

Form **990**

# Return of Organization Exempt From Income Tax

1706

OMB No 1545-0047

**2016**

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](http://www.irs.gov/form990).

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A** For the 2016 calendar year, or tax year beginning 07/01, 2016, and ending 06/30, 20 17

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization **COMMONSPIRIT HEALTH F/K/A 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 \$ **2,342,121,248**

**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.CATHOLICHEALTHINITIATIVES.ORG**

**K** Form of organization  Corporation  Trust  Association  Other

**L** Year of formation **1996** **M** State of legal domicile **CO**

ENVELOPE DATE NOV 23 2021

No Statute Issue

0436535253 APR 29 2016

SCANNED MAY 01 2021

## Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <b>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</b>		
	2	Check this box <input type="checkbox"/> 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)	<b>3</b>	<b>11</b>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>10</b>
	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	<b>5</b>	<b>3,446</b>
	6	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>10</b>
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>62,399,060</b>
7b	Net unrelated business taxable income from Form 990-E, line 34	<b>7b</b>	<b>14,479,919</b>	
Revenue	8	Contributions and grants (Part VIII, line 1h)	<b>94,809</b>	<b>355,224</b>
	9	Program service revenue (Part VIII, line 2g)	<b>1,852,001,368</b>	<b>2,124,481,351</b>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>87,778,394</b>	<b>122,182,295</b>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>15,932,202</b>	<b>56,421,164</b>
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>1,955,806,773</b>	<b>2,303,440,034</b>
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>7,901,815</b>	<b>9,555,258</b>
	14	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0</b>	<b>0</b>
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>389,713,588</b>	<b>396,284,515</b>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<b>0</b>	<b>0</b>
	b	Total fundraising expenses (Part IX, column (D), line 25)	<b>0</b>	<b>0</b>
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>2,540,430,384</b>	<b>2,715,427,526</b>
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>2,938,045,787</b>	<b>3,121,267,299</b>
19	Revenue less expenses. Subtract line 18 from line 12	<b>(982,239,014)</b>	<b>(817,827,265)</b>	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	<b>7,858,341,860</b>	<b>6,980,906,486</b>
	21	Total liabilities (Part X, line 26)	<b>11,882,484,001</b>	<b>11,400,104,656</b>
	22	Net assets or fund balances. Subtract line 21 from line 20	<b>(4,024,142,141)</b>	<b>(4,419,198,170)</b>

## 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: Dan Morissette Date: Nov 9, 2020  
 (Signature of officer) 1A4F1D0E4D2 (Date)  
**DANIEL MORISSETTE, SEVP & CHIEF FINANCIAL OFFICER**  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: PAMELA KROHN Preparer's signature: Pamela Krohn Date: Nov 9, 2020 Check  if self-employed PTIN: P01210500  
 Firm's name: COMMONSPIRIT HEALTH D5DBF94A1ECF41D 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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form **990** (2016)

669 1

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III  Yes  No

**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 \$ 1,485,261,448 including grants of \$ 9,555,258 ) (Revenue \$ 2,110,361,889 )

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 ▶ 1,485,261,448

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>11</b> 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.	<input type="checkbox"/>	<input type="checkbox"/>
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</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? <i>If "Yes," complete Schedule D, Part VII . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>12 a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>14 a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV. . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV. . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I (see instructions) . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>		✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		
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? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	✓	
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? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>		✓
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? <i>If "Yes," complete Schedule J . . . . .</i>	✓	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i>	✓	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	✓	
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? . . . . .	✓	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		✓
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		✓
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? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		✓
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? <i>If "Yes," complete Schedule L, Part II . . . . .</i>		✓
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? <i>If "Yes," complete Schedule L, Part III . . . . .</i>		✓
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? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		✓
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		✓
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? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>		✓
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? <i>If "Yes," complete Schedule R, Part I . . . . .</i>	✓	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>	✓	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	✓	
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)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	✓	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		✓
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? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	✓	

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

Main form area containing questions 1a through 14b with corresponding input fields and Yes/No columns.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b 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?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed CA, IN; 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 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: JERRY FRANCIS, 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

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

(A) Name and Title	(B) Average hours per week (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				
(1) KEVIN LOFTON, FACHE CHIEF EXECUTIVE OFFICER	58 0 2 0			✓	✓				6,557,065	0	23,440
(2) CHRISTOPHER LOWNY TRUSTEE/BOARD CHAIR	10 0 0 0	✓		✓					76,962	0	0
(3) ANTOINETTE HARDY-WALLER, RN TRUSTEE/ VICE CHAIR	2 0 0 0			✓	✓				61,711	0	0
(4) GERALDINE BEDNASH, PHD, RN, FAAN TRUSTEE	2 0 0 0	✓							18,500	0	0
(5) RICHARD CORRENTE TRUSTEE	2 0 0 0	✓							15,500	0	0
(6) BETSY GOODWIN, OSF TRUSTEE	2 0 0 0	✓							0	0	0
(7) BARBARA HAGEDORN, SC TRUSTEE	2 0 0 0	✓							0	0	0
(8) JAMES HAMILL TRUSTEE	2 0 0 0	✓							15,500	0	0
(9) LILLIAN MURPHY, RSM TRUSTEE	2 0 0 0	✓							0	0	0
(10) MARGARET ORMOND, OP TRUSTEE	2 0 0 0	✓							0	0	0
(11) GARY YATES, MD TRUSTEE	2 0 0 0	✓							15,500	0	0
(12) CHALLIS M LOWE TRUSTEE	2 0 0 0	✓							18,500	0	0
(13) DEBRA HANKS ASSISTANT SECRETARY	40 0 0 0				✓				88,540	0	11,814
(14) MITCH H MELFI, ESQ EVP CORPORATE AFFAIRS & CHIEF LEGAL OFFICER/SECRETARY	58 0 2 0				✓				1,548,105	0	34,254

**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			
<b>(15)</b> JOYCE ROSS SVP MARKETING AND COMMUNICATIONS/ASSISTANT SECRETARY	60 0 0 0			✓			658,897	0	22,128	
<b>(16)</b> MICHAEL ROWAN, FACHE PRESIDENT OF HEALTH SYSTEM DELIVERY & COO	58 0 2 0			✓			4,009,034	0	33,938	
<b>(17)</b> DEAN SWINDLE, CPA PRESIDENT OF ENTERPRISE BUSINESS LINES & CFO/TREASURER	58 0 2 0			✓			3,723,880	0	34,036	
<b>(18)</b> THOMAS CLIFFORD DEVENY, MD SVP-PHYS SERV & CLIN INTEGR	58 0 2 0				✓		1,639,893	0	134,895	
<b>(19)</b> JOHN DICOLA EVP ENTERPRISE STRATEGIC DEVELOPMENT	58 0 2 0				✓		2,111,442	0	27,239	
<b>(20)</b> PAUL EDGETT, III EVP AND CHIEF STRATEGY OFFICER	58 0 2 0				✓		1,315,392	0	33,352	
<b>(21)</b> PHILIP FOSTER SVP RISK & INSURANCE	60 0 0 0				✓		807,240	0	34,150	
<b>(22)</b> THOMAS KOPFENSTEINER EVP MISSION	58 0 2 0				✓		1,633,234	0	23,440	
<b>(23)</b> MICHAEL O'ROURKE SVP & CHIEF INFORMATION OFFICER	60 0 0 0				✓		1,220,091	0	34,254	
<b>(24)</b> KATHLEEN SANFORD, RN, DBA, FACHE SVP & CHIEF NURSING OFFICER	58 0 2 0				✓		1,292,798	0	33,223	
<b>(25)</b> (SEE STATEMENT)										
<b>1b Sub-total</b>							27,233,715	0	658,879	
<b>c Total from continuation sheets to Part VII, Section A</b>							15,095,230	1,255,384	618,716	
<b>d Total (add lines 1b and 1c)</b>							42,328,945	1,255,384	1,277,595	

**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 **▶** 962

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 ✓	
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i>	4 ✓	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	✓

**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	612,431,130
DELOITTE CONSULTING LLP, 30 ROCKEFELLER PLAZA, NEW YORK, NY 10112-0015	CONSULTING SERVICES	105,455,556
WIPRO LIMITED, DODDAKANNELLI, SARJAPUR ROAD, BANGALORE, KARNATAKA, IN	IT CONSULTING SERVICES	80,718,780
PACE HARMON, INC, 8150 LEESBURG PIKE, VIENNA, VA 22182	IT CONSULTING SERVICES	19,578,077
MONUMENT CONSULTING, LLC, 3957 WESTERRE PARKWAY, SUITE 330, RICHMOND, VA 23233	CONSULTING SERVICES	19,499,801

**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 **▶** 332

**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>	49,996				
	<b>e</b> Government grants (contributions)	<b>1e</b>	7,257				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	297,971				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$						
	<b>h Total.</b> Add lines 1a-1f		355,224				
<b>Program Service Revenue</b>	<b>Business Code</b>						
	<b>2a</b> ASSESSMENTS	900099	2,065,044,658	2,065,044,658			
	<b>b</b> PREMIUMS	900099	3,815,457	3,815,457			
	<b>c</b> INTEREST INCOME	900099	150,364,292	150,364,292			
	<b>d</b> EQUITY CHANGES OF UNCONSOLIDATED ORGS	900099	(94,743,056)	(108,862,518)	14,119,462		
	<b>e</b>						
	<b>f</b> All other program service revenue		0	0	0	0	
<b>g Total.</b> Add lines 2a-2f		2,124,481,351					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		85,135,996		52,675	85,083,321	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6a</b> Gross rents	(i) Real	525,250				
		(ii) Personal					
		<b>b</b> Less: rental expenses	593,148				
	<b>c</b> Rental income or (loss)	(67,898)	0				
	<b>d</b> Net rental income or (loss)		(67,898)		(115,898)	48,000	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	28,297,491	46,836,874			
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses		38,088,066			
	<b>c</b> Gain or (loss)	28,297,491	8,748,808				
	<b>d</b> Net gain or (loss)		37,046,299		1,750,539	35,295,760	
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>					
		<b>b</b> Less: direct expenses	<b>b</b>				
		<b>c</b> Net income or (loss) from fundraising events					
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>					
		<b>b</b> Less: direct expenses	<b>b</b>				
		<b>c</b> Net income or (loss) from gaming activities					
	<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>					
<b>b</b> Less: cost of goods sold		<b>b</b>					
<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11a</b> EPAYABLES REBATE	900099	6,988,898			6,988,898		
<b>b</b> SERVICES SOLD	900099	46,592,282		46,592,282			
<b>c</b> DSH MEDICARE SETTLEMENT	900099	847,178			847,178		
<b>d</b> All other revenue	900099	2,060,704	0	0	2,060,704		
<b>e Total.</b> Add lines 11a-11d		56,489,062					
<b>12 Total revenue.</b> See instructions.		2,303,440,034	2,110,361,889	62,399,060	130,323,861		

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	9,154,904	9,154,904		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	400,354	400,354		
<b>4</b> Benefits paid to or for members . . . . .	0	0		
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	33,640,519		33,640,519	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	268,279,386	67,008,259	201,271,127	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	12,736,878	2,797,928	9,938,950	
<b>9</b> Other employee benefits . . . . .	63,613,415	9,485,403	54,128,012	
<b>10</b> Payroll taxes . . . . .	18,014,317	4,738,446	13,275,871	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	3,306,757	257,558	3,049,199	
<b>c</b> Accounting . . . . .	21,760,678	1,183,022	20,577,656	
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .				
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	840,252,435	73,620,106	766,632,329	0
<b>12</b> Advertising and promotion . . . . .	324,732	17,317	307,415	
<b>13</b> Office expenses . . . . .	30,793,921	1,768,788	29,025,133	
<b>14</b> Information technology . . . . .	7,538,890	2,489	7,536,401	
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	12,235,202	74,176	12,161,026	
<b>17</b> Travel . . . . .	5,876,588	1,574,305	4,302,283	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	2,207,633	197,762	2,009,871	
<b>20</b> Interest . . . . .	309,134,972	303,067,726	6,067,246	
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	113,978,702	782,284	113,196,418	
<b>23</b> Insurance . . . . .	212,664,144	212,657,639	6,505	
<b>24</b> 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.)				
<b>a</b> UNRELATED BUSINESS TAXES . . . . .	10,101,122		10,101,122	
<b>b</b> REPAIRS AND MAINTENANCE . . . . .	320,066,404	184,841,873	135,224,531	
<b>c</b> RESTRUCTURING LOSSES . . . . .	74,110,333		74,110,333	
<b>d</b> GROUP MEDICAL COSTS . . . . .	610,041,393	610,041,393		
<b>e</b> All other expenses . . . . .	141,033,620	1,589,716	139,443,904	0
<b>25</b> Total functional expenses. Add lines 1 through 24e . . . . .	3,121,267,299	1,485,261,448	1,636,005,851	0
<b>26</b> 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 <input type="checkbox"/> 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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing	1,475,694	<b>1</b>	741,571
	<b>2</b> Savings and temporary cash investments	446,604,006	<b>2</b>	252,106,464
	<b>3</b> Pledges and grants receivable, net	0	<b>3</b>	
	<b>4</b> Accounts receivable, net	22,316,306	<b>4</b>	29,378,717
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	<b>5</b>	0
	<b>6</b> 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		<b>6</b>	0
	<b>7</b> Notes and loans receivable, net	3,588,532,440	<b>7</b>	3,167,123,447
	<b>8</b> Inventories for sale or use	0	<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges	64,164,104	<b>9</b>	73,109,986
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 1,263,041,783		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 565,192,967	818,003,861	<b>10c</b> 697,848,816
	<b>11</b> Investments—publicly traded securities	0	<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11	784,514,120	<b>12</b>	527,211,905
	<b>13</b> Investments—program-related. See Part IV, line 11	0	<b>13</b>	0
	<b>14</b> Intangible assets	16,500,000	<b>14</b>	14,300,000
	<b>15</b> Other assets. See Part IV, line 11	2,116,231,329	<b>15</b>	2,219,085,580
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	7,858,341,860	<b>16</b>	6,980,906,486	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	517,329,620	<b>17</b>	517,853,842
	<b>18</b> Grants payable	0	<b>18</b>	
	<b>19</b> Deferred revenue	465,569,794	<b>19</b>	452,681,620
	<b>20</b> Tax-exempt bond liabilities	4,233,814,766	<b>20</b>	3,973,264,296
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	6,974	<b>21</b>	1,200
	<b>22</b> 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		<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	1,007,571,874	<b>23</b>	974,078,513
	<b>24</b> Unsecured notes and loans payable to unrelated third parties	3,023,741,163	<b>24</b>	3,023,741,163
	<b>25</b> 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	2,634,449,810	<b>25</b>	2,458,484,022
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25	11,882,484,001	<b>26</b>	11,400,104,656
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	(4,024,581,474)	<b>27</b>	(4,419,638,086)
	<b>28</b> Temporarily restricted net assets	439,333	<b>28</b>	439,916
	<b>29</b> Permanently restricted net assets	0	<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> <b>Total net assets or fund balances</b>	(4,024,142,141)	<b>33</b>	(4,419,198,170)	
<b>34</b> <b>Total liabilities and net assets/fund balances</b>	7,858,341,860	<b>34</b>	6,980,906,486	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	2,303,440,034
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	3,121,267,299
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	(817,827,265)
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	(4,024,142,141)
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	133,623,010
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	289,148,226
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	(4,419,198,170)

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
<b>b</b> Were the organization's financial statements audited by an independent accountant? 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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	✓	
<b>c</b> 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	✓	
<b>3a</b> 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?	✓	
<b>b</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.	✓	

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No 1545-0047

**2016**

**Open to Public Inspection**

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](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization COMMONSPIRIT HEALTH F/K/A CATHOLIC HEALTH INITIATIVES	Employer identification number 47-0617373
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**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 12, 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - 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 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>(A)</b> CATHOLIC HEALTH CARE FEDERATION	99-9999999	1 CHURCH SECTION 170(B)(1)(A)(I)	✓		0	0
<b>(B)</b>						
<b>(C)</b>						
<b>(D)</b>						
<b>(E)</b>						
<b>Total</b>					0	0

