

D Employer identification number
47-0617373

E Telephone number
(303) 298-9100

G Gross receipts \$ 2,342,629,497

Is this a group return for
disinfectants? ☐ Yes ☒ No
subordinates ☐ Yes ☐ No

M State of legal domicile	CO
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For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form **990** (2016)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission

SEE SCHEDULE O

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a	(Code)	(Expenses \$ 1,485,261,449	including grants of \$ 9,555,258	(Revenue \$ 2,109,480,405)
See Additional Data				













4b	(Code)	(Expenses \$	including grants of \$	(Revenue \$)
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4c	(Code)	(Expenses \$	including grants of \$	(Revenue \$)
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4d	Other program services (Describe in Schedule O)	(Expenses \$	including grants of \$	(Revenue \$)
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4e	Total program service expenses ▶	1,485,261,449
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9 Yes	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 	15 Yes	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
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>	Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	Yes	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	Yes	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	Yes	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		No
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
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>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
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>		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	Yes	
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>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	Yes	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	5,001
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	3,446
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes
b	If "Yes," enter the name of the foreign country ▶CJ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	11	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	10	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	Yes
b	Other officers or key employees of the organization	15b	Yes
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	No

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed: CA

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.
 ▶ Dean Swindle 198 Inverness Drive West Englewood, CO 80112 (303) 298-9100

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

[illegible]

[illegible]

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
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4 Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5 Yes	

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 101120015	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

<p>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</p>	
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Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☒

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a				
	b Membership dues . . .	1b				
	c Fundraising events . . .	1c				
	d Related organizations	1d	49,996			
	e Government grants (contributions)	1e	7,257			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	297,971			
	g Noncash contributions included in lines 1a-1f \$ _____					
	h Total. Add lines 1a-1f		355,224			
Program Service Revenue		Business Code				
	2a Assessments	900099	2,111,636,941	2,064,163,174	47,473,767	
	b Premiums	900099	3,815,457	3,815,457		
	c Interest Income	900099	150,364,292	150,364,292		
	d Equity changes of unconsolidated orgs	900099	-94,743,056	-108,862,518	14,119,462	
	e _____		0	0	0	0
	f All other program service revenue					
g Total. Add lines 2a-2f		2,171,073,634				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		85,644,245		52,675	85,591,570
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real (ii) Personal				
		525,250				
	b Less rental expenses	1,101,397				
	c Rental income or (loss)	-576,147 0				
	d Net rental income or (loss)		-576,147		-624,147	48,000
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
		28,297,491 46,836,874				
	b Less cost or other basis and sales expenses		38,088,066			
	c Gain or (loss)	28,297,491 8,748,808				
	d Net gain or (loss)		37,046,300		8,836,905	28,209,395
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b Less direct expenses	b				
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	a				
b Less cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code					
11a Payables Rebate	900099	6,988,898			6,988,898	
b Reimbursement of expenses	900099	702,690			702,690	
c DSH Medicare Settlement	900099	847,178			847,178	
d All other revenue		1,358,012	0	0	1,358,012	
e Total. Add lines 11a-11d		9,896,778				
12 Total revenue. See Instructions		2,303,440,034	2,109,480,405	69,858,662	123,745,743	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	9,154,904	9,154,904		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	400,354	400,354		
4 Benefits paid to or for members.	0	0		
5 Compensation of current officers, directors, trustees, and key employees.	33,640,519		33,640,519	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	268,279,386	67,008,259	201,271,127	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	12,736,878	2,797,928	9,938,950	
9 Other employee benefits.	63,613,415	9,485,403	54,128,012	
10 Payroll taxes.	18,014,317	4,738,446	13,275,871	
11 Fees for services (non-employees):				
a Management.				
b Legal.	3,306,757	257,558	3,049,199	
c Accounting.	21,760,678	1,183,022	20,577,656	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	840,252,435	73,620,106	766,632,329	0
12 Advertising and promotion.	324,732	17,317	307,415	
13 Office expenses.	30,793,921	1,768,788	29,025,133	
14 Information technology.	7,538,890	2,489	7,536,401	
15 Royalties.				
16 Occupancy.	12,235,202	74,176	12,161,026	
17 Travel.	5,876,588	1,574,305	4,302,283	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	2,207,633	197,762	2,009,871	
20 Interest.	309,643,221	303,575,975	6,067,246	
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	113,978,702	782,284	113,196,418	
23 Insurance.	212,664,144	212,657,639	6,505	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a Unrelated Business Taxes.	10,101,122		10,101,122	
b Repairs and Maintenance.	320,066,404	184,841,873	135,224,531	
c Restructuring Losses.	74,110,333		74,110,333	
d Group Medical Costs.	610,041,393	610,041,393		
e All other expenses.	140,525,371	1,081,468	139,443,903	0
25 Total functional expenses. Add lines 1 through 24e.	3,121,267,299	1,485,261,449	1,636,005,850	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1,475,694	1	741,571
	2	Savings and temporary cash investments		446,604,006	2	252,106,464
	3	Pledges and grants receivable, net		0	3	
	4	Accounts receivable, net		22,316,306	4	29,378,717
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.			6	0
	7	Notes and loans receivable, net		3,588,532,440	7	3,167,123,447
	8	Inventories for sale or use		0	8	
	9	Prepaid expenses and deferred charges		64,164,104	9	73,109,986
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a 1,263,041,783			
	b	Less: accumulated depreciation	10b 565,192,967	818,003,861	10c	697,848,816
	11	Investments—publicly traded securities		0	11	
	12	Investments—other securities. See Part IV, line 11		784,514,120	12	527,211,905
	13	Investments—program-related. See Part IV, line 11		0	13	
	14	Intangible assets		16,500,000	14	14,300,000
	15	Other assets. See Part IV, line 11		2,116,231,329	15	2,219,085,580
16	Total assets. Add lines 1 through 15 (must equal line 34)		7,858,341,860	16	6,980,906,486	
Liabilities	17	Accounts payable and accrued expenses		517,329,620	17	517,853,842
	18	Grants payable		0	18	
	19	Deferred revenue		465,569,794	19	452,681,620
	20	Tax-exempt bond liabilities		4,233,814,766	20	3,973,264,296
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		6,974	21	1,200
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		1,007,571,874	23	974,078,513
	24	Unsecured notes and loans payable to unrelated third parties		3,023,741,163	24	3,023,741,163
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		2,634,449,810	25	2,458,484,022
	26	Total liabilities. Add lines 17 through 25		11,882,484,001	26	11,400,104,656
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		-4,024,581,474	27	-4,419,638,086
	28	Temporarily restricted net assets		439,333	28	439,916
	29	Permanently restricted net assets		0	29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		-4,024,142,141	33	-4,419,198,170
34	Total liabilities and net assets/fund balances		7,858,341,860	34	6,980,906,486	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

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

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990 <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		
2a 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		No
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	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 47-0617373
Name: Catholic Health Initiatives

Form 990 (2016)

Form 990, Part III, Line 4a:

SEE SCHEDULE O

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KEVIN LOFTON FACHE Chief Executive Officer	58 0 2 0	X		X				6,557,065	0	23,440
CHRISTOPHER LOWNEY TRUSTEE/Board Chair	10 0 0	X		X				76,962	0	0
ANTOINETTE HARDY-WALLER RN TRUSTEE/ VICE CHAIR	2 0 0 0	X		X				61,711	0	0
Geraldine Bednash PhD RN FAAN Trustee	2 0 0	X						18,500	0	0
Richard Corrente Trustee	2 0 0	X						15,500	0	0
Betsy Goodwin OSF Trustee	2 0 0	X						0	0	0
Barbara Hagedorn SC Trustee	2 0 0	X						0	0	0
James Hamill Trustee	2 0 0	X						15,500	0	0
Lillian Murphy RSM Trustee	2 0 0	X						0	0	0
Margaret Ormond OP Trustee	2 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Gary Yates MD Trustee	2 0 0	X						15,500	0	0
Challis M Lowe TRUSTEE	2 0 0 0	X						18,500	0	0
DEBRA HANKS ASSISTANT SECRETARY	40 0 0			X				88,540	0	11,814
MITCH H MELFI ESQ EVP Corporate Affairs & Chief Legal Officer/Secretary	58 0 2 0			X				1,548,105	0	34,254
JOYCE ROSS SVP MARKETING AND COMMUNICATIONS/ASSISTANT SECRETARY	60 0 0			X				658,897	0	22,128
MICHAEL ROWAN FACHE President OF Health System Delivery & COO	58 0 2 0			X				4,009,034	0	33,938
DEAN SWINDLE CPA President OF Enterprise Business Lines & CFO/Treasurer	58 0 2 0			X				3,723,880	0	34,036
Nicholas M Barto SVP- Corp Finance- Investments	60 0 0 0				X			1,067,761	0	87,779
DAVID VELLINGA SVP Divisional Operations/MBO CEO	60 0 0 0				X			2,101,036	0	13,460
RUTH WILLIAMS BRINKLEY SVP/MBO President & CEO	60 0 0 0				X			1,899,866	0	161,818

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors				
(C)	(D)	(E)	(F)	(G)

(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			
ROBERT WEIL SVP-CHIEF MEDICAL OFFICER	60 0 0 0				X			290,631	0	40,726
THOMAS Clifford DEVENY MD SVP-PHYS SERV & CLIN INTEGR	58 0 2 0				X			1,639,893	0	134,895
JOHN DICOLA EVP Enterprise Strategic DEVELOPMENT	58 0 2 0				X			2,111,442	0	27,239
PAUL EDGETT III EVP AND CHIEF STRATEGY OFFICER	58 0 2 0				X			1,315,392	0	33,352
PHILIP FOSTER SVP RISK & Insurance	60 0 0				X			807,240	0	34,150
THOMAS KOPFENSTEINER EVP MISSION	58 0 2 0				X			1,633,234	0	23,440
MICHAEL O'ROURKE SVP & CHIEF INFORMATION OFFICER	60 0 0				X			1,220,091	0	34,254
KATHLEEN SANFORD RN DBA FACHE SVP & CHIEF NURSING OFFICER	58 0 2 0				X			1,292,798	0	33,223
PATRICIA WEBB FACHE EVP & Chief Administrative Officer/ HR Officer	58 0 4 0				X			1,670,360	0	28,614
PETER BANKO SVP & Divisional Executive Officer	60 0 0 0					X		1,279,474	0	5,887

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and Independent Contractors								(D)	(E)	(F)
(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)						Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Michael Covert SVP Divisional Operations/MBO CEO	58 0 2 0					X		2,020,681	0	28,510
JEFFREY DROP SVP & Divisional Executive Officer	29 0 31 0					X		1,315,324	0	28,212
Ketul Patel SVP Divisional Operations/MBO CEO	58 0 2 0					X		1,607,174	0	192,750
CLIFF ROBERTSON MD SVP Divisional Operations/MBO CEO	58 0 2 0					X		1,824,639	0	167,740
STEVEN KEHRBERG FORMER SVP SUPPLY CHAIN & Clinical Engineering	0 0 0						X	423,871	0	11,986
STEPHEN MOORE MD FORMER SVP & CHIEF MEDICAL OFFICER	0 0 60 0						X	344	1,255,384	29,950

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
Catholic Health Initiatives

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number
47-0617373

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

The organization is not a private foundation because it is (For lines 1 through 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 **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		
(A) CATHOLIC HEALTH CARE FEDERATION	999999999	1	Yes		0	0
Total	1				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, 8, or 9 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
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))					14	
15 Public support percentage for 2015 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
b 33 1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
17a 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
b 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <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
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

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

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 on line 12 of 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>		No
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <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>	Yes	
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>		No
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
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>		
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>		No
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>		
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>		
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>		No
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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>		No
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>		No
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>		No
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		No
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>		No
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>		No
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 line 10b below.</i>		No
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>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
11a		No
11b		No
11c		No

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

	Yes	No
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
2b		
3 Parent of Supported Organizations Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7 <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 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 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--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total 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 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. 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.			

Part VI Supplemental Information.

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

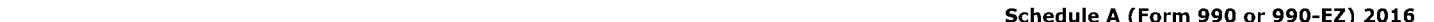
Return Reference	Explanation
Schedule A, Part IV, Section A, Line 1 Supported Orgs Listed By Name	Catholic Health Initiative's articles of incorporation specifically designate Catholic Health Care Federation as its publicly supported organization and designate, by purpose, such other charitable organizations, the purposes of which are to embody the mission of the healing ministry of Jesus in the Church through ownership, management, or governance of health ministries, or the offering of or supporting of charitable and religious programs or services consistent with such purposes, in keeping with the gospel imperative

990 Schedule A, Supplemental Information

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

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part IV, Section B, Line 2 Benefit Of Supp Org Other Than The One Operating The Org	The organization operates exclusively to support or benefit its publicly supported organization by supporting organizations, other than a private foundation, which are described in section 501(c)(3) and are operated, supervised, or controlled directly by or in connection with such publicly supported organizations, or which is described in section 511(a)(2)(B)) No part of the organization's activities is in furtherance of a purpose other than supporting or benefiting one or more specified publicly supported organizations



SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

2016

Open to Public Inspection

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

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

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

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

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

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization Catholic Health Initiatives	Employer identification number 47-0617373
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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

2 Political expenditures ▶ \$

3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$

3 If the organization incurred a section 4955 tax, did it file Form 7202 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply**Limits on Lobbying Expenditures**
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing
organization's
totals**(b)** Affiliated
group totals**1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)**b** Total lobbying expenditures to influence a legislative body (direct lobbying)**c** Total lobbying expenditures (add lines 1a and 1b)**d** Other exempt purpose expenditures**e** Total exempt purpose expenditures (add lines 1c and 1d)**f** Lobbying nontaxable amount Enter the amount from the following table in both columns

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

g Grassroots nontaxable amount (enter 25% of line 1f)**h** Subtract line 1g from line 1a If zero or less, enter -0-**i** Subtract line 1f from line 1c If zero or less, enter -0-**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?☐ Yes ☐ No**4-Year Averaging Period Under section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		237,000
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		0
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total Add lines 1c through 1i			237,000
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

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

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

Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2a	
a	Current year	2b	
b	Carryover from last year	2c	
c	Total	3	
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?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV

Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	LINE 1A- Catholic Health Initiatives' (CHI) online Advocacy Action Center was available to the general public and CHI employees for use in sending letters by e-mail to members of Congress Draft letters were provided on CHI advocacy priorities Individuals were able to create their own letters as well LINE 1B- CHI has a Senior Vice President/Chief Advocacy Officer, a Vice President of Public Policy, and a Director of Regulatory Affairs who spend a portion of their time on lobbying activities at the federal level with minimal state level lobbying The majority of lobbying-related activities are consultative to leadership and staff of the system's hospitals and health care organizations LINE 1D- CHI communicates with leaders of the system's hospitals and health care organizations on advocacy activities primarily through e-mail Most communications with Congress occur electronically through the Advocacy Action Center CHI advocacy activities involved communications on CHI advocacy priorities, including a substantial campaign to protect access and coverage from proposed overhauls of the Affordable Care Act and other efforts around immigration, physician supervision requirements for rural providers, 21st Century Cures legislation, Medicare payments and site neutral payments for new off-campus hospital-based outpatient departments LINE 1G- CHI leaders have occasionally met with members of Congress or their staffs and made telephone calls to express positions on CHI advocacy priorities Many of CHI's efforts are focused through our national and state hospital associations and our regional CHI advocacy leaders An overview of Catholic Health Initiatives lobbying activities is provided below Central to the Catholic Health Initiatives mission and vision is a commitment to advocate for systemic changes to improve the health and well-being of individuals and communities with a specific concern for persons who are poor and marginalized The Catholic Health Initiatives advocacy activities are inextricably linked to its fundamental goal to build healthier communities One dimension of the Catholic Health Initiatives program focuses on public policy advocacy, which includes attention to federal legislative and regulatory measures, formation of positions on priority issues, and political activism The Catholic Health Initiatives public policy agenda includes both traditional health care policies as well as social justice policies Policies addressing the expansion of health coverage and access, stronger healthier communities, quality and value and fair payment, and a vibrant ministry are vitally important to Catholic Health Initiatives Also important are policies that address societal concerns and injustices and policies that ultimately impact the health of individuals and communities Catholic Health Initiatives believes advocating for policy measures that improve education, housing, employment, and socioeconomic status, particularly on behalf of the most vulnerable in society, is essential to the health and well-being of individuals and communities At the Catholic Health Initiatives national office, public policy priorities are identified and advocacy strategies are initiated The national advocacy office develops resources to facilitate the involvement of the entire health system in grassroots public policy initiatives All Catholic Health Initiatives facilities in 18 states are encouraged to engage in advocacy through letter-writing, faxes, emails, phone calls, and meetings with federal and state political leadership Catholic Health Initiatives will continue to expand its public policy program in an effort to demonstrate its commitment to the improvement of health and the promotion of social justice, particularly for the communities it serves and for persons who are most vulnerable
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	LINE 1A- Catholic Health Initiatives' (CHI) online Advocacy Action Center was available to the general public and CHI employees for use in sending letters by e-mail to members of Congress Draft letters were provided on CHI advocacy priorities Individuals were able to create their own letters as well LINE 1B- CHI has a Senior Vice President/Chief Advocacy Officer, a Vice President of Public Policy, and a Director of Regulatory Affairs who spend a portion of their time on lobbying activities at the federal level with minimal state level lobbying The majority of lobbying-related activities are consultative to leadership and staff of the system's hospitals and health care organizations LINE 1D- CHI communicates with leaders of the system's hospitals and health care organizations on advocacy activities primarily through e-mail Most communications with Congress occur electronically through the Advocacy Action Center CHI advocacy activities involved communications on CHI advocacy priorities, including a substantial campaign to protect access and coverage from proposed overhauls of the Affordable Care Act and other efforts around immigration, physician supervision requirements for rural providers, 21st Century Cures legislation, Medicare payments and site neutral payments for new off-campus hospital-based outpatient departments LINE 1G- CHI leaders have occasionally met with members of Congress or their staffs and made telephone calls to express positions on CHI advocacy priorities Many of CHI's efforts are focused through our national and state hospital associations and our regional CHI advocacy leaders An overview of Catholic Health Initiatives lobbying activities is provided below Central to the Catholic Health Initiatives mission and vision is a commitment to advocate for systemic changes to improve the health and well-being of individuals and communities with a specific concern for persons who are poor and marginalized The Catholic Health Initiatives advocacy activities are inextricably linked to its fundamental goal to build healthier communities One dimension of the Catholic Health Initiatives program focuses on public policy advocacy, which includes attention to federal legislative and regulatory measures, formation of positions on priority issues, and political activism The Catholic Health Initiatives public policy agenda includes both traditional health care policies as well as social justice policies Policies addressing the expansion of health coverage and access, stronger healthier communities, quality and value and fair payment, and a vibrant ministry are vitally important to Catholic Health Initiatives Also important are policies that address societal concerns and injustices and policies that ultimately impact the health of individuals and communities Catholic Health Initiatives believes advocating for policy measures that improve education, housing, employment, and socioeconomic status, particularly on behalf of the most vulnerable in society, is essential to the health and well-being of individuals and communities At the Catholic Health Initiatives national office, public policy priorities are identified and advocacy strategies are initiated The national advocacy office develops resources to facilitate the involvement of the entire health system in grassroots public policy initiatives All Catholic Health Initiatives facilities in 18 states are encouraged to engage in advocacy through letter-writing, faxes, emails, phone calls, and meetings with federal and state political leadership Catholic Health Initiatives will continue to expand its public policy program in an effort to demonstrate its commitment to the improvement of health and the promotion of social justice, particularly for the communities it serves and for persons who are most vulnerable

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493135072168	
<div>SCHEDULE D (Form 990)</div> <div>Department of the Treasury Internal Revenue Service</div>		<div>Supplemental Financial Statements</div> <div>► 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.</div> <div>Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.</div>			<div>OMB No 1545-0047</div> <div>2016</div> <div>Open to Public Inspection</div>
Name of the organization Catholic Health Initiatives				Employer identification number 47-0617373	
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.					
		(a) Donor advised funds		(b) Funds and other accounts	
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?				<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.					
1	Purpose(s) of conservation easements held by the organization (check all that apply) <input type="checkbox"/> Preservation of land for public use (e g , recreation or education) <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year				
a	Total number of conservation easements	Held at the End of the Year			
b	Total acreage restricted by conservation easements	2a			
c	Number of conservation easements on a certified historic structure included in (a)	2b			
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c			
		2d			
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►				
4	Number of states where property subject to conservation easement is located ►				
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?				<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►				
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$				
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?				<input type="checkbox"/> Yes <input type="checkbox"/> No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements				
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.					
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items				
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items				
(i) Revenue included on Form 990, Part VIII, line 1		► \$			
(ii) Assets included in Form 990, Part X		► \$			
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items				
a	Revenue included on Form 990, Part VIII, line 1				► \$
b	Assets included in Form 990, Part X				► \$
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					
			Cat No 52283D	Schedule D (Form 990) 2016	

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☒ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☒

Part V

Endowment Funds. Complete if the organization answered "Yes" 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
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2

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

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

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

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

4

Describe in Part XIII the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' 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
1a Land		9,993,072		9,993,072
b Buildings		62,259,583	7,780,070	54,479,513
c Leasehold improvements		7,572,891	6,052,839	1,520,052
d Equipment		996,063,743	551,356,325	444,707,418
e Other		187,152,494	3,733	187,148,761
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				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	F
(B) Int Designated CHV III LP	15,770,246	F
(C) Investments in Highmark Fund	49,251,693	F
(D) Held for Debt Req - CHI Debt Program	2	F
(E) CHI Legacy Gift - Texas Heart Institute	60,143,831	F
(F) CHI Operating Investment Program	394,319,125	F
(F)		
(G)		
(H)		
Total. (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)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

Part IX

Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
See Additional Data Table	
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
See Additional Data Table	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (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

☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 47-0617373
Name: Catholic Health Initiatives

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

(a) Description	(b) Book value
(1) Conifer Valuation & Revenue Cycle	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) Miscellaneous Assets	1,869,197
(10) ITS Infrastructure	8,541,036

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

1 (a) Description of Liability	(b) Book Value
Pension Liability	848,488,833
Self-insurance reserves and claims	4,246,471
Interest Rate Swaps	97,821,632
Losses incurred but not reported	53,148,336
Intercompany Payables	1,341,928,484
THI Mission Admin Support	46,609,046
Legacy Gift - Texas Heart Institute	60,143,832
Unclaimed Property	2,934,461
Accrued SWAP Interest	742,889
Miscellaneous Liabilities	

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

1 (a) Description of Liability	(b) Book Value
Deferred Gain on Sale/Lease back	2,420,038

Supplemental Information	
Return Reference	Explanation
Schedule D, Part IV, Line 2b Explanation of escrow agreement	CATHOLIC HEALTH INITIATIVES ACTS AS AGENT FOR THE EMPLOYEE FINANCIAL ASSISTANCE FUND, AN EMPLOYEE FUNDED PROGRAM

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	CHI is a tax-exempt Colorado corporation and has been granted an exemption from federal income tax under Section 501(c)(3) of the Internal Revenue Code. CHI owns certain taxable subsidiaries and engages in certain activities that are unrelated to its exempt purpose and therefore subject to income tax. Management reviews its tax positions annually and has determined that there are no material uncertain tax positions that require recognition in the accompanying consolidated financial statements.

**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" to Form 990,
Part IV, line 14b, 15, or 16.**

► **Attach to Form 990. ► See separate instructions.**

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

Name of the organization
Catholic Health Initiatives

Employer identification number

47-0617373

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☐ **Yes** ☒ **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 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 region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	32			73,871,380
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	32			73,871,380

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			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			

- 2** Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **4**
- 3** Enter total number of other organizations or entities **0**

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☒ Yes ☐ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to 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)* ☐ 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)* ☐ 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).

Return Reference	Explanation
Schedule F, Part I, Line 2 PROCEDURES FOR MONITORING USE OF GRANT FUNDS	CATHOLIC HEALTH INITIATIVES' (CHI) MISSION AND MINISTRY FUND PROVIDES GRANTS TO CHI ORGANIZATIONS AND PARTICIPATING RELIGIOUS CONGREGATIONS TO BE USED FOR THE PLANNING, DEVELOPMENT AND IMPLEMENTATION OF INITIATIVES TO PROMOTE HEALTHY COMMUNITIES. MOST GRANTS MADE BY CHI COME FROM THE MISSION AND MINISTRY FUND. FACILITIES AND GROUPS ASSOCIATED WITH CHI ARE ELIGIBLE TO APPLY FOR GRANT FUNDING FOR HEALTHY COMMUNITY COALITIONS AND PROJECTS. GRANTS FROM THE MISSION AND MINISTRY FUND ARE AWARDED BASED UPON A REVIEW OF GRANT APPLICATIONS SUBMITTED. A COMMITTEE OF THE BOARD OF STEWARDSHIP TRUSTEES IS CHARGED WITH GRANTEE SELECTION. FUNDS AWARDED THROUGH THE MISSION AND MINISTRY FUND ARE IDENTIFIED IN THE CATHOLIC HEALTH INITIATIVES GENERAL LEDGER SYSTEM. CHI ENSURES THAT GRANTS TO UNITED STATES RECIPIENTS ARE PROPERLY USED FOR THEIR INTENDED PURPOSE BY ENSURING THAT THE GRANT RECIPIENTS ARE PRIMARILY IRC 501(C)(3) ORGANIZATIONS. IN MOST CIRCUMSTANCES THE RECIPIENT IS A CHI AFFILIATE. THAT CHI-RELATED ENTITY SUPERVISES THE GRANT INITIATIVE, INCLUDING THE EXPENDITURE OF FUNDS IN FURTHERANCE OF THAT INITIATIVE. MISSION AND MINISTRY FUND GRANT RECIPIENTS ALSO PROVIDE SEMI-ANNUAL PROGRESS REPORTS, INCLUDING A FINANCIAL REPORT. WHERE THE RECIPIENT IS NOT A CHI AFFILIATE, CHI DOES NOT REQUIRE ACCOUNTING FOR THE GRANT MONIES, SINCE THE RECIPIENT ORGANIZATIONS ARE REQUIRED, AS IRC SEC 501(C)(3) ORGANIZATIONS TO USE THE FUNDS IN FURTHERANCE OF EXEMPT PURPOSES.

Return Reference	Explanation
<p>Schedule F, Part I, Line 3(f) DESCRIPTION OF ACCOUNTING METHOD FOR COSTS IN REGION</p>	<p>(3, & 4) THERE ARE A FEW CATHOLIC HEALTH INITIATIVES (CHI) EMPLOYEES WHO SERVE ON THE BOARDS OF OFFSHORE CAPTIVES OF CHI CHI ALLOCATED A PORTION OF THE SALARIES OF THESE INDIVIDUALS TO LINE 3(F) TRAVEL COSTS FOR THESE INDIVIDUALS WERE NOT PAID BY CHI (5) CHI'S INVESTMENTS IN CAPTIVE MANAGEMENT INITIATIVES AND ALL SAINTS INSURANCE COMPANY, SPC, LTD ARE REFLECTED IN LINE 5 ALSO INCLUDED IN LINE 5 IS THE COMMON STOCK INVESTMENT IN FIRST INITIATIVES INSURANCE, LTD, A WHOLLY OWNED CORPORATION FIRST INITIATIVES INSURANCE, LTD IS INCLUDED IN CHI'S CONSOLIDATED FINANCIAL STATEMENTS (1, 2, 9, 10, 11, 12, & 13) CHI PAYS VARIOUS FOREIGN INDEPENDENT CONTRACTORS FOR PROGRAM RELATED SERVICES INCLUDED IN LINE 9 IS APPROXIMATELY \$71.3 MILLION PAID TO WIPRO FOR CENTRALIZED IT SUPPORT SHARED SERVICES PROVIDED TO CHI NATIONAL OFFICES AND MBOS (6, 7, & 8) CHI PROVIDES CHARITABLE GRANTS TO OTHER U.S. 501(C)(3) ORGANIZATIONS TO SUPPORT FOREIGN PROGRAMS (SEE DESCRIPTION FOR PART I, LINE 2)</p>

Additional Data

Software ID: 16000421

Software Version: 2016v3.0

EIN: 47-0617373

Name: Catholic Health Initiatives

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)	0	1	Program Services	INDEPENDENT CONTRACTORS	2,883
North America (Canada & Mexico only)	0	17	Program Services	INDEPENDENT CONTRACTORS	300,039
Central America and the Caribbean	0	0	Conducting board meetings		67,362

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
North America (Canada & Mexico only)	0	0	Conducting board meetings		81,158
Central America and the Caribbean	0	0	Investments		1,731,561
South America	0	0	Grantmaking		112,432

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean	0	0	Grantmaking		128,342
South Asia	0	0	Grantmaking		58,447
South Asia	0	1	Program Services	INDEPENDENT CONTRACTORS	71,322,629

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean	0	4	Program Services	INDEPENDENT CONTRACTORS	23,265
Middle East and North Africa	0	2	Program Services	INDEPENDENT CONTRACTORS	17,078
South America	0	5	Program Services	INDEPENDENT CONTRACTORS	19,534

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Sub-Saharan Africa	0	2	Program Services	INDEPENDENT CONTRACTORS	6,650

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493135072168

Schedule I
(Form 990)

OMB No 1545-0047

2016

Open to Public Inspection

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.

Name of the organization
Catholic Health Initiatives

Employer identification number
47-0617373

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☐ Yes ☒ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds	Catholic Health Initiatives' (CHI) Mission and Ministry Fund provides grants to CHI organizations and participating religious congregations to be used for the planning, development and implementation of initiatives to promote healthy communities. Most grants made by CHI come from the Mission and Ministry Fund. Facilities and groups associated with CHI are eligible to apply for grant funding for healthy community coalitions and projects. Grants from the Mission and Ministry Fund are awarded based upon a review of grant applications submitted. A committee of the Board of Stewardship Trustees is charged with grantee selection. Funds awarded through the Mission and Ministry Fund are identified in the Catholic Health Initiatives general ledger system. CHI ensures that grants to United States recipients are properly used for their intended purpose by ensuring that the grant recipients are primarily IRC section 501(c)(3) organizations. In most circumstances, the recipient is a CHI affiliate. That CHI-related entity supervises the grant initiative, including the expenditure of funds in furtherance of that initiative. Mission and Ministry Fund grant recipients also provide semi-annual progress reports, including a financial report. Where the recipient is not a CHI affiliate, CHI does not require accounting for the grant monies, since the recipient organizations are required, as IRC Sec 501(c)(3) organizations to use the funds in furtherance of exempt purposes.

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 47-0617373
Name: Catholic Health Initiatives

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALEGENT CREIGHTON HEALTH FOUNDATION PO Box 642150 Omaha, NE 68154	47-0648586	501(c)(3)	78,206				Violence Prevention
ALEGENT CREIGHTON HEALTH FOUNDATION PO Box 642150 Omaha, NE 68154	47-0648586	501(c)(3)	839,265				Plan for Behavioral Health

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALEGENT CREIGHTON HEALTH FOUNDATION PO Box 642150 Omaha, NE 68154	47-0648586	501(c)(3)	319,622				Community Link
Arrupe Jesuit High School 4343 Utica St Denver, CO 80212	46-0508814	501(c)(3)	35,845				Work Study Program

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Arrupe Jesuit High School 4343 Utica St Denver, CO 80212	46-0508814	501(c)(3)	12,625				Work Study Program
Benedictine Sisters Foundation of Watertown 110 28th Ave SE Watertown, SD 57201	46-0441468	501(c)(3)	93,270				Violence Prevention Design

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHI Colorado Foundation 1150 Kelly Johnson Blvd Co Springs, CO 80920	84-0902211	501(c)(3)	224,775				ReConnect Program
CHI Colorado Foundation 1150 Kelly Johnson Blvd Co Springs, CO 80920	84-0902211	501(c)(3)	84,200				Violence Prevention

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHI Colorado Foundation 1150 Kelly Johnson Blvd Co Springs, CO 80920	84-0902211	501(c)(3)	377,716				Healthy Living CO, Reconnect Prog
CHI Colorado Foundation 1150 Kelly Johnson Blvd Co Springs, CO 80920	84-0902211	501(c)(3)	160,601				LINK

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHI Colorado Foundation 1150 Kelly Johnson Blvd Co Springs, CO 80920	84-0902211	501(c)(3)	112,432				Youth Violence Prevention
CHI Colorado Foundation 1150 Kelly Johnson Blvd Co Springs, CO 80920	84-0902211	501(c)(3)	112,747				SCAN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHI Colorado Foundation 1150 Kelly Johnson Blvd Co Springs, CO 80920	84-0902211	501(c)(3)	85,936				Violence Prevention
CHI Colorado Foundation 1150 Kelly Johnson Blvd Co Springs, CO 80920	84-0902211	501(c)(3)	58,452				Fremont Violence Prevention

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Coalition to Protect America's Health Care 4600 East-West Highway Bethesda, MD 20814	52-2253225	501(c)(4)	200,000				Contribution to Coalition to Protect America's Health Care
Dominican Sisters of Peace 2320 Airport Drive Columbus, OH 43219	26-3550703	501(c)(3)	45,500				Peace Center New Orleans

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Dominican Sisters of Peace 2320 Airport Drive Columbus, OH 43219	26-3550703	501(c)(3)	179,800				Dare to Live in Peace
Enroll America 1001 G Street NW FL 8 Washington, DC 20001	27-1661221	501(c)(3)	50,000				2017 Contribution-mission to maximize health insurance enrollment

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Faithful Fools Street Ministry 230 HYDE St San Francisco, CA 94102	94-3348396	501(c)(3)	61,300				Institute for Street Level Learning
Flaget Memorial Hospital Foundation 4305 New Shepherdsville Rd Bardstown, KY 40004	56-2351341	501(c)(3)	97,032				PACT in Action

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Franciscan Foundation 1149 Market St Tacoma, WA 98402	91-1145592	501(c)(3)	55,987				Community Building Health
Franciscan Foundation 1149 Market St Tacoma, WA 98402	91-1145592	501(c)(3)	157,954				Youth Violence Prevention

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Franciscan Foundation 1149 Market St Tacoma, WA 98402	91-1145592	501(c)(3)	260,758				PAR Initiative
Franciscan Sisters of Little Falls 116 8th Avenue SE Little Falls, MN 56345	41-0695518	501(c)(3)	83,778				Urock Against Violence

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Good Samaritan Hosp Foundation 375 Dixmyth Ave Cincinnati, OH 45220	31-1027660	501(c)(3)	84,640				Partners in Health Project
GOOD SAMARITAN HOSPITAL FOUNDATION 10 E 31st Street Kearney, NE 68847	47-0659443	501(c)(3)	82,832				HelpCare Clinic

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOOD SAMARITAN HOSPITAL FOUNDATION 10 E 31st Street Kearney, NE 68847	47-0659443	501(c)(3)	111,346				Violence Prevention
Highline Medical Center 16259 Sylvester Road SW Burien, WA 98166	91-1171170	501(c)(3)	399,726				Highline Health Connections

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Jewish Hospital & St Mary's Healthcare 200 Abraham Flexner Way Louisville, KY 40202	61-1029768	501(c)(3)	20,000				BOUNCE
Jewish Hospital & St Mary's Healthcare 200 Abraham Flexner Way Louisville, KY 40202	61-1029768	501(c)(3)	547,853				Health Connections Initiative

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Jewish Hospital & St Mary's Healthcare 200 Abraham Flexner Way Louisville, KY 40202	61-1029768	501(c)(3)	94,538				Shelbyville Violence Prevention
Jewish Hospital & St Mary's Healthcare 200 Abraham Flexner Way Louisville, KY 40202	61-1029768	501(c)(3)	15,900				Francis Center Planning Year

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Jewish Hospital & St Mary's Healthcare 200 Abraham Flexner Way Louisville, KY 40202	61-1029768	501(c)(3)	159,694				PACT in Action
Jewish Hospital & St Mary's Healthcare 200 Abraham Flexner Way Louisville, KY 40202	61-1029768	501(c)(3)	188,122				Pivot to Peace

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Memorial Health Care 2525 de Sales Ave Chattanooga, TN 42506	62-0532345	501(c)(3)	29,466				United Against Violence
Memorial Health Care 2525 de Sales Ave Chattanooga, TN 42506	62-0532345	501(c)(3)	60,500				Healthy Kids at Ivy

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Mercy Foundation 2700 Stewart Parkway Roseburg, OR 97471	93-6088946	501(c)(3)	65,794				Dental Program
Mercy Foundation 2700 Stewart Parkway Roseburg, OR 97471	93-6088946	501(c)(3)	87,365				Teen Transitions

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Mercy Foundation 2700 Stewart Parkway Roseburg, OR 97471	93-6088946	501(c)(3)	94,228				Youth Violence Prevention
Mercy Foundation 1755 59th Pl Des Moines, IA 50266	23-7358794	501(c)(3)	125,188				Building a Strong Community

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Mercy Foundation 1755 59th Pl Des Moines, IA 50266	23-7358794	501(c)(3)	64,117				Girl Power-Violence Prevention
Mercy Foundation 1755 59th Pl Des Moines, IA 50266	23-7358794	501(c)(3)	242,829				Community Palliative Care

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Mercy Foundation 1755 59th Pl Des Moines, IA 50266	23-7358794	501(c)(3)	60,214				Childhood Obesity
Mercy Hospital of Valley City 570 Chautauqua Blvd Valley City, ND 58072	45-0226553	501(c)(3)	35,000				Valley City Wellness for All Program

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Mercy Housing 1999 Broadway Denver, CO 80202	47-0646706	501(c)(3)	500,000				Donations - 35th Anniversary Celebration
Mercy Medical Center - Newton 111 Sixth Ave Des Moines, IA 50314	42-1470935	501(c)(3)	38,980				Jasper County Collaborative

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Saint Anthony Hospital 2801 St Anthony Way Pendleton, OR 97801	93-0391614	501(c)(3)	96,164				Violence Prevention
Samaritan Behavioral Health 601 Edwin C Moses Dayton, OH 45417	02-0633634	501(c)(3)	178,420				United Against Violence of Greater Dayton

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Save the Children 501 Kings Highway East Fairfield, CT 06825	06-0726487	501(c)(3)	10,000				CHI donation in lieu of Christmas cards
Sisters of Mercy West Midwest Community 7262 Mercy Road Omaha, NE 68124	26-2400800	501(c)(3)	63,807				Preventing Violence

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
St Alexis Health PO Box 5510 Bismarck, ND 58506	45-0226711	501(c)(3)	168,240				Violence Prevention
ST CATHERINE HOSPITAL DEVELOPMENT FOUNDATION 401 E Spruce Garden City, KS 67846	20-0598702	501(c)(3)	128,215				Finney County Violence Prevention

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
St Elizabeth Foundation 555 S 70th Street Lincoln, NE 68510	47-0625523	501(c)(3)	120,558				Violence Prevention
St Francis Medical Center 2400 St Francis Drive Breckenridge, MN 56520	41-0695598	501(c)(3)	96,063				Violence Prevention

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
St Francis Medical Center Foundation 2620 W Faidley Ave Grand Island, NE 68803	47-0630267	501(c)(3)	111,501				CHW Intervention Program
St Francis Medical Center Foundation 2620 W Faidley Ave Grand Island, NE 68803	47-0630267	501(c)(3)	48,611				The Violence Prevention Program

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
St Joseph Area Health Services 600 Pleasant Ave Park Rapids, MN 56470	41-0695603	501(c)(3)	60,129				Violence Prevention
St Joseph Berea Foundation 305 Estill St Berea, KY 40403	26-0152877	501(c)(3)	80,372				Violence Prevention, Green Dot

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
St Joseph Hospital Foundation 424 Lewis Hargett Circle suite 160 Lexington, KY 40503	61-1159649	501(c)(3)	56,548				Creating Safe Neighborhoods
St Joseph Hospital Foundation 424 Lewis Hargett Circle suite 160 Lexington, KY 41649	61-1159649	501(c)(3)	59,414				Violence Prevention

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
St Joseph London Foundation Inc 1001 Saint Joseph Lane London, KY 40741	26-0438748	501(c)(3)	61,841				Safe Child Initiative
St Joseph Mt Sterling Foundation 225 Falcon Dr Mt Sterling, KY 40353	27-2884584	501(c)(3)	100,600				Violence Prevention

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
St Luke's Community Health Services 17200 StLukes Way Woodlands, TX 77384	76-0536234	501(c)(3)	51,033				The Woodlands Hosp, Violence Prevention
St Luke's Health System Corporation 6624 Fannin Street Houston, TX 77030	76-0536232	501(c)(3)	28,650				Human Trafficking

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
St Mary's Community Hospital 1301 Grundman Blvd Nebraska City, NE 68410	47-0443636	501(c)(3)	82,496				Youth Violence Prevention
St Vincent Health Foundation Two St Vincent Circle Little Rock, AR 72205	51-0169537	501(c)(3)	336,131				Health Connections Initiative

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
St Vincent Health Foundation Two St Vincent Circle Little Rock, AR 72205	51-0169537	501(c)(3)	79,400				Improving Health
St Vincent Health Foundation Two St Vincent Circle Little Rock, AR 72205	51-0169537	501(c)(3)	71,510				Suicide Prevention

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Center for African American Health 3601 Martin Luther King Blvd Denver, CO 80205	84-1477546	501(c)(3)	10,000				Leader Sponsorship of CAAH Denver Metro Area Health Fair
The Leverage Network Inc 200 S Wacker Chicago, IL 60607	47-3517179	501(c)(3)	10,000				Fund development campaign

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Unity Family Healthcare 116 8th Avenue SE Little Falls, MN 56345	41-0721642	501(c)(3)	38,357				Violence Prevention Morrison County
Unity Family Healthcare 116 8th Avenue SE Little Falls, MN 56345	41-0721642	501(c)(3)	57,211				Eat Smart

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Women's Business Leaders Foundation 1227 25th St NW Washington, DC 20037	51-0410145	501(c)(3)	20,000				2017 Gold Annual Sponsorship

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization Catholic Health Initiatives	Employer identification number 47-0617373
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Part I

Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	Yes	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?	Yes	
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?		No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.		No
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?		No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.		No
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	Yes	
8 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.		No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
See Additional Data	

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 47-0617373
Name: Catholic Health Initiatives

Part III, Supplemental Information

Return Reference	Explanation
Schedule J, Part I, Line 1a First-class or charter travel	FOR EACH BENEFIT PROVIDED IN LINE 1A, THE ORGANIZATION MUST DISCLOSE RELEVANT INFORMATION WHICH MAY INCLUDE THE TYPE OF BENEFIT, THE LISTED PERSON WHO RECEIVED THE BENEFIT (OR CLASS OF INDIVIDUALS FOR WHOM THE BENEFIT WAS PROVIDED I E ALL DIRECTORS), AND WHETHER OR NOT THE BENEFIT WAS INCLUDED IN THE INDIVIDUAL'S COMPENSATION THE CATHOLIC HEALTH INITIATIVES (CHI) TRAVEL POLICY #5, WHICH IS APPLICABLE TO ALL EMPLOYEES, STATES THAT FIRST-CLASS AIRFARE IS GENERALLY NOT PERMITTED, BUT MAY BE UTILIZED IF APPROVED IN ADVANCE BY THE INDIVIDUAL'S SUPERVISOR AND WARRANTED BASED UPON THE FACTS AND CIRCUMSTANCES, WHICH MAY INCLUDE AMOUNT OF TRAVEL INVOLVED, NATURE OF SPECIFIC TRIP, DURATION OF TRAVEL AND COST DIFFERENTIATION BETWEEN FIRST CLASS AND COACH KEVIN LOFTON, CEO, UTILIZES FIRST CLASS TRAVEL ON OCCASION ONLY WHEN OTHER TICKETING OPTIONS ARE NOT LOGISTICALLY SUITABLE

Part III, Supplemental Information

Return Reference	Explanation
Schedule J, Part I, Line 1a Travel for companions	TRAVEL FOR COMPANIONS IS AVAILABLE WITH TAX GROSS-UP PURSUANT TO CATHOLIC HEALTH INITIATIVES (CHI) HR POLICY #4 BECAUSE OF THE SIGNIFICANT TIME COMMITMENT ASSOCIATED WITH BOARD MEMBERSHIP AT CHI, BOARD MEMBERS WERE OCCASIONALLY INVITED TO BRING THEIR SPOUSES TO LEADERSHIP ACTIVITIES CHI REIMBURSED THOSE BOARD MEMBERS FOR CERTAIN COMPANION TRAVEL EXPENSES AND GROSSED-UP THE BOARD MEMBERS FOR THOSE EXPENSES ALL SUCH COMPANION TRAVEL AND ASSOCIATED GROSS-UP WAS INCLUDED AS INCOME ON THE BOARD MEMBER'S FORM 1099 OR W-2 AS APPLICABLE

Part III, Supplemental Information

Return Reference	Explanation
Schedule J, Part I, Line 1a Tax indemnification and gross-up payments	Catholic Health Initiatives reimbursed board members for certain companion travel expenses and grossed-up the board members for those expenses. All such companion travel and associated gross-up was Included as income on the board member's Form 1099 or W-2 as applicable.

Part III, Supplemental Information

Return Reference	Explanation
Schedule J, Part I, Line 4a Severance or change-of-control payment	Post-termination payments are addressed in executive employment agreements for employees at the level of vice president and above. These employment agreements require that in order for the executive to receive post-termination payments, these individuals must execute a general release and settlement agreement. Post-termination payment arrangements are periodically reviewed for overall reasonableness in light of the executive's overall compensation package. The following reportable individuals received severance payments from Catholic Health Initiatives during the 2016 calendar year, and these severance payments were included in the individuals' W-2 income and reportable compensation on Part VII and Schedule J, Part II, column (B)(iii): Thomas Deveny - \$85,360; Steven Kehrberg - \$404,543; John Dicola - \$343,674.

Part III, Supplemental Information

Return Reference	Explanation
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	<p>During the 2016 calendar year Catholic Health Initiatives (CHI) maintained a supplemental non-qualified deferred compensation plan for MBO CEOs/Presidents and other CHI executives at the level of Senior Vice President and above. The following reportable individuals were eligible to participate in that plan: Cliff Robertson, Dean Swindle, David Vellinga, Jeffrey Drop, John DiCola, Joyce Ross, Kathleen Sanford, Ketul Patel, Kevin Lofton, Michael Covert, Michael O'Rourke, Michael Rowan, Mitch Melfi, Nick Barto, Patricia Webb, Paul Edgett, Peter Banko, Philip Foster, Robert Weil, Ruth Williams-Brinkley, Stephen Moore, Steven Kehrberg, Thomas Clifford Deveny, Thomas Kopfensteiner. During 2016, the following contributions were made by CHI to the deferred compensation plan: Cliff Robertson - \$133,018, Ketul Patel - \$162,320, Nick Barto - \$54,000, Robert Weil - \$36,000, Ruth Williams-Brinkley - \$138,602, Thomas Clifford Deveny - \$104,440. During 2016, the following distributions were made by CHI from the deferred compensation plan: Cliff Robertson - \$163,181, David Vellinga - \$157,032, Dean Swindle - \$388,656, Jeffrey Drop - \$61,356, John DiCola - \$588,084, Joyce Ross - \$29,665, Kathleen Sanford - \$81,667, Kevin Lofton - \$441,168, Michael Covert - \$212, Michael O'Rourke - \$113,276, Michael Rowan - \$244,488, Mitch Melfi - \$94,106, Nick Barto - \$85,201, Patricia Webb - \$214,592, Paul Edgett - \$45,714, Peter Banko - \$45,514, Philip Foster - \$69,915, Ruth Williams-Brinkley - \$135,255, Stephen Moore - \$205,240, Steven Kehrberg - \$23,815, Thomas Clifford Deveny - \$283,806, Thomas Kopfensteiner - \$244,611. Due to the "super" vesting rules under the CHI deferred compensation plan, participants who have met certain requirements such as termination, age, years of service, or more than 5 years of plan participation were eligible to receive their 2016 contributions in cash. These cash payouts are included in the participant's reportable compensation in column (iii) Other Reportable Compensation on Schedule J Part II. During 2016, the following contributions that would have been made by CHI to the deferred compensation plan were paid in cash: David Vellinga - \$129,880, Dean Swindle - \$303,850, Jeffrey Drop - \$87,113, Joyce Ross - \$31,972, Kathleen Sanford - \$89,214, Kevin Lofton - \$494,031, Michael Covert - \$181,123, Michael O'Rourke - \$55,548, Michael Rowan - \$338,873, Mitch Melfi - \$131,882, Patricia Webb - \$132,752, Paul Edgett - \$114,536, Philip Foster - \$39,249, Thomas Kopfensteiner - \$125,396, John DiCola - \$71,678, Thomas Clifford Deveny - \$87,033.</p>

Part III, Supplemental Information

Return Reference	Explanation
Schedule J, Part I, Line 7 Non-fixed payments	Catholic Health Initiatives (CHI) maintains a variable pay program for managers and above that puts a certain amount of compensation at risk. Awards of incentive compensation under the variable pay program are made based upon achievement of organizational objectives including financial outcomes, quality improvement, and other measures as determined annually by the Board of Stewardship Trustees. However, eligible awards payable under this program are dependent on reaching minimum levels of operating margin and charity care levels, unless the HR Committee of the Board of Stewardship Trustees uses its discretion to approve an exception.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1KEVIN LOFTON FACHE Chief Executive Officer	(i)	1,665,767	3,923,615	967,683	15,900	7,540	6,580,505	441,169
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
1MITCH H MELFI ESQ EVP Corporate Affairs & Chief Legal Officer/Secretary	(i)	663,167	633,938	251,000	15,900	18,354	1,582,359	94,106
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
2JOYCE ROSS SVP MARKETING AND COMMUNICATIONS/ASSISTANT SECRETARY	(i)	361,809	208,637	88,451	14,588	7,540	681,025	29,665
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
3MICHAEL ROWAN FACHE President OF Health System Delivery & COO	(i)	1,345,828	2,064,833	598,373	15,900	18,038	4,042,972	244,488
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
4DEAN SWINDLE CPA President OF Enterprise Business Unes & CFO/Treasurer	(i)	1,205,547	1,800,815	717,518	15,900	18,136	3,757,916	388,656
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
5STEVEN KEHRBERG FORMER SVP SUPPLY CHAIN & Clinical Engineering	(i)	0	0	423,871	1,578	10,408	435,857	23,815
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
6STEPHEN MOORE MD FORMER SVP & CHIEF MEDICAL OFFICER	(i)	344	0	0	0	0	344	0
	(ii)	-	-	-	-	-	-	-
		597,717	428,320	229,347	17,454	12,496	1,285,334	205,240
7Nicholas M Barto SVP- Corp Finance- Investments	(i)	595,498	364,702	107,561	68,809	18,970	1,155,540	85,201
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
8DAVID VELLINGA SVP Divisional Operations/MBO CEO	(i)	860,372	921,684	318,980	3,728	9,732	2,114,496	157,032
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
9RUTH WILLIAMS BRINKLEY SVP/MBO President & CEO	(i)	891,901	845,766	162,199	154,502	7,316	2,061,684	135,255
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
10ROBERT WEIL SVP-CHIEF MEDICAL OFFICER	(i)	198,175	75,000	17,456	36,000	4,726	331,357	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
11THOMAS Clifford DEVENY MD SVP-PHYS SERV & CLIN INTEGR	(i)	558,208	612,432	469,253	120,340	14,555	1,774,788	283,806
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
12JOHN DICOLA EVP Enterprise Strategic DevELOPMENT	(i)	383,839	711,366	1,016,237	15,900	11,339	2,138,681	588,084
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
13PAUL EDGETT III EVP AND CHIEF STRATEGY OFFICER	(i)	613,452	515,600	186,340	15,760	17,592	1,348,744	45,714
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
14PHILIP FOSTER SVP RISK & Insurance	(i)	428,830	245,914	132,496	15,900	18,250	841,390	69,915
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
15THOMAS KOPFENSTEINER EVP MISSION	(i)	624,634	611,649	396,951	15,900	7,540	1,656,674	244,611
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
16MICHAEL O'ROURKE SVP & CHIEF INFORMATION OFFICER	(i)	612,121	412,202	195,768	15,900	18,354	1,254,345	113,276
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
17KATHLEEN SANFORD RN DBA FACHE SVP & CHIEF NURSING OFFICER	(i)	560,196	534,777	197,825	15,677	17,546	1,326,021	81,667
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
18PATRICIA WEBB FACHE EVP & Chief Administrative Officer/ HR Officer	(i)	662,940	633,132	374,288	15,900	12,714	1,698,974	214,592
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
19PETER BANKO SVP & Divisional Executive Officer	(i)	288,351	429,428	561,695	0	5,887	1,285,361	45,514
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21Michael Covert SVP Divisional Operations/MBO CEO	(i)	1,130,550	676,728	213,403	10,846	17,664	2,049,191	212
	(ii)	0	0	0	0	-0	-0	0
1JEFFREY DROP SVP & Divisional Executive Officer	(i)	560,895	580,949	173,480	15,900	12,312	1,343,536	61,356
	(ii)	0	0	0	0	-0	-0	0
2Ketul Patel SVP Divisional Operations/MBO CEO	(i)	1,016,703	550,020	40,451	179,176	13,574	1,799,924	0
	(ii)	0	0	0	0	-0	-0	0
3CLIFF ROBERTSON MD SVP Divisional Operations/MBO CEO	(i)	829,993	808,133	186,513	148,918	18,822	1,992,379	163,181
	(ii)	0	0	0	0	-0	-0	0

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization
Catholic Health Initiatives

Supplemental Information on Tax Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990.
► Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number
47-0617373

Part I

Bond Issues

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

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	0		0		0		3,900,000	
2	Amount of bonds legally defeased	0		0		0		0	
3	Total proceeds of issue	26,495,000		26,495,000		48,835,493		51,400,000	
4	Gross proceeds in reserve funds	0		0		0		0	
5	Capitalized interest from proceeds	0		0		0		0	
6	Proceeds in refunding escrows	0		0		0		0	
7	Issuance costs from proceeds	0		0		0		0	
8	Credit enhancement from proceeds	0		0		0		0	
9	Working capital expenditures from proceeds	0		0		0		0	
10	Capital expenditures from proceeds	0		0		0		0	
11	Other spent proceeds	26,495,000		26,495,000		48,835,000		51,400,000	
12	Other unspent proceeds	0		0		0		0	
13	Year of substantial completion	2009		2009		2008		2004	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X		X		X	
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III

Private Business Use

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

Part III

Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 07 %							
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 05 %							
6 Total of lines 4 and 5	0 12 %		0 %		0 %		0 %	
7 Does the bond issue meet the private security or payment test? . . .		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?	X		X			X	X	
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .	1 26 %		1 26 %				4 59 %	
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?	X		X				X	
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV

Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

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

Return Reference	Explanation
Schedule K, Part VI SERIES 2009 A/B COMPOSITE ISSUE	<p>THE BONDS DESCRIBED ON LINES D, A, AND B IN PART I ARE PART OF A COMPOSITE ISSUE FOR FEDERAL INCOME TAX PURPOSES (THE SERIES 2009 COMPOSITE ISSUE) ALL AMOUNTS REPORTED BELOW ARE FOR THE COMPOSITE ISSUE RATHER THAN THE COMPONENT PARTS PART I LINE F PURPOSE COLORADO HEALTH FACILITIES AUTHORITY 2009 A/B - CAPITAL IMPROVEMENTS, ACQUISITIONS AND EQUIPMENT ACQUISITIONS FOR AFFILIATES IN COLORADO, IOWA, NEW JERSEY AND NEBRASKA AND CURRENT REFUNDING OF COLORADO 1997B-1, 1997B-2, 1997B-3 (ORIGINAL ISSUANCE DATE NOVEMBER 25, 1997), 2004B-4 AND 2004B-5 BONDS (ORIGINAL ISSUANCE DATE NOVEMBER 18, 2004) AND IOWA 1997B BONDS (REISSUANCE DATE DECEMBER 2, 1999) KENTUCKY ECONOMIC DEVELOPMENT FINANCE AUTHORITY 2009 A/B - CAPITAL IMPROVEMENTS AND EQUIPMENT ACQUISITIONS FOR AFFILIATES IN KENTUCKY COUNTY OF MONTGOMERY, OHIO 2009 A/B - CAPITAL IMPROVEMENTS AND EQUIPMENT ACQUISITIONS FOR AFFILIATES IN OHIO AND CURRENT REFUNDING OF OHIO 1997B (ORIGINAL ISSUANCE DATE NOVEMBER 25, 1997), 2006B-1 AND 2006B-2 BONDS (ORIGINAL ISSUANCE DATE NOVEMBER 9, 2006) \$108,439 OF PROCEEDS OF THE COUNTY OF MONTGOMERY, OHIO 2009A AND 2009B BONDS WERE REISSUED ON OCTOBER 1, 2012 AS AN "ALTERNATE USE OF DISPOSITION PROCEEDS" REMEDIAL ACTION FOR CHANGE IN OWNERSHIP OF CERTAIN BOND FINANCED PROPERTY THESE "REISSUED" PORTIONS OF THE BONDS HAVE BEEN REPORTED IN A FORM 8038 AND NOT SEPARATELY REPORTED IN THIS SCHEDULE K \$66,585 OF PROCEEDS OF THE COUNTY OF MONTGOMERY, OHIO 2009A AND 2009B BONDS WERE REISSUED ON FEBRUARY 14, 2013 AS AN "ALTERNATE USE OF DISPOSITION PROCEEDS" REMEDIAL ACTION FOR CHANGE IN OWNERSHIP OF CERTAIN BOND FINANCED PROPERTY THESE "REISSUED" PORTIONS OF THE BONDS HAVE BEEN REPORTED IN A FORM 8038 AND NOT SEPARATELY REPORTED IN THIS SCHEDULE K \$42,296 OF PROCEEDS OF THE COLORADO HEALTH FACILITIES AUTHORITY 2009A BONDS WERE REISSUED ON APRIL 1, 2014 AS AN "ALTERNATE USE OF DISPOSITION PROCEEDS" REMEDIAL ACTION FOR CHANGE IN OWNERSHIP OF CERTAIN BOND FINANCED PROPERTY THESE "REISSUED" PORTIONS OF THE BONDS HAVE BEEN REPORTED IN A FORM 8038 AND NOT SEPARATELY REPORTED IN THIS SCHEDULE K \$14,179 OF PROCEEDS OF THE COLORADO HEALTH FACILITIES AUTHORITY 2009B BONDS WERE REISSUED ON APRIL 1, 2014 AS AN "ALTERNATE USE OF DISPOSITION PROCEEDS" REMEDIAL ACTION FOR CHANGE IN OWNERSHIP OF CERTAIN BOND FINANCED PROPERTY THESE "REISSUED" PORTIONS OF THE BONDS HAVE BEEN REPORTED IN A FORM 8038 AND NOT SEPARATELY REPORTED IN THIS SCHEDULE K \$42,935,594.18 OF PROCEEDS OF THE COLORADO HEALTH FACILITIES AUTHORITY 2009A and 2009B BONDS WERE REISSUED ON OCTOBER 1, 2015 AS AN "ALTERNATE USE OF DISPOSITION PROCEEDS" REMEDIAL ACTION FOR CHANGE IN OWNERSHIP OF CERTAIN BOND FINANCED PROPERTY THESE "REISSUED" PORTIONS OF THE BONDS HAVE BEEN REPORTED IN A FORM 8038 AND NOT SEPARATELY REPORTED IN THIS SCHEDULE K \$1,124,855.22 OF PROCEEDS OF THE COLORADO HEALTH FACILITIES AUTHORITY 2009A BONDS WERE REISSUED ON JUNE 30, 2016 AS AN "ALTERNATE USE OF DISPOSITION PROCEEDS" REMEDIAL ACTION FOR CHANGE</p>

Return Reference	Explanation
Schedule K, Part VI SERIES 2009 A/B COMPOSITE ISSUE	<p>E IN OWNERSHIP OF CERTAIN BOND FINANCED PROPERTY THESE "REISSUED" PORTIONS OF THE BONDS HAVE BEEN REPORTED IN A FORM 8038 AND NOT SEPARATELY REPORTED IN THIS SCHEDULE K PART II LINE 3 TOTAL PROCEEDS OF ISSUE INCLUDES INVESTMENT EARNINGS PART III PRIVATE USE IS COMPUTED FOR THE COMPOSITE ISSUE AS A WHOLE, RATHER THAN BASED ON ITS COMPONENT PARTS FOR PRESENTATION PURPOSES ON LINES 4-6 OF THE SCHEDULE K, PART III TABLE, PRIVATE USE PERCENTAGES FOR THE COMPOSITE ISSUE, AS A WHOLE, HAVE BEEN REPORTED UNDER THE FIRST COMPONENT OF THE COMPOSITE ISSUE THE SECTIONS OF THE TABLE FOR THE REMAINING COMPONENT PARTS OF THE COMPOSITE ISSUE WERE LEFT BLANK LINE 7 DOES THE BOND ISSUE MEET THE PRIVATE SECURITY OR PAYMENT TEST? CHI MONITORS THE PRIVATE BUSINESS USE PERCENTAGE FOR EACH BOND ISSUE, AND THEREFORE, HAS NOT CALCULATED THE AMOUNT OF PRIVATE PAYMENTS BECAUSE CHI HAS NOT CALCULATED THE AMOUNT OF PRIVATE PAYMENTS, SOLELY FOR SCHEDULE K REPORTING PURPOSES, WE HAVE ASSUMED THAT THE PRIVATE PAYMENT TEST HAS NOT BEEN MET</p>

Return Reference	Explanation
<p>Schedule K, Part VI</p> <p>LOUISVILLE/JEFFERSON METRO COUNTY GOVT 2012A</p>	<p>PART I LINE F PURPOSE ADVANCE REFUNDING OF LOUISVILLE/JEFFERSON METRO COUNTY GVT REVENUE BONDS SERIES 2008 (ORIGINAL ISSUANCE DATE JULY 10, 2008) ON AUGUST 1, 2016, CHI PROVIDED FOR THE DEFEASANCE OF \$61,950,000 OF THE LOUISVILLE/JEFFERSON COUNTY GVT REVENUE BONDS SERIES 2012A TO THEIR EARLIEST CALL DATE AS REMEDIAL ACTION FOR THE CHANGE IN OWNERSHIP OF CERTAIN BOND FINANCED PROPERTY THAT OCCURED MAY 11, 2016 PART III LINE 7 DOES THE BOND ISSUE MEET THE PRIVATE SECURITY OR PAYMENT TEST? CHI MONITORS THE PRIVATE BUSINESS USE PERCENTAGE FOR EACH BOND ISSUE, AND THEREFORE, HAS NOT CALCULATED THE AMOUNT OF PRIVATE PAYMENTS BECAUSE CHI HAS NOT CALCULATED THE AMOUNT OF PRIVATE PAYMENTS, SOLELY FOR SCHEDULE K REPORTING PURPOSES, WE HAVE ASSUMED THAT THE PRIVATE PAYMENT TEST HAS NOT BEEN MET</p>

Return Reference	Explanation
Schedule K, Part VI SERIES 2011A COMPOSITE ISSUE	<p>THE BONDS DESCRIBED ON LINES D AND A IN PART I ARE PART OF A COMPOSITE ISSUE FOR FEDERAL INCOME TAX PURPOSES (THE SERIES 2011A COMPOSITE ISSUE) ALL AMOUNTS REPORTED BELOW ARE FOR THE COMPOSITE ISSUE RATHER THAN THE COMPONENT PARTS PART I LINE F PURPOSE WASHINGTON HEALTH CARE FACILITIES 2011 A - CAPITAL IMPROVEMENTS, ACQUISITIONS AND EQUIPMENT ACQUISITIONS FOR AFFILIATES IN WASHINGTON COLORADO HEALTH FACILITIES AUTHORITY 2011 A - CAPITAL IMPROVEMENTS, ACQUISITIONS AND EQUIPMENT ACQUISITIONS FOR AFFILIATES IN ARKANSAS, COLORADO, IOWA, KANSAS AND NEBRASKA AND CURRENT REFUNDING OF COLORADO 2000B (ORIGINAL ISSUANCE DATE MARCH, 20, 2000), 2004B-1, 2004B-2 AND 2004B-3 (ORIGINAL ISSUANCE DATE NOVEMBER 18, 2004), AND 2008C-8 (ORIGINAL ISSUANCE DATE NOVEMBER 20, 2008) \$7,418,571 95 OF PROCEEDS OF THE COLORADO HEALTH FACILITIES AUTHORITY 2011A BONDS WERE REISSUED ON JUNE 30, 2016 AS AN "ALTERNATE USE OF DISPOSITION PROCEEDS" REMEDIAL ACTION FOR CHANGE IN OWNERSHIP OF CERTAIN BOND FINANCED PROPERTY THESE "REISSUED" PORTIONS OF THE BONDS HAVE BEEN REPORTED IN A FORM 8038 AND NOT SEPARATELY REPORTED IN THIS SCHEDULE K \$233,182 91 OF PROCEEDS OF THE WASHINGTON HEALTH CARE FACILITIES 2011A BONDS WERE REISSUED ON MAY 11, 2016 AS AN "ALTERNATE USE OF DISPOSITION PROCEEDS" REMEDIAL ACTION FOR CHANGE IN OWNERSHIP OF CERTAIN BOND FINANCED PROPERTY THESE "REISSUED" PORTIONS OF THE BONDS HAVE BEEN REPORTED IN A FORM 8038 AND NOT SEPARATELY REPORTED IN THIS SCHEDULE K PART II LINE 3 TOTAL PROCEEDS OF ISSUE INCLUDES INVESTMENT EARNINGS PART III PRIVATE USE IS COMPUTED FOR THE COMPOSITE ISSUE AS A WHOLE, RATHER THAN BASED ON ITS COMPONENT PARTS FOR PRESENTATION PURPOSES ON LINES 4-6 OF THE SCHEDULE K, PART III TABLE, PRIVATE USE PERCENTAGES FOR THE COMPOSITE ISSUE, AS A WHOLE, HAVE BEEN REPORTED UNDER THE FIRST COMPONENT OF THE COMPOSITE ISSUE THE SECTIONS OF THE TABLE FOR THE REMAINING COMPONENT PARTS OF THE COMPOSITE ISSUE WERE LEFT BLANK LINE 7 DOES THE BOND ISSUE MEET THE PRIVATE SECURITY OR PAYMENT TEST? CHI MONITORS THE PRIVATE BUSINESS USE PERCENTAGE FOR EACH BOND ISSUE, AND THEREFORE, HAS NOT CALCULATED THE AMOUNT OF PRIVATE PAYMENTS BECAUSE CHI HAS NOT CALCULATED THE AMOUNT OF PRIVATE PAYMENTS, SOLELY FOR SCHEDULE K REPORTING PURPOSES, WE HAVE ASSUMED THAT THE PRIVATE PAYMENT TEST HAS NOT BEEN MET</p>

Return Reference	Explanation
Schedule K, Part VI SERIES 2004CD COMPOSITE ISSUE	<p>THE BONDS DESCRIBED ON LINES B AND C IN PART I, ARE PART OF A COMPOSITE ISSUE FOR FEDERAL INCOME TAX PURPOSES (THE SERIES 2004CD COMPOSITE ISSUE) ALL AMOUNTS REPORTED BELOW ARE FOR THE COMPOSITE ISSUE RATHER THAN THE COMPONENT PARTS PART I LINE F PURPOSE KENTUCKY ECONOMIC DEV FINANCE AUTHORITY 2004C/D - CAPITAL IMPROVEMENTS AND EQUIPMENT ACQUISITIONS FOR AFFILIATES IN KENTUCKY CHATTANOOGA TN HEALTH ED & HOUSING FAC BD 2004C - CAPITAL IMPROVEMENTS AND EQUIPMENT ACQUISITIONS FOR AFFILIATES IN TENNESSEE PART II LINE 3 TOTAL PROCEEDS OF ISSUE INCLUDES INVESTMENT EARNINGS PART III PRIVATE USE IS COMPUTED FOR THE COMPOSITE ISSUE AS A WHOLE, RATHER THAN BASED ON ITS COMPONENT PARTS FOR PRESENTATION PURPOSES ON LINES 4-6 OF THE SCHEDULE K, PART III TABLE, PRIVATE USE PERCENTAGES FOR THE COMPOSITE ISSUE, AS A WHOLE, HAVE BEEN REPORTED UNDER THE FIRST COMPONENT OF THE COMPOSITE ISSUE THE SECTIONS OF THE TABLE FOR THE REMAINING COMPONENT PARTS OF THE COMPOSITE ISSUE WERE LEFT BLANK LINE 7 DOES THE BOND ISSUE MEET THE PRIVATE SECURITY OR PAYMENT TEST? CHI MONITORS THE PRIVATE BUSINESS USE PERCENTAGE FOR EACH BOND ISSUE, AND THEREFORE, HAS NOT CALCULATED THE AMOUNT OF PRIVATE PAYMENTS BECAUSE CHI HAS NOT CALCULATED THE AMOUNT OF PRIVATE PAYMENTS, SOLELY FOR SCHEDULE K REPORTING PURPOSES, WE HAVE ASSUMED THAT THE PRIVATE PAYMENT TEST HAS NOT BEEN MET</p>

Return Reference	Explanation
Schedule K, Part VI SERIES 2006A COMPOSITE ISSUE	<p>THE BONDS DESCRIBED ON LINE D IN PART I, TOGETHER WITH BALTIMORE COUNTY, MARYLAND REVENUE BONDS (CATHOLIC HEALTH INITIATIVES) SERIES 2006A, WHICH WERE DEFEASED ON DECEMBER 10, 2012 AND ARE NO LONGER OUTSTANDING, ARE PART OF A COMPOSITE ISSUE FOR FEDERAL INCOME TAX PURPOSES (THE SERIES 2006A COMPOSITE ISSUE) ALL AMOUNTS REPORTED BELOW ARE FOR THE COMPOSITE ISSUE RATHER THAN THE COMPONENT PARTS PART I LINE F PURPOSE COLORADO HEALTH FACILITIES AUTHORITY 2006A - CAPITAL IMPROVEMENTS AND EQUIPMENT ACQUISITIONS FOR AFFILIATES IN COLORADO, ARKANSAS, IOWA, MISSOURI AND NEBRASKA \$118,345 OF PROCEEDS OF THE COLORADO HEALTH FACILITIES AUTHORITY 2006A BONDS WERE REISSUED ON NOVEMBER 1, 2013 AS AN "ALTERNATE USE OF DISPOSITION PROCEEDS" REMEDIAL ACTION FOR CHANGE IN OWNERSHIP OF CERTAIN BOND FINANCED PROPERTY THESE "REISSUED" PORTIONS OF THE BONDS HAVE BEEN REPORTED IN A FORM 8038 AND NOT SEPARATELY REPORTED IN THIS SCHEDULE K \$60,650 OF PROCEEDS OF THE COLORADO HEALTH FACILITIES AUTHORITY 2006A BONDS WERE REISSUED ON APRIL 1, 2014 AS AN "ALTERNATE USE OF DISPOSITION PROCEEDS" REMEDIAL ACTION FOR CHANGE IN OWNERSHIP OF CERTAIN BOND FINANCED PROPERTY THESE "REISSUED" PORTIONS OF THE BONDS HAVE BEEN REPORTED IN A FORM 8038 AND NOT SEPARATELY REPORTED IN THIS SCHEDULE K \$6,908,623 61 OF PROCEEDS OF THE COLORADO HEALTH FACILITIES AUTHORITY 2006A BONDS WERE REISSUED ON JUNE 30, 2016 AS AN "ALTERNATE USE OF DISPOSITION PROCEEDS" REMEDIAL ACTION FOR CHANGE IN OWNERSHIP OF CERTAIN BOND FINANCED PROPERTY THESE "REISSUED" PORTIONS OF THE BONDS HAVE BEEN REPORTED IN A FORM 8038 AND NOT SEPARATELY REPORTED IN THIS SCHEDULE K PART II LINE 3 INCLUDES INVESTMENT EARNINGS PART III PRIVATE USE IS COMPUTED FOR THE COMPOSITE ISSUE AS A WHOLE, RATHER THAN BASED ON ITS COMPONENT PARTS FOR PRESENTATION PURPOSES ON LINES 4-6 OF THE SCHEDULE K, PART III TABLE, PRIVATE USE PERCENTAGES FOR THE COMPOSITE ISSUE, AS A WHOLE, HAVE BEEN REPORTED UNDER THE FIRST COMPONENT OF THE COMPOSITE ISSUE THE SECTIONS OF THE TABLE FOR THE REMAINING COMPONENT PARTS OF THE COMPOSITE ISSUE WERE LEFT BLANK LINE 7 DOES THE BOND ISSUE MEET THE PRIVATE SECURITY OR PAYMENT TEST? CHI MONITORS THE PRIVATE BUSINESS USE PERCENTAGE FOR EACH BOND ISSUE, AND THEREFORE, HAS NOT CALCULATED THE AMOUNT OF PRIVATE PAYMENTS BECAUSE CHI HAS NOT CALCULATED THE AMOUNT OF PRIVATE PAYMENTS, SOLELY FOR SCHEDULE K REPORTING PURPOSES, WE HAVE ASSUMED THAT THE PRIVATE PAYMENT TEST HAS NOT BEEN MET</p>

Return Reference	Explanation
Schedule K, Part VI SERIES 2011BC COMPOSITE ISSUE	<p>SERIES 2011BC COMPOSITE ISSUE THE BONDS DESCRIBED ON LINES B AND C IN PART I ARE PART OF A COMPOSITE ISSUE FOR FEDERAL INCOME TAX PURPOSES (THE SERIES 2011BC COMPOSITE ISSUE) ALL AMOUNTS REPORTED BELOW ARE FOR THE COMPOSITE ISSUE RATHER THAN THE COMPONENT PARTS PART I LINE F PURPOSE COLORADO HEALTH FACILITIES AUTHORITY 2011 C - CAPITAL IMPROVEMENTS, ACQUISITIONS AND EQUIPMENT ACQUISITIONS FOR AFFILIATES IN ARKANSAS, COLORADO, IOWA, KANSAS AND NEBRASKA KENTUCKY ECONOMIC DEV FINANCE AUTH 2011 B - CAPITAL IMPROVEMENTS AND EQUIPMENT ACQUISITIONS FOR AFFILIATES IN KENTUCKY PART II LINE 3 TOTAL PROCEEDS OF ISSUE INCLUDES INVESTMENT EARNINGS PART III PRIVATE USE IS COMPUTED FOR THE COMPOSITE ISSUE AS A WHOLE, RATHER THAN BASED ON ITS COMPONENT PARTS FOR PRESENTATION PURPOSES ON LINES 4-6 OF THE SCHEDULE K, PART III TABLE, PRIVATE USE PERCENTAGES FOR THE COMPOSITE ISSUE, AS A WHOLE, HAVE BEEN REPORTED UNDER THE FIRST COMPONENT OF THE COMPOSITE ISSUE THE SECTIONS OF THE TABLE FOR THE REMAINING COMPONENT PARTS OF THE COMPOSITE ISSUE WERE LEFT BLANK LINE 7 DOES THE BOND ISSUE MEET THE PRIVATE SECURITY OR PAYMENT TEST? CHI MONITORS THE PRIVATE BUSINESS USE PERCENTAGE FOR EACH BOND ISSUE, AND THEREFORE, HAS NOT CALCULATED THE AMOUNT OF PRIVATE PAYMENTS BECAUSE CHI HAS NOT CALCULATED THE AMOUNT OF PRIVATE PAYMENTS, SOLELY FOR SCHEDULE K REPORTING PURPOSES, WE HAVE ASSUMED THAT THE PRIVATE PAYMENT TEST HAS NOT BEEN MET</p>

Return Reference	Explanation
Schedule K, Part VI SERIES 2008D COMPOSITE ISSUE	<p>THE BONDS DESCRIBED ON LINES D, A, B AND C IN PART I ARE PART OF A COMPOSITE ISSUE FOR FEDERAL INCOME TAX PURPOSES (THE SERIES 2008D COMPOSITE ISSUE) ALL AMOUNTS REPORTED BELOW ARE FOR THE COMPOSITE ISSUE RATHER THAN THE COMPONENT PARTS PART I LINE F PURPOSE COLORADO HEALTH FACILITIES AUTHORITY 2008D - CAPITAL IMPROVEMENTS AND EQUIPMENT ACQUISITIONS FOR AFFILIATES IN COLORADO, IOWA, MINNESOTA, NEBRASKA, NEW JERSEY AND OREGON COUNTY OF MONTGOMERY, OHIO 2008D - CAPITAL IMPROVEMENTS AND EQUIPMENT ACQUISITIONS FOR AFFILIATES IN OHIO CHATTANOOGA TN HEALTH ED & HOUSING FAC BD 2008D - CAPITAL IMPROVEMENTS AND EQUIPMENT ACQUISITIONS FOR AFFILIATES IN TENNESSEE WASHINGTON HEALTH CARE FACILITIES AUTHORITY 2008D - REFUND WA AUTH BONDS 2007A1-3 (ORIGINAL ISSUANCE DATE NOVEMBER 8, 2007) \$30,256 OF PROCEEDS OF THE COUNTY OF MONTGOMERY, OHIO 2008D-1 AND SERIES 2008 D-2 BONDS WERE REISSUED ON FEBRUARY 14, 2013 AS AN "ALTERNATE USE OF DISPOSITION PROCEEDS" REMEDIAL ACTION FOR CHANGE IN OWNERSHIP OF CERTAIN BOND FINANCED PROPERTY THESE "REISSUED" PORTIONS OF THE BONDS HAVE BEEN REPORTED IN A FORM 8038 AND NOT SEPARATELY REPORTED IN THIS SCHEDULE K \$16,922 OF PROCEEDS OF THE COLORADO HEALTH FACILITIES AUTHORITY 2008D-1 BONDS WERE REISSUED ON APRIL 1, 2014 AS AN "ALTERNATE USE OF DISPOSITION PROCEEDS" REMEDIAL ACTION FOR CHANGE IN OWNERSHIP OF CERTAIN BOND FINANCED PROPERTY THESE "REISSUED" PORTIONS OF THE BONDS HAVE BEEN REPORTED IN A FORM 8038 AND NOT SEPARATELY REPORTED IN THIS SCHEDULE K \$9,016 OF PROCEEDS OF THE COLORADO HEALTH FACILITIES AUTHORITY 2008D-2 AND 2008D-3 BONDS WERE REISSUED ON APRIL 1, 2014 AS AN "ALTERNATE USE OF DISPOSITION PROCEEDS" REMEDIAL ACTION FOR CHANGE IN OWNERSHIP OF CERTAIN BOND FINANCED PROPERTY THESE "REISSUED" PORTIONS OF THE BONDS HAVE BEEN REPORTED IN A FORM 8038 AND NOT SEPARATELY REPORTED IN THIS SCHEDULE K \$50,000,000 OF THE COLORADO HEALTH FACILITIES AUTHORITY D-3 BONDS WERE REMARKETED ON NOVEMBER 12, 2015 AND TREATED AS A REISSUANCE AND CURRENT REFUNDING PART II LINE 3 TOTAL PROCEEDS OF ISSUE INCLUDES INVESTMENT EARNINGS PART III PRIVATE USE IS COMPUTED FOR THE COMPOSITE ISSUE AS A WHOLE, RATHER THAN BASED ON ITS COMPONENT PARTS FOR PRESENTATION PURPOSES ON LINES 4-6 OF THE SCHEDULE K, PART III TABLE, PRIVATE USE PERCENTAGES FOR THE COMPOSITE ISSUE, AS A WHOLE, HAVE BEEN REPORTED UNDER THE FIRST COMPONENT OF THE COMPOSITE ISSUE THE SECTIONS OF THE TABLE FOR THE REMAINING COMPONENT PARTS OF THE COMPOSITE ISSUE WERE LEFT BLANK LINE 7 DOES THE BOND ISSUE MEET THE PRIVATE SECURITY OR PAYMENT TEST? CHI MONITORS THE PRIVATE BUSINESS USE PERCENTAGE FOR EACH BOND ISSUE, AND THEREFORE, HAS NOT CALCULATED THE AMOUNT OF PRIVATE PAYMENTS BECAUSE CHI HAS NOT CALCULATED THE AMOUNT OF PRIVATE PAYMENTS, SOLELY FOR SCHEDULE K REPORTING PURPOSES, WE HAVE ASSUMED THAT THE PRIVATE PAYMENT TEST HAS NOT BEEN MET</p>

Return Reference	Explanation
Schedule K, Part VI WA 2008A4-6	PART I, LINE F PURPOSE REISSUANCE OF WASH HFA 2008A4-6, ORIGINALLY ISSUED ON APRIL 21, 2008 ALL OF THE DEEMED PROCEEDS OF THE REISSUANCE WERE TREATED AS REFUNDING ALL OF THE OUTSTANDING WASHINGTON HEALTH CARE FACILITIES AUTH SERIES 2008A4-6 BONDS ON JULY 29, 2010 ALL OF THE DEEMED PROCEEDS OF THE REISSUANCE WERE TREATED AS REFUNDING ALL OF THE OUTSTANDING WASHINGTON HEALTH CARE FACILITIES AUTH SERIES 2008A4-6 BONDS ON JULY 29, 2013 PART III, LINE 7 DOES THE BOND ISSUE MEET THE PRIVATE SECURITY OR PAYMENT TEST? CHI MONITORS THE PRIVATE BUSINESS USE PERCENTAGE FOR EACH BOND ISSUE, AND THEREFORE, HAS NOT CALCULATED THE AMOUNT OF PRIVATE PAYMENTS BECAUSE CHI HAS NOT CALCULATED THE AMOUNT OF PRIVATE PAYMENTS, SOLELY FOR SCHEDULE K REPORTING PURPOSES, WE HAVE ASSUMED THAT THE PRIVATE PAYMENT TEST HAS NOT BEEN MET

Return Reference	Explanation
Schedule K, Part VI SERIES 2004A COMPOSITE ISSUE	<p>THE BONDS DESCRIBED ON LINES D, A and B IN PART I ARE PART OF A COMPOSITE ISSUE FOR FEDERAL INCOME TAX PURPOSES (THE SERIES 2004A COMPOSITE ISSUE) ALL AMOUNTS REPORTED BELOW ARE FOR THE COMPOSITE ISSUE RATHER THAN THE COMPONENT PARTS PART I LINE F PURPOSE CITY OF BRECKENRIDGE, MINNESOTA 2004A - CAPITAL IMPROVEMENTS AND EQUIPMENT ACQUISITIONS FOR AFFILIATES IN MINNESOTA COUNTY OF MONTGOMERY, OHIO 2004A - CAPITAL IMPROVEMENTS AND EQUIPMENT ACQUISITIONS FOR AFFILIATES IN OHIO HOSP FACILITIES AUTHORITY OF UMATILLA OR 2004A - CAPITAL IMPROVEMENTS AND EQUIPMENT ACQUISITIONS FOR AFFILIATES IN OREGON AND CURRENT REFUNDING OF HOSP AUTH 2 DOUGLAS CTY 1994B BONDS PART II LINE 3 TOTAL PROCEEDS OF ISSUE INCLUDES INVESTMENT EARNINGS PART III PRIVATE USE IS COMPUTED FOR THE COMPOSITE ISSUE AS A WHOLE, RATHER THAN BASED ON ITS COMPONENT PARTS FOR PRESENTATION PURPOSES ON LINES 4-6 OF THE SCHEDULE K, PART III TABLE, PRIVATE USE PERCENTAGES FOR THE COMPOSITE ISSUE, AS A WHOLE, HAVE BEEN REPORTED UNDER THE FIRST COMPONENT OF THE COMPOSITE ISSUE THE SECTIONS OF THE TABLE FOR THE REMAINING COMPONENT PARTS OF THE COMPOSITE ISSUE WERE LEFT BLANK LINE 7 DOES THE BOND ISSUE MEET THE PRIVATE SECURITY OR PAYMENT TEST? CHI MONITORS THE PRIVATE BUSINESS USE PERCENTAGE FOR EACH BOND ISSUE, AND THEREFORE, HAS NOT CALCULATED THE AMOUNT OF PRIVATE PAYMENTS BECAUSE CHI HAS NOT CALCULATED THE AMOUNT OF PRIVATE PAYMENTS, SOLELY FOR SCHEDULE K REPORTING PURPOSES, WE HAVE ASSUMED THAT THE PRIVATE PAYMENT TEST HAS NOT BEEN MET</p>

Return Reference	Explanation
Schedule K, Part VI SERIES 2013A COMPOSITE ISSUE	<p>THE BONDS DESCRIBED ON LINES A, B, C, AND D IN PART I ARE PART OF A COMPOSITE ISSUE FOR FEDERAL INCOME TAX PURPOSES (THE SERIES 2013A COMPOSITE ISSUE) ALL AMOUNTS REPORTED BELOW ARE FOR THE COMPOSITE ISSUE RATHER THAN THE COMPONENT PARTS PART I LINE F PURPOSE COLORADO HEALTH FACILITIES AUTHORITY 2013A - CAPITAL IMPROVEMENTS, ACQUISITIONS AND EQUIPMENT ACQUISITIONS FOR AFFILIATES IN COLORADO, NEBRASKA AND TEXAS CHATTANOOGA TN HEALTH ED & HOUSING FAC 2013A - CAPITAL IMPROVEMENTS, ACQUISITIONS AND EQUIPMENT ACQUISITIONS FOR AFFILIATES IN TENNESSEE AND CURRENT REFUNDING OF COMMERCIAL PAPER NOTES WASHINGTON HEALTH CARE FACILITIES 2013A - CAPITAL IMPROVEMENTS, ACQUISITIONS AND EQUIPMENT ACQUISITIONS FOR AFFILIATES IN WASHINGTON KENTUCKY ECONOMIC DEV FINANCE AUTHORITY 2013A - CAPITAL IMPROVEMENTS, ACQUISITIONS AND EQUIPMENT ACQUISITIONS FOR AFFILIATES IN KENTUCKY \$62,469 31 OF PROCEEDS OF THE KENTUCKY ECONOMIC DEV FINANCE AUTHORITY 2013A BONDS WERE REISSUED ON MAY 11, 2016 AS AN "ALTERNATE USE OF DISPOSITION PROCEEDS" REMEDIAL ACTION FOR CHANGE IN OWNERSHIP OF CERTAIN BOND FINANCED PROPERTY THESE "REISSUED" PORTIONS OF THE BONDS HAVE BEEN REPORTED IN A FORM 8038 AND NOT SEPARATELY REPORTED IN THIS SCHEDULE K PART II LINE 3 TOTAL PROCEEDS OF ISSUE INCLUDES INVESTMENT EARNINGS PART III PRIVATE USE IS COMPUTED FOR THE COMPOSITE ISSUE AS A WHOLE, RATHER THAN BASED ON ITS COMPONENT PARTS FOR PRESENTATION PURPOSES ON LINES 4-6 OF THE SCHEDULE K, PART III TABLE, PRIVATE USE PERCENTAGES FOR THE COMPOSITE ISSUE, AS A WHOLE, HAVE BEEN REPORTED UNDER THE FIRST COMPONENT OF THE COMPOSITE ISSUE THE SECTIONS OF THE TABLE FOR THE REMAINING COMPONENT PARTS OF THE COMPOSITE ISSUE WERE LEFT BLANK LINE 7 DOES THE BOND ISSUE MEET THE PRIVATE SECURITY OR PAYMENT TEST? CHI MONITORS THE PRIVATE BUSINESS USE PERCENTAGE FOR EACH BOND ISSUE, AND THEREFORE, HAS NOT CALCULATED THE AMOUNT OF PRIVATE PAYMENTS BECAUSE CHI HAS NOT CALCULATED THE AMOUNT OF PRIVATE PAYMENTS, SOLELY FOR SCHEDULE K REPORTING PURPOSES, WE HAVE ASSUMED THAT THE PRIVATE PAYMENT TEST HAS NOT BEEN MET</p>

Return Reference	Explanation
Schedule K, Part VI SERIES CO 2013C	PART I LINE F PURPOSE COLORADO HEALTH FACILITIES AUTHORITY 2013C - CAPITAL IMPROVEMENTS AND EQUIPMENT ACQUISITIONS FOR AFFILIATES IN NEBRASKA AND OREGON \$79,442 OF PROCEEDS OF THE COLORADO HEALTH FACILITIES AUTHORITY 2013C BONDS WERE REISSUED ONJUNE 30, 2016 AS AN "ALTERNATE USE OF DISPOSITION PROCEEDS" REMEDIAL ACTION FOR CHANGE IN OWNERSHIP OF CERTAIN BOND FINANCED PROPERTY THESE "REISSUED" PORTIONS OF THE BONDS HAVE BEEN REPORTED IN A FORM 8038 AND NOT SEPARATELY REPORTED IN THIS SCHEDULE K PART III LINE 7 DOES THE BOND ISSUE MEET THE PRIVATE SECURITY OR PAYMENT TEST? CHI MONITORS THE PRIVATE BUSINESS USE PERCENTAGE FOR EACH BOND ISSUE, AND THEREFORE, HAS NOT CALCULATED THE AMOUNT OF PRIVATE PAYMENTS BECAUSE CHI HAS NOT CALCULATED THE AMOUNT OF PRIVATE PAYMENTS, SOLELY FOR SCHEDULE K REPORTING PURPOSES, WE HAVE ASSUMED THAT THE PRIVATE PAYMENT TEST HAS NOT BEEN MET

Return Reference	Explanation
Schedule K, Part VI WASHINGTON HEALTH CARE FACILITIES 2013B	PART I LINE F PURPOSE WASHINGTON HEALTH CARE FACILITIES 2013B - CAPITAL IMPROVEMENTS, ACQUISITIONS AND EQUIPMENT ACQUISITIONS FOR AFFILIATES IN WASHINGTON PART II LINE 3 TOTAL PROCEEDS INCLUDES INVESTMENT EARNINGS PART III LINE 7 DOES THE BOND ISSUE MEET THE PRIVATE SECURITY OR PAYMENT TEST? CHI MONITORS THE PRIVATE BUSINESS USE PERCENTAGE FOR EACH BOND ISSUE, AND THEREFORE, HAS NOT CALCULATED THE AMOUNT OF PRIVATE PAYMENTS BECAUSE CHI HAS NOT CALCULATED THE AMOUNT OF PRIVATE PAYMENTS, SOLELY FOR SCHEDULE K REPORTING PURPOSES, WE HAVE ASSUMED THAT THE PRIVATE PAYMENT TEST HAS NOT BEEN MET

Return Reference	Explanation
Schedule K, Part VI SERIES CO 2004B-6	<p>PART I, LINE F PURPOSE REISSUANCE OF COLORADO HEALTH FACILITIES AUTHORITY 2004B-6, ORIGINALLY ISSUED ON NOVEMBER 18, 2004 ALL OF THE DEEMED PROCEEDS OF THE REISSUANCE WERE TREATED AS REFUNDING ALL OF THE OUTSTANDING COLORADO HEALTH FACILITIES AUTHORITY 2004B-6 ON SEPTEMBER 25, 2014 \$51,759 38 OF PROCEEDS OF THE COLORADO HEALTH FACILITIES AUTHORITY 2004B-6 BONDS WERE REISSUED ON JUNE 30, 2016 AS AN "ALTERNATE USE OF DISPOSITION PROCEEDS" REMEDIAL ACTION FOR CHANGE IN OWNERSHIP OF CERTAIN BOND FINANCED PROPERTY THESE "REISSUED" PORTIONS OF THE BONDS HAVE BEEN SEPARATELY REPORTED IN A FORM 8038 AND NOT REPORTED IN THIS SCHEDULE K PART III LINE 7 DOES THE BOND ISSUE MEET THE PRIVATE SECURITY OR PAYMENT TEST? CHI MONITORS THE PRIVATE BUSINESS USE PERCENTAGE FOR EACH BOND ISSUE, AND THEREFORE, HAS NOT CALCULATED THE AMOUNT OF PRIVATE PAYMENTS BECAUSE CHI HAS NOT CALCULATED THE AMOUNT OF PRIVATE PAYMENTS, SOLELY FOR SCHEDULE K REPORTING PURPOSES, WE HAVE ASSUMED THE PRIVATE PAYMENT TEST HAS NOT BEEN MET</p>

Return Reference	Explanation
Schedule K, Part VI WASHINGTON HEALTH CARE FACILITIES 2015A	PART I LINE F PURPOSE CURRENT REFUNDING OF WASHINGTON HEALTH CARE FACILITIES SERIES 2002B (ORIGINAL ISSUANCE DATE NOVEMBER 7, 2002 AND REISSUED DECEMBER 1, 2004) \$2,357,581 72 OF PROCEEDS OF THE WASHINGTON HEALTH CARE FACILITIES 2015A BONDS WERE REISSUED ON MAY 11, 2016 AS AN "ALTERNATE USE OF DISPOSITION PROCEEDS" REMEDIAL ACTION FOR CHANGE IN OWNERSHIP OF CERTAIN BOND FINANCED PROPERTY THESE "REISSUED" PORTIONS OF THE BONDS HAVE BEEN REPORTED IN A FORM 8038 AND NOT SEPARATELY REPORTED IN THIS SCHEDULE K LINE 7 DOES THE BOND ISSUE MEET THE PRIVATE SECURITY OR PAYMENT TEST? CHI MONITORS THE PRIVATE BUSINESS USE PERCENTAGE FOR EACH BOND ISSUE, AND THEREFORE, HAS NOT CALCULATED THE AMOUNT OF PRIVