	
(6)	Mercy Medical Center	S	1,133,765	
(7)	Oakes Community Hospital	S	205,470	
(8)	St Catherine Hospital	S	896,207	
(9)	Saint Elizabeth Regional Medical Center	S	3,093,780	
(10)	St Francis Medical Center	S	628,074	
(11)	St Joseph Community Health	S	74,809	
(12)	Saint Joseph Health System Inc	S	14,912,960	
(13)	St Joseph's Area Health Services	S	237,413	
(14)	St Joseph's Hospital and Health Center	S	1,808,775	
(15)	St Mary's Community Hospital	S	1,459,842	
(16)	St Vincent Infirmary Medical Center	S	13,516,206	
(17)	Unity Family Healthcare	S	955,452	
(18)	Villa Nazareth Inc	S	636,994	
(19)	CHI Health Connect at Home - Fargo	S	159,446	
(20)	St Luke's Hospital	S	10,005,607	
(21)	Harrison Medical Center	S	4,945,003	
(22)	CHI St Luke's - Lufkin	S	2,978,908	
(23)	SFH-St Joseph Health System	S	679,707	
(24)	Consolidated Health Services	S	1,066,338	