**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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .						
<b>5</b> 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) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First five years.</b> 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 <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2015 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a 33 1/3% support test—2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>b 33 1/3% support test—2015.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>17a 10%-facts-and-circumstances test—2016.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>b 10%-facts-and-circumstances test—2015.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 10 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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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 . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .						
<b>b</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 . . . .						
<b>c</b> Add lines 7a and 7b . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>9</b> Amounts from line 6 . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .						
<b>c</b> Add lines 10a and 10b . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . .						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15 . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from 2015 Schedule A, Part III, line 17 . . . .	<b>18</b>	%

**19a 33 1/3% support tests—2016.** 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—2015.** 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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? <i>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.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	<input type="checkbox"/>	<input type="checkbox"/>
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	<input type="checkbox"/>	<input type="checkbox"/>
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>	<input type="checkbox"/>	<input type="checkbox"/>
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)? <i>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.</i>	<input type="checkbox"/>	<input type="checkbox"/>
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	<input type="checkbox"/>	<input type="checkbox"/>
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	<input type="checkbox"/>	<input type="checkbox"/>
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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))? <i>If "Yes," provide detail in Part VI.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	<input type="checkbox"/>	<input type="checkbox"/>

**Part IV Supporting Organizations (continued)**

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		✓
<b>b</b> A family member of a person described in (a) above?		✓
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		✓

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> 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.	✓	
<b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	✓	

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> 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 <b>Part VI</b> 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.		
<b>b</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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> 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 <b>Part VI</b> .		
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.		

**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 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4).	<b>8</b>		
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d.	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035.	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1.	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		
<b>7</b> <input type="checkbox"/> 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 <b>Total annual distributions.</b> 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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013 . . . . .			
d From 2014 . . . . .			
e From 2015 . . . . .			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2017.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b Excess from 2013 . . .			
c Excess from 2014 . . .			
d Excess from 2015 . . .			
e Excess from 2016 . . .			

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No 1545-0047

**2016**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/form990).**

**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 organization <b>COMMONSPIRIT HEALTH F/K/A CATHOLIC HEALTH INITIATIVES</b>	Employer identification number <b>47-0617373</b>
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**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. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) . . . . . ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities (see instructions) . . . . .

**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-
(1)				
(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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) . . . . .														
<b>d</b>	Other exempt purpose expenditures . . . . .														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		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		
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														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) . . . . .														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .														
<b>j</b>	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? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> 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.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> 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)).

Table with columns (a) Yes/No and (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members...; e Publications...; f Grants to other organizations...; g Direct contact with legislators...; h Rallies, demonstrations...; i Other activities?; j Total. Add lines 1c through 1i; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; 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).

Table with columns Yes/No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?

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."

Table with columns 1-5. Rows include: 1 Dues, assessments and similar amounts from members; 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; b Carryover from last year; c Total; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 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?; 5 Taxable amount of lobbying and political expenditures (see instructions)

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.

SEE NEXT PAGE

Series of horizontal dashed lines for supplemental information.

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

2016

Open to Public Inspection

Name of the organization: COMMONSPIRIT HEALTH F/K/A 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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 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?

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).
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.
Table with 2 columns: Held at the End of the Tax Year. Rows include: 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register.
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?
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)?
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
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance . . . . .             | <b>1c</b> |
| <b>d</b> Additions during the year . . . . .     | <b>1d</b> |
| <b>e</b> Distributions during the year . . . . . | <b>1e</b> |
| <b>f</b> Ending balance . . . . .                | <b>1f</b> |
- 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 on Part XIII . . . . .

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses . . . . .					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> 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 |
|---|---------------|----|
| <b>(i)</b> unrelated organizations . . . . .  | <b>3a(i)</b>  |    |
| <b>(ii)</b> related organizations . . . . .   | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |
- 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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		9,993,072		9,993,072
<b>b</b> Buildings . . . . .		62,259,583	7,780,070	54,479,513
<b>c</b> Leasehold improvements . . . . .		7,572,891	6,052,839	1,520,052
<b>d</b> Equipment . . . . .		996,063,743	551,356,325	444,707,418
<b>e</b> Other . . . . .		187,152,494	3,733	187,148,761
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . . . . . ▶				697,848,816

**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	7,727,008	END OF YEAR MARKET VALUE
(B) INT DESIGNATED CHV III LP	15,770,246	END OF YEAR MARKET VALUE
(C) INVESTMENTS IN HIGHMARK FUND	49,251,693	END OF YEAR MARKET VALUE
(D) HELD FOR DEBT REQ - CHI DEBT PROGRAM	2	END OF YEAR MARKET VALUE
(E) CHI LEGACY GIFT - TEXAS HEART INSTITUTE	60,143,831	END OF YEAR MARKET VALUE
(F) CHI OPERATING INVESTMENT PROGRAM	394,319,125	END OF YEAR MARKET VALUE
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	527,211,905	

**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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (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
(1) CONIFER VALUATION & REVENUE CYCLE	11,030,920
(2) EXECUFLEX DEFERRED INCOME PLAN	6,467,040
(3) CASH SURRENDOR VALUE LIFE INSURANCE	2,666,864
(4) CHI 457(B) PLAN	13,031,896
(5) REINSURANCE RECOVERY ASSETS	3,215,000
(6) INTERCOMPANY RECEIVABLES	1,146,891,978
(7) INVESTMENTS IN UNCONSOLIDATED ORGS - CONTROLLING INTEREST	939,832,028
(8) INVESTMENTS IN UNCONSOLIDATED ORGS - NONCONTROLLING INTEREST	85,539,621
(9) (SEE STATEMENT)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	2,219,085,580

**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
(1) Federal income taxes	
(2) PENSION LIABILITY	848,488,833
(3) SELF-INSURANCE RESERVES AND CLAIMS	4,246,471
(4) INTEREST RATE SWAPS	97,821,632
(5) LOSSES INCURRED BUT NOT REPORTED	53,148,336
(6) INTERCOMPANY PAYABLES	1,341,928,484
(7) THI MISSION ADMIN SUPPORT	46,609,046
(8) LEGACY GIFT - TEXAS HEART INSTITUTE	60,143,832
(9) (SEE STATEMENT)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	2,458,484,022

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



**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No 1545-0047

**2016**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on 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](http://www.irs.gov/form990).

Name of the organization

COMMONSPIRIT HEALTH F/K/A CATHOLIC HEALTH INITIATIVES

Employer identification number

47-0617373

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on 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 Activities 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 the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
(1) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	1	PROGRAM SERVICES	INDEPENDENT CONTRACTORS	2,883
(2) NORTH AMERICA (CANADA & MEXICO ONLY)	0	17	PROGRAM SERVICES	INDEPENDENT CONTRACTORS	300,039
(3) CENTRAL AMERICA AND THE CARIBBEAN	0	0	CONDUCTING BOARD MEETINGS		67,362
(4) NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	CONDUCTING BOARD MEETINGS		81,158
(5) CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		1,731,561
(6) SOUTH AMERICA	0	0	GRANTMAKING		112,432
(7) CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTMAKING		128,342
(8) SOUTH ASIA	0	0	GRANTMAKING		58,447
(9) SOUTH ASIA	0	1	PROGRAM SERVICES	INDEPENDENT CONTRACTORS	71,322,629
(10) CENTRAL AMERICA AND THE CARIBBEAN	0	4	PROGRAM SERVICES	INDEPENDENT CONTRACTORS	23,265
(11) MIDDLE EAST AND NORTH AFRICA	0	2	PROGRAM SERVICES	INDEPENDENT CONTRACTORS	17,078
(12) SOUTH AMERICA	0	5	PROGRAM SERVICES	INDEPENDENT CONTRACTORS	19,534
(13) SUB-SAHARAN AFRICA	0	2	PROGRAM SERVICES	INDEPENDENT CONTRACTORS	6,650
(14)					
(15)					
(16)					
(17)					
<b>3a Sub-total</b>	<b>0</b>	<b>32</b>			<b>73,871,380</b>
<b>b Total from continuation sheets to Part I</b>	<b>0</b>	<b>0</b>			<b>0</b>
<b>c Totals (add lines 3a and 3b)</b>	<b>0</b>	<b>32</b>			<b>73,871,380</b>

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 50082W

Schedule F (Form 990) 2016

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on 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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH AMERICA	BIRTH ATTENDANT TRAINING	213,565	CHECK			
(2)			CENTRAL AMERICA AND THE CARIBBEAN	SOCIAL SUPPORT FOR SENIORS	68,702	CHECK			
(3)			SOUTH ASIA	PALLIATIVE GERIATRIC, AND PREVENTIVE CARE	58,447	CHECK			
(4)			CENTRAL AMERICA AND THE CARIBBEAN	JOB AND SKILLS TRAINING	59,640	CHECK			
(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 . . . . . 4

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

**Part III** Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on 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 noncash assistance	(g) Description of noncash 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 separately 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 separately 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.

(SEE STATEMENT)

Area with horizontal dashed lines for supplemental information.

**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Name of the organization

COMMONSPIRIT HEALTH F/K/A 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.

1 (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
(1) ALEGENT CREIGHTON HEALTH FOUNDATION PO BOX 642150, OMAHA, NE 68154	47-0648586	501(C)(3)	78,206				VIOLENCE PREVENTION
(2) ALEGENT CREIGHTON HEALTH FOUNDATION PO BOX 642150, OMAHA, NE 68154	47-0648586	501(C)(3)	839,265				PLAN FOR BEHAVIORAL HEALTH
(3) ALEGENT CREIGHTON HEALTH FOUNDATION PO BOX 642150, OMAHA, NE 68154	47-0648586	501(C)(3)	319,622				COMMUNITY LINK
(4) ARRUPE JESUIT HIGH SCHOOL 4343 UTICA ST., DENVER, CO 80212	46-0508814	501(C)(3)	35,845				WORK STUDY PROGRAM
(5) ARRUPE JESUIT HIGH SCHOOL 4343 UTICA ST., DENVER, CO 80212	46-0508814	501(C)(3)	12,625				WORK STUDY PROGRAM
(6) (SEE STATEMENT)	46-0441468	501(C)(3)	93,270				VIOLENCE PREVENTION DESIGN
(7) (SEE STATEMENT)	84-0902211	501(C)(3)	224,775				RECONNECT PROGRAM
(8) (SEE STATEMENT)	84-0902211	501(C)(3)	84,200				VIOLENCE PREVENTION
(9) (SEE STATEMENT)	84-0902211	501(C)(3)	377,716				(SEE STATEMENT)
(10) (SEE STATEMENT)	84-0902211	501(C)(3)	160,601				LINK
(11) (SEE STATEMENT)	84-0902211	501(C)(3)	112,432				YOUTH VIOLENCE PREVENTION
(12) (SEE STATEMENT)							

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 42
- 3** Enter total number of other organizations listed in the line 1 table . . . . . 1

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 50055P

Schedule I (Form 990) (2016)



**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](http://www.irs.gov/form990).

OMB No 1545-0047

**2016**

**Open to Public  
Inspection**

Name of the organization

COMMONSPIRIT HEALTH F/K/A CATHOLIC HEALTH INITIATIVES

Employer identification number

47-0617373

**Part I Questions Regarding Compensation**

	Yes	No
<p><b>1a</b> 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.</p> <p> <input checked="" type="checkbox"/> First-class or charter travel                      <input type="checkbox"/> Housing allowance or residence for personal use  <input checked="" type="checkbox"/> Travel for companions                                      <input type="checkbox"/> Payments for business use of personal residence  <input checked="" type="checkbox"/> Tax indemnification and gross-up payments              <input type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Discretionary spending account                              <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef)                 </p>		
<p><b>b</b> If any of the boxes on 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 . . . . .</p>	1b ✓	
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? . . . . .</p>	2 ✓	
<p><b>3</b> 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.</p> <p> <input checked="" type="checkbox"/> Compensation committee                                      <input checked="" type="checkbox"/> Written employment contract  <input checked="" type="checkbox"/> Independent compensation consultant                      <input checked="" type="checkbox"/> Compensation survey or study  <input type="checkbox"/> Form 990 of other organizations                              <input checked="" type="checkbox"/> Approval by the board or compensation committee                 </p>		
<p><b>4</b> 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:</p>		
<p><b>a</b> Receive a severance payment or change-of-control payment? . . . . .</p>	4a ✓	
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .</p>	4b ✓	
<p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	✓
<p><b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</b></p>		
<p><b>5</b> 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:</p>		
<p><b>a</b> The organization? . . . . .</p>	5a	✓
<p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>	5b	✓
<p><b>6</b> 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:</p>		
<p><b>a</b> The organization? . . . . .</p>	6a	✓
<p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>	6b	✓
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III . . . . .</p>	7 ✓	
<p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued 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 . . . . .</p>	8	✓
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .</p>	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 aren't 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				
<b>1</b> KEVIN LOFTON, FACHE CHIEF EXECUTIVE OFFICER	(i) 1,665,767 (ii) 0	3,923,615 0	967,683 0	15,900 0	7,540 0	6,580,505 0	441,169 0
<b>2</b> MITCH H MELFI, ESQ EVP CORPORATE AFFAIRS & CHIEF LEGAL OFFICER/SECRETARY	(i) 663,167 (ii) 0	633,938 0	251,000 0	15,900 0	18,354 0	1,582,359 0	94,106 0
<b>3</b> JOYCE ROSS SVP MARKETING AND COMMUNICATIONS/ASSISTANT SECRETARY	(i) 361,809 (ii) 0	208,637 0	88,451 0	14,588 0	7,540 0	681,025 0	29,665 0
<b>4</b> MICHAEL ROWAN, FACHE PRESIDENT OF HEALTH SYSTEM DELIVERY & COO	(i) 1,345,828 (ii) 0	2,064,833 0	598,373 0	15,900 0	18,038 0	4,042,972 0	244,488 0
<b>5</b> DEAN SWINDLE, CPA PRESIDENT OF ENTERPRISE BUSINESS LINES & CFO/TREASURER	(i) 1,205,547 (ii) 0	1,800,815 0	717,518 0	15,900 0	18,136 0	3,757,916 0	388,656 0
<b>6</b> STEVEN KEHRBERG FORMER SVP SUPPLY CHAIN & CLINICAL ENGINEERING	(i) 0 (ii) 344	0 0	423,871 0	1,578 0	10,408 0	435,857 344	23,815 0
<b>7</b> STEPHEN MOORE, MD FORMER SVP & CHIEF MEDICAL OFFICER	(i) 597,717 (ii) 595,498	428,320 364,702	229,347 107,561	17,454 68,809	12,496 18,970	1,285,334 1,155,540	205,240 85,201
<b>8</b> NICHOLAS M BARTO SVP- CORP FINANCE- INVESTMENTS	(i) 0 (ii) 860,372	0 921,684	0 318,980	0 3,728	0 9,732	0 2,114,496	0 157,032
<b>9</b> DAVID VELLINGA SVP DIVISIONAL OPERATIONS/IMBO CEO	(i) 0 (ii) 891,901	0 845,766	0 162,199	0 154,502	0 7,316	0 2,061,684	0 135,255
<b>10</b> RUTH WILLIAMS BRINKLEY SVP/IMBO PRESIDENT & CEO	(i) 0 (ii) 198,175	0 75,000	0 17,456	0 36,000	0 4,726	0 331,357	0 0
<b>11</b> ROBERT WEIL SVP-CHIEF MEDICAL OFFICER	(i) 0 (ii) 558,208	0 612,432	0 469,253	0 120,340	0 14,555	0 1,774,788	0 283,806
<b>12</b> THOMAS CLIFFORD DEVENY, MD SVP-PHYS SERV & CLIN INTEGR	(i) 0 (ii) 383,839	0 711,366	0 1,016,237	0 15,900	0 11,339	0 2,138,681	0 588,084
<b>13</b> JOHN DICOLA EVP ENTERPRISE STRATEGIC DEVELOPMENT	(i) 0 (ii) 613,452	0 515,600	0 186,340	0 15,760	0 17,592	0 1,348,744	0 45,714
<b>14</b> PAUL EDGETT, III EVP AND CHIEF STRATEGY OFFICER	(i) 0 (ii) 428,630	0 245,914	0 132,496	0 15,900	0 18,250	0 841,390	0 69,915
<b>15</b> PHILIP FOSTER SVP RISK & INSURANCE	(i) 0 (ii) (SEE STATEMENT)	0 (SEE STATEMENT)	0 (SEE STATEMENT)	0 (SEE STATEMENT)	0 (SEE STATEMENT)	0 (SEE STATEMENT)	0 (SEE STATEMENT)
<b>16</b>							

**Part II Officers, Directors, Trustees, Key Employees and Highest Compensated Employees (continued)**

(a) Name	(b) Breakdown of W-2 and/or 1099-MISC compensation			(c) Retirement and other deferred compensation	(d) Nontaxable benefits	(e) Total of columns (b)(i)-(d)	(f) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(16) THOMAS KOPFENSTEINER EVP MISSION	(i)	624,634	611,649	15,900	7,540	1,656,674	244,611
	(ii)	0	0	0	0	0	0
(17) MICHAEL O'ROURKE SVP & CHIEF INFORMATION OFFICER	(i)	612,121	412,202	15,900	18,354	1,254,345	113,276
	(ii)	0	0	0	0	0	0
(18) KATHLEEN SANFORD, RN, DBA, FACHE SVP & CHIEF NURSING OFFICER	(i)	560,196	534,777	15,677	17,546	1,326,021	81,667
	(ii)	0	0	0	0	0	0
(19) PATRICIA WEBB, FACHE EVP & CHIEF ADMINISTRATIVE OFFICER/ HR OFFICER	(i)	662,940	633,132	15,900	12,714	1,698,974	214,592
	(ii)	0	0	0	0	0	0
(20) PETER BANKO SVP & DIVISIONAL EXECUTIVE OFFICER	(i)	288,351	429,428	0	5,887	1,285,361	45,514
	(ii)	0	0	0	0	0	0
(21) MICHAEL COVERT SVP DIVISIONAL OPERATIONS/MBO CEO	(i)	1,130,550	676,728	10,846	17,664	2,049,191	212
	(ii)	0	0	0	0	0	0
(22) JEFFREY DROP SVP & DIVISIONAL EXECUTIVE OFFICER	(i)	560,895	580,949	15,900	12,312	1,343,536	61,356
	(ii)	0	0	0	0	0	0
(23) KETUL PATEL SVP DIVISIONAL OPERATIONS/MBO CEO	(i)	1,016,703	550,020	179,176	13,574	1,799,924	0
	(ii)	0	0	0	0	0	0
(24) CLIFF ROBERTSON, MD SVP DIVISIONAL OPERATIONS/MBO CEO	(i)	829,993	808,133	148,918	18,822	1,992,379	163,181
	(ii)	0	0	0	0	0	0

**SCHEDULE K  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

COMMONSPIRIT HEALTH F/K/A CATHOLIC HEALTH INITIATIVES

**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Deceased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
<b>A</b> COLORADO HEALTH FACILITIES AUTHORITY 2008C-4	84-0752932	19648A4Q5	11/12/2015	26,495,000	SEE PART VI (2008C2, C4, D3 COMP ISSUE)		✓		✓		✓
<b>B</b> COLORADO HEALTH FACILITIES AUTHORITY 2008C-2	84-0752932	19648A4P7	11/15/2015	26,495,000	SEE PART VI (2008C2, C4, D3 COMP ISSUE)		✓		✓		✓
<b>C</b> COLORADO HEALTH FACILITIES AUTHORITY 2008D-3	84-0752932	19648A4R3	11/12/2015	48,835,493	SEE PART VI (2008C2,C4, D3 COMP ISSUE)		✓		✓		✓
<b>D</b> WASHINGTON HEALTH CARE FACILITIES AUTHORITY 2015A	91-1108929	000000000	08/11/2015	51,400,000	SEE PART VI - (2015A ISSUE)		✓		✓		✓

Employer identification number  
47-0617373

**Supplemental Information on Tax-Exempt Bonds**

▶ Complete if the organization answered "Yes" on 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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public Inspection

**Part II Proceeds**

	A		B		C		D	
	Amount of bonds retired	Amount of bonds legally defeased	Total proceeds of issue	Gross proceeds in reserve funds	Capitalized interest from proceeds	Proceeds in refunding escrows	Issuance costs from proceeds	Credit enhancement from proceeds
1	0	0	26,495,000	0	0	0	0	0
2	0	0	26,495,000	0	0	0	0	0
3	26,495,000	0	48,835,493	0	0	0	0	51,400,000
4	0	0	0	0	0	0	0	0
5	0	0	0	0	0	0	0	0
6	0	0	0	0	0	0	0	0
7	0	0	0	0	0	0	0	0
8	0	0	0	0	0	0	0	0
9	0	0	0	0	0	0	0	0
10	0	0	0	0	0	0	0	0
11	26,495,000	0	48,835,493	0	0	0	0	51,400,000
12	0	0	0	0	0	0	0	0
13	2009		2009		2008		2004	
14	Were the bonds issued as part of a current refunding issue?	✓	Yes	No	Yes	No	Yes	No
15	Were the bonds issued as part of an advance refunding issue?	✓	Yes	No	Yes	No	Yes	No
16	Has the final allocation of proceeds been made?	✓	Yes	No	Yes	No	Yes	No
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	✓	Yes	No	Yes	No	Yes	No

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1		✓		✓		✓		✓
2	✓		✓		✓		✓	

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Cat. No. 50193E

Schedule K (Form 990) 2016

**Part III Private Business Use (Continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	✓		✓		✓		✓	
<b>b</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? . . . . .	✓		✓		✓		✓	
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .	✓		✓		✓		✓	
<b>d</b> 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? . . . . .	✓		✓		✓		✓	
<b>4</b> 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 . . . . . ▶		0.07 %						%
<b>5</b> 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 %						%
<b>6</b> Total of lines 4 and 5 . . . . .		0.12 %		0.00 %		0.00 %		0.00 %
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		✓		✓		✓		✓
<b>8a</b> 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? . . . . .	✓		✓		✓		✓	
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .		1.26 %		1.26 %				4.59 %
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .	✓		✓				✓	
<b>9</b> 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? . . . . .	✓		✓		✓		✓	

**Part IV Arbitrage**

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



**SCHEDULE K  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

COMMONSPIRIT HEALTH F/K/A CATHOLIC HEALTH INITIATIVES

**Part I Bond Issues**

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Deceased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
<b>A</b>	COLORADO HEALTH FACILITIES AUTHORITY 2015A	84-0752932	000000000	07/24/2015	21,400,000	SEE PART VI - (2015 COMP ISSUE)	✓		✓			✓
<b>B</b>	COLORADO HEALTH FACILITIES AUTHORITY 2015B	84-0752932	000000000	07/24/2015	50,000,000	SEE PART VI - (2015 COMP ISSUE)	✓		✓			✓
<b>C</b>	COLORADO HEALTH FACILITIES AUTHORITY 2015-1	84-0752932	000000000	07/24/2015	40,000,000	SEE PART VI (2015 COMP ISSUE)	✓		✓			✓
<b>D</b>	COLORADO HEALTH FACILITIES AUTHORITY 2015-2	84-0752932	000000000	07/24/2015	73,700,000	SEE PART VI (2015 COMP ISSUE)	✓		✓			✓

Employer identification number  
47-0617373

**Supplemental Information on Tax-Exempt Bonds**

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

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

OMB No. 1545-0047

**2016**

Open to Public Inspection

**Part II Proceeds**

	A		B		C		D	
	Amount of bonds retired	Amount of bonds legally defeased	Total proceeds of issue	Gross proceeds in reserve funds	Capitalized interest from proceeds	Proceeds in refunding escrows	Issuance costs from proceeds	Credit enhancement from proceeds
1	2,800,000	0	22,730,000	0	0	0	0	3,300,000
2	21,400,000	0	50,000,000	0	0	0	0	40,000,000
3	21,400,000	0	50,000,000	0	0	0	0	40,000,000
4	21,400,000	0	50,000,000	0	0	0	0	40,000,000
5	21,400,000	0	50,000,000	0	0	0	0	40,000,000
6	21,400,000	0	50,000,000	0	0	0	0	40,000,000
7	21,400,000	0	50,000,000	0	0	0	0	40,000,000
8	21,400,000	0	50,000,000	0	0	0	0	40,000,000
9	21,400,000	0	50,000,000	0	0	0	0	40,000,000
10	21,400,000	0	50,000,000	0	0	0	0	40,000,000
11	21,400,000	0	50,000,000	0	0	0	0	40,000,000
12	21,400,000	0	50,000,000	0	0	0	0	40,000,000
13	21,400,000	0	50,000,000	0	0	0	0	40,000,000

	2001		2008		2006		2004	
	Yes	No	Yes	No	Yes	No	Yes	No
14	✓		✓		✓		✓	
15	✓		✓		✓		✓	
16	✓		✓		✓		✓	
17	✓		✓		✓		✓	

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1	✓		✓		✓		✓	
2	✓		✓		✓		✓	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 50193E

Schedule K (Form 990) 2016

**Part III Private Business Use (Continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	✓		✓		✓		✓	
<b>b</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? . . . . .	✓		✓		✓		✓	
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .	✓		✓		✓		✓	
<b>d</b> 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? . . . . .	✓		✓		✓		✓	
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶		0.06 %						%
<b>5</b> 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 . . . . . ▶		0.00 %						%
<b>6</b> Total of lines 4 and 5 . . . . .		0.06 %					0.00 %	0.00 %
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		✓		✓		✓		✓
<b>8a</b> 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? . . . . .		✓		✓		✓		✓
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .								%
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								%
<b>9</b> 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? . . . . .	✓		✓		✓		✓	

**Part IV Arbitrage**

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



**SCHEDULE K  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

COMMONSPIRIT HEALTH F/K/A CATHOLIC HEALTH INITIATIVES

**Part I Bond Issues**

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Deleted		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
<b>A</b>	COLORADO HEALTH FACILITIES AUTHORITY 2013A	84-0752932	19648AM85	11/14/2013	247,549,679	SEE PART VI - (2013A COMP ISSUE)						
<b>B</b>	CHATTANOOGA TN HEALTH ED & HOUSING FAC 2013A	52-1298872	162410CY8	11/14/2013	199,474,835	SEE PART VI - (2013A COMP ISSUE)						
<b>C</b>	WASHINGTON HEALTH CARE FACILITIES AUTH 2013A	91-1108929	93978HHU2	11/14/2013	63,627,435	SEE PART VI - (2013A COMP ISSUE)						
<b>D</b>	KENTUCKY ECONOMIC DEV FINANCE AUTHORITY 2013A	61-0600439	49126PEB2	11/14/2013	76,508,787	SEE PART VI - (2013A COMP ISSUE)						

Employer identification number  
47-0617373

**Supplemental Information on Tax-Exempt Bonds**

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

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

**Part II Proceeds**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1								
2								
3			247,551,692	199,474,835	63,627,582	76,509,117		
4			0	0	0	0		
5			0	0	0	0		
6			0	0	0	0		
7			0	0	0	0		
8			0	0	0	0		
9			2,013	0	0	330		
10			247,549,679	160,903,777	63,627,582	7,529,586		
11			0	38,571,058	0	68,979,201		
12			0	0	0	0		
13			2013	2013	2013	2013		

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
14								
15								
16								
17								

**Part III Private Business Use**

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 50193E

Schedule K (Form 990) 2016

**Part III Private Business Use (Continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	✓		✓		✓		✓	
<b>b</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? . . . . .	✓		✓		✓		✓	
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .	✓		✓		✓		✓	
<b>d</b> 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? . . . . .	✓		✓		✓		✓	
<b>4</b> 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 %						%
<b>5</b> 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 . . . . . ▶		0.00 %						%
<b>6</b> Total of lines 4 and 5 . . . . .		0.36 %						0.00 %
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		✓		✓		✓		✓
<b>8a</b> 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? . . . . .		✓		✓		✓		✓
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .								0.08 %
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								✓
<b>9</b> 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? . . . . .	✓		✓		✓		✓	

**Part IV Arbitrage**

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



**SCHEDULE K  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

COMMONSPIRIT HEALTH F/K/A CATHOLIC HEALTH INITIATIVES

**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Deceased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
<b>A</b> WASHINGTON HEALTH CARE FACILITIES AUTH 2013B	91-1108929	93978HHW8	11/14/2013	200,000,000	SEE PART VI - (2013 B ISSUE)		✓		✓		✓
<b>B</b> COLORADO HEALTH FACILITIES AUTHORITY 2013C	84-0752932	000000000	12/19/2013	100,000,000	SEE PART VI - (2013C ISSUE)		✓		✓		✓
<b>C</b> LOUISVILLE/JEFFERSON METRO COUNTY GVT 2012A	32-0004900	54675QAV5	04/05/2012	299,657,170	SEE PART VI - (2012A ISSUE)	✓			✓		✓
<b>D</b> WASHINGTON HEALTH CARE AUTHORITY 2011A	91-1108929	93978HDP7	11/10/2011	106,950,848	SEE PART VI - (2011A COMP ISSUE)		✓		✓		✓

Employer identification number  
47-0617373

**Supplemental Information on Tax-Exempt Bonds**

▶ Complete if the organization answered "Yes" on 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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

**Part II Proceeds**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired . . . . .					0	0	9,640,000	5,835,000
2 Amount of bonds legally defeased . . . . .					0	0	61,950,000	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 . . . . .		70		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 . . . . .		0		0		0		0
13 Year of substantial completion . . . . .	2013		2013		2009		2011	

- Were the bonds issued as part of a current refunding issue? . . . . .
- Were the bonds issued as part of an advance refunding issue? . . . . .
- Has the final allocation of proceeds been made? . . . . .
- Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .

**Part III Private Business Use**

- Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .
- Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 50193E

Schedule K (Form 990) 2016

**Part III Private Business Use (Continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	✓		✓		✓		✓	
<b>b</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? . . . . .	✓		✓		✓		✓	
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .	✓		✓		✓		✓	
<b>d</b> 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? . . . . .	✓		✓		✓		✓	
<b>4</b> 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 %		0.15 %		0.01 %
<b>5</b> 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 . . . . . ▶		0.00 %		0.00 %		0.00 %		0.00 %
<b>6</b> Total of lines 4 and 5 . . . . .		0.78 %		0.02 %		0.15 %		0.01 %
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		✓		✓		✓		✓
<b>8a</b> 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? . . . . .		✓		✓		✓		✓
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .		%		0.08 %		22.81 %		0.21 %
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
<b>9</b> 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? . . . . .	✓		✓		✓		✓	

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		✓		✓		✓		✓
<b>2</b> If "No" to line 1, did the following apply? . . . . .								
<b>a</b> Rebate not due yet? . . . . .	✓		✓					
<b>b</b> Exception to rebate? . . . . .					✓			
<b>c</b> No rebate due? . . . . .					✓			
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .					07/12/1917			
<b>3</b> Is the bond issue a variable rate issue? . . . . .	✓		✓		✓		✓	
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? . . . . .		✓		✓		✓		✓
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of hedge . . . . .								
<b>d</b> Was the hedge superintegrated? . . . . .								
<b>e</b> Was the hedge terminated? . . . . .								



**SCHEDULE K  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

COMMONSPIRIT HEALTH F/K/A CATHOLIC HEALTH INITIATIVES

**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) Pooled financing	
							Yes	No	Yes	No	Yes	No
<b>A</b>	COLORADO HEALTH FACILITIES AUTHORITY 2011A	84-0752932	19648AWL5	11/10/2011	432,722,079	SEE PART VI - (2011A COMP ISSUE)	✓		✓			✓
<b>B</b>	KENTUCKY ECONOMIC DEV FINANCE AUTH 2011B	61-0600439	49126PDY3	11/10/2011	158,155,000	SEE PART VI - (2011BC COMP ISSUE)	✓		✓			✓
<b>C</b>	COLORADO HEALTH FACILITIES AUTHORITY 2011C	84-0752932	000000000	11/10/2011	125,000,000	SEE PART VI - (2011BC COMP ISSUE)	✓		✓			✓
<b>D</b>	COLORADO HEALTH FACILITIES AUTHORITY 2009 A/B	84-0752932	19648ARL1	11/10/2009	713,972,398	SEE PART VI - (2009AB COMP ISSUE)	✓		✓			✓

Employer identification number  
47-0617373

**Supplemental Information on Tax-Exempt Bonds**

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

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

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

**Part II Proceeds**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Amount of bonds retired		83,785,000	0	7,000,000				165,975,000
<b>2</b> Amount of bonds legally defeased		0	0	0				0
<b>3</b> Total proceeds of issue		432,772,413	158,155,431	125,000,000				714,047,470
<b>4</b> Gross proceeds in reserve funds		0	0	0				0
<b>5</b> Capitalized interest from proceeds		0	0	0				0
<b>6</b> Proceeds in refunding escrows		0	0	0				0
<b>7</b> Issuance costs from proceeds		3,772,079	1,380,000	0				6,264,973
<b>8</b> Credit enhancement from proceeds		0	0	0				0
<b>9</b> Working capital expenditures from proceeds		334	431	0				0
<b>10</b> Capital expenditures from proceeds		151,100,000	100,000,000	125,000,000				552,182,497
<b>11</b> Other spent proceeds		283,500,000	56,775,000	0				155,600,000
<b>12</b> Other unspent proceeds		0	0	0				0
<b>13</b> Year of substantial completion		2011	2011	2011				2011

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

**Part III Private Business Use**

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 50193E

Schedule K (Form 990) 2016

**Part III Private Business Use (Continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	✓		✓		✓		✓	
<b>b</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? . . . . .	✓		✓		✓		✓	
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .	✓		✓		✓		✓	
<b>d</b> 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? . . . . .	✓		✓		✓		✓	
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . ▶		%		0.06%		%		0.13%
<b>5</b> 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 . . . ▶		%		0.00%		%		0.01%
<b>6</b> Total of lines 4 and 5 . . . . .		0.00%		0.06%		0.00%		0.14%
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		✓		✓		✓		✓
<b>8a</b> 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? . . . . .	✓			✓		✓		✓
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .		178%		%		%		6.19%
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .	✓						✓	
<b>9</b> 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? . . . . .	✓						✓	

**Part IV Arbitrage**

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



**SCHEDULE K  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

COMMONSPIRIT HEALTH F/K/A CATHOLIC HEALTH INITIATIVES

**Part I Bond Issues**

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Deceased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
<b>A</b>	KENTUCKY ECONOMIC DEV FINANCE AUTH 2009 A/B	61-0600439	49126PDF4	11/10/2009	133,269,543	SEE PART VI - (2009AB COMP ISSUE)	✓		✓			✓
<b>B</b>	COUNTY OF MONTGOMERY, OHIO 2009 A/B	31-6000172	613549HX5	11/10/2009	263,401,078	SEE PART VI - (2009AB COMP ISSUE)	✓		✓			✓
<b>C</b>	WASHINGTON HEALTH CARE FACILITIES AUTH 2008A4-6	91-1108929	93978EJ60	07/29/2013	120,260,000	SEE PART VI - (WASH 2008A4-6)	✓		✓			✓
<b>D</b>	COLORADO HEALTH FACILITIES AUTHORITY 2008D	84-0752932	19648ANL5	11/20/2008	213,260,679	SEE PART VI - (2008D COMP ISSUE)	✓		✓			✓

Employer identification number  
47-0617373

**Supplemental Information on Tax-Exempt Bonds**

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

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

**Part II Proceeds**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1		17,785,000		44,435,000		810,000		62,190,000
2		0		62,785,000		0		5,655,000
3		133,269,639		263,401,373		120,260,000		213,261,635
4		0		0		0		0
5		0		0		0		0
6		0		0		0		0
7		1,380,211		2,530,978		0		2,805,950
8		0		0		0		0
9		49		111		0		13
10		131,889,379		37,461,940		0		210,455,672
11		0		223,408,344		120,260,000		0
12		0		0		0		0
13		2009		2009		2009		2008

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

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1								
2	✓		✓		✓		✓	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

**Part III Private Business Use (Continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	✓		✓		✓		✓	
<b>b</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? . . . . .	✓		✓		✓		✓	
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .	✓		✓		✓		✓	
<b>d</b> 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? . . . . .	✓		✓		✓		✓	
<b>4</b> 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 %		0.08 %
<b>5</b> 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 . . . . . ▶		%		%		0.00 %		0.01 %
<b>6</b> Total of lines 4 and 5 . . . . .		0.00 %		0.00 %		0.28 %		0.09 %
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		✓		✓		✓		✓
<b>8a</b> 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? . . . . .		✓		✓		✓		✓
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .		%		0.07 %		%		2.73 %
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .			✓				✓	
<b>9</b> 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? . . . . .	✓		✓		✓		✓	

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		✓		✓		✓		✓
<b>2</b> If "No" to line 1, did the following apply? . . . . .								
<b>a</b> Rebate not due yet? . . . . .								
<b>b</b> Exception to rebate? . . . . .	✓		✓		✓		✓	
<b>c</b> No rebate due? . . . . .							✓	
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .							07/25/2014	
<b>3</b> Is the bond issue a variable rate issue? . . . . .	✓		✓		✓		✓	
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? . . . . .		✓		✓		✓		✓
<b>b</b> Name of provider . . . . .					JP MORGAN			
<b>c</b> Term of hedge . . . . .					280			
<b>d</b> Was the hedge superintegrated? . . . . .						✓		
<b>e</b> Was the hedge terminated? . . . . .						✓		



**SCHEDULE K  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

**Supplemental Information on Tax-Exempt Bonds**

▶ Complete if the organization answered "Yes" on 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](http://www.irs.gov/form990).

Name of the organization

COMMONSPIRIT HEALTH F/K/A 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) Deceased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
<b>A</b>	COUNTY OF MONTGOMERY, OHIO 2008D	31-6000172	613549GM0	11/20/2008	59,089,956	SEE PART VI - (2008D COMP ISSUE)		✓		✓		✓
<b>B</b>	CHATTANOOGA TN HLTH ED & HOUSING FAC BD 2008D	52-1298872	162410CT9	11/20/2008	24,105,267	SEE PART VI - (2008D COMP ISSUE)		✓		✓		✓
<b>C</b>	WASHINGTON HEALTH CARE FACILITIES AUTH 2008D	91-1108929	93978EY63	11/20/2008	172,027,377	SEE PART VI - (2008D COMP ISSUE)		✓		✓		✓
<b>D</b>	COLORADO HEALTH FACILITIES AUTHORITY 2006A	84-0752932	19648ADH5	11/09/2006	285,855,808	SEE PART VI - (2006A COMP ISSUE)		✓		✓		✓

**Part II Proceeds**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b>	Amount of bonds retired	3,035,256	2,130,000	775,000				18,485,000
<b>2</b>	Amount of bonds legally defeased	0	0	0				0
<b>3</b>	Total proceeds of issue	59,736,646	24,105,273	172,029,155				297,652,875
<b>4</b>	Gross proceeds in reserve funds	0	0	0				0
<b>5</b>	Capitalized interest from proceeds	0	0	0				0
<b>6</b>	Proceeds in refunding escrows	0	0	0				0
<b>7</b>	Issuance costs from proceeds	745,623	280,554	2,302,907				0
<b>8</b>	Credit enhancement from proceeds	0	0	0				0
<b>9</b>	Working capital expenditures from proceeds	0	0	1,248				0
<b>10</b>	Capital expenditures from proceeds	58,991,023	23,824,719	169,725,000				297,652,875
<b>11</b>	Other spent proceeds	0	0	0				0
<b>12</b>	Other unspent proceeds	0	0	0				0
<b>13</b>	Year of substantial completion	2013		2008		2009		2009

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

**Part III Private Business Use**

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 50193E

Schedule K (Form 990) 2016

**Part III Private Business Use (Continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	✓		✓		✓		✓	
<b>b</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? . . . . .	✓		✓		✓		✓	
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .	✓		✓		✓		✓	
<b>d</b> 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? . . . . .	✓		✓		✓		✓	
<b>4</b> 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 . . . . . ▶		%		%		%		0.35 %
<b>5</b> 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 %
<b>6</b> Total of lines 4 and 5 . . . . .		0.00 %		0.00 %		0.00 %		0.36 %
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		✓		✓		✓		✓
<b>8a</b> 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? . . . . .	✓			✓		✓		✓
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .		0.05 %		%		%		8.01 %
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .	✓						✓	
<b>9</b> 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? . . . . .	✓		✓		✓		✓	

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		✓		✓		✓		✓
<b>2</b> If "No" to line 1, did the following apply? . . . . .								
<b>a</b> Rebate not due yet? . . . . .								
<b>b</b> Exception to rebate? . . . . .								
<b>c</b> No rebate due? . . . . .	✓		✓		✓		✓	
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .	07/25/2014		07/25/2014		07/25/2014		03/03/2017	
<b>3</b> Is the bond issue a variable rate issue? . . . . .	✓		✓		✓		✓	
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? . . . . .		✓		✓		✓		✓
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of hedge . . . . .								
<b>d</b> Was the hedge superintegrated? . . . . .								
<b>e</b> Was the hedge terminated? . . . . .								



**SCHEDULE K  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information on Tax-Exempt Bonds**

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

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

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Name of the organization

COMMONSPIRIT HEALTH F/K/A 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) Deceased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
<b>A</b> COLORADO HEALTH FACILITIES AUTHORITY 2004B-6	84-0752932	196574T34	09/25/2014	54,200,000	SEE PART VI		✓		✓		✓
<b>B</b> KENTUCKY ECONOMIC DEV FINANCE AUTHORITY 2004C/D	61-0600439	49126PCL2	11/18/2004	94,575,000	SEE PART VI - (2004BCD COMP ISSUE)		✓		✓		✓
<b>C</b> CHATTANOOGA TN HEALTH ED & HOUSING FAC BD 2004C	52-1298872	162410CB8	11/18/2004	58,900,000	SEE PART VI - (2004BCD COMP ISSUE)		✓		✓		✓
<b>D</b> CITY OF BRECKENRIDGE, MINNESOTA 2004A	41-6005005	106520AB5	11/18/2004	31,040,504	SEE PART VI - (2004A COMP ISSUE)	✓			✓		✓

**Part II Proceeds**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired		0		56,775,000		0		2,070,000
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	

	2014		2006		2006		2006	
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?	✓			✓		✓		✓
15 Were the bonds issued as part of an advance refunding issue?		✓		✓		✓		✓
16 Has the final allocation of proceeds been made?	✓		✓		✓		✓	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	✓		✓		✓		✓	

**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?		✓		✓		✓		✓
2 Are there any lease arrangements that may result in private business use of bond-financed property?	✓		✓		✓		✓	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 50193E

Schedule K (Form 990) 2016

**Part III Private Business Use (Continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	✓		✓		✓		✓	
<b>b</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? . . . . .	✓		✓		✓		✓	
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .	✓		✓		✓		✓	
<b>d</b> 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? . . . . .	✓		✓		✓		✓	
<b>4</b> 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 . . . . . ▶		0.08 %		0.09 %		%		0.02 %
<b>5</b> 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 %		0.08 %		%		0.08 %
<b>6</b> Total of lines 4 and 5 . . . . .		0.17 %		0.17 %		0.00 %		0.10 %
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		✓		✓		✓		✓
<b>8a</b> 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? . . . . .	✓			✓		✓		✓
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .		0.10 %		%		%		%
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .	✓							
<b>9</b> 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? . . . . .	✓				✓		✓	

**Part IV Arbitrage**

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

Part IV Arbitrage (Continued)

Table with 5 columns: Question, A (Yes/No), B (Yes/No), C (Yes/No), D (Yes/No). Rows include questions about GIC contracts, provider names, and regulatory safe harbors.

Part V Procedures To Undertake Corrective Action

Table with 5 columns: Question, A (Yes/No), B (Yes/No), C (Yes/No), D (Yes/No). Row includes question about federal tax requirements and corrective procedures.

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

Series of horizontal lines for providing supplemental information.

**SCHEDULE K  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

COMMONSPIRIT HEALTH F/K/A CATHOLIC HEALTH INITIATIVES

**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) Pooled 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)		✓		✓		✓
B HOSP FACILITIES AUTHORITY OF UMATILLA OR 2004A	93-1239006	904078BJ0	11/18/2004	59,478,002	SEE PART VI - (2004A COMP ISSUE)	✓			✓		✓
C											
D											

Employer identification number  
47-0617373

**Supplemental Information on Tax-Exempt Bonds**

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

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

**Part II Proceeds**

	A	B	C	D
1 Amount of bonds retired . . . . .	17,045,000	4,320,000		
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		

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

**Part III Private Business Use**

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 50193E

Schedule K (Form 990) 2016

**Part III Private Business Use (Continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	✓		✓					
<b>b</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? . . . . .	✓		✓					
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .	✓		✓					
<b>d</b> 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? . . . . .	✓		✓					
<b>4</b> 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 . . . . . ▶		%		%		%		%
<b>5</b> 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 . . . . . ▶		%		%		%		%
<b>6</b> Total of lines 4 and 5 . . . . .		0.00 %		0.00 %		0.00 %		0.00 %
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		✓		✓				
<b>8a</b> 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? . . . . .		✓		✓				
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .		%		24.69 %		%		%
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .				✓				
<b>9</b> 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? . . . . .	✓		✓					

**Part IV Arbitrage**

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



**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

**2016**

Open to Public  
Inspection

Name of the Organization  
**COMMONSPIRIT HEALTH F/K/A CATHOLIC HEALTH INITIATIVES**

Employer Identification Number  
**47-0617373**

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION	<p>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.</p>

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

**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](http://www.irs.gov/form990).

Name of the organization

COMMONSPIRIT HEALTH F/K/A 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 (46-3867953) 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112	RESIDENTIAL REAL ESTATE RENTALS	CO	489,702	11,262,956	CHI
(2) CHI PATIENT SAFETY ORGANIZATION, LLC (47-1682623) 198 INVERNESS DR W, ENGLEWOOD, CO 80112	PATIENT SAFETY PROGRAMS	CO	275,175	0	CHI
(3) .....					
(4) .....					
(5) .....					
(6) .....					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) (SEE STATEMENT)							
(2) .....							
(3) .....							
(4) .....							
(5) .....							
(6) .....							
(7) .....							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 50135Y

Schedule R (Form 990) 2016

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(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	
(1) (SEE STATEMENT)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

**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
(1) (SEE STATEMENT)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

**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.

- 1 During the tax year, did the organization 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
  - b Gift, grant, or capital contribution to related organization(s)
  - c Gift, grant, or capital contribution from related organization(s)
  - d Loans or loan guarantees to or for related organization(s)
  - e Loans or loan guarantees by related organization(s)
  - f Dividends from related organization(s)
  - g Sale of assets to related organization(s)
  - h Purchase of assets from related organization(s)
  - i Exchange of assets with related organization(s)
  - j Lease of facilities, equipment, or other assets to related organization(s)
  - k Lease of facilities, equipment, or other assets from related organization(s)
  - l Performance of services or membership or fundraising solicitations for related organization(s)
  - m Performance of services or membership or fundraising solicitations by related organization(s)
  - n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
  - o Sharing of paid employees with related organization(s)
  - p Reimbursement paid to related organization(s) for expenses
  - q Reimbursement paid by related organization(s) for expenses
  - r Other transfer of cash or property to related organization(s)
  - s Other transfer of cash or property from related organization(s)

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	Yes	No
(1) ALEAGENT HEALTH-BERGAN MERCY HEALTH SYSTEM	A	17,085,678	FMV		
ST. ALEXIUS MEDICAL CENTER	A	3,709,471	FMV		
(2) ST. ROSE AMBULATORY (FKA CENTRAL KANSAS MEDICAL CENTER)	A	79,620	FMV		
(3) CATHOLIC HEALTH INITIATIVES-COLORADO	A	9,905,181	FMV		
(4) CATHOLIC HEALTH INITIATIVES-IOWA CORP	A	5,503,124	FMV		
(5) (SEE STATEMENT)					
(6)					

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate 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	
(1) .....													
(2) .....													
(3) .....													
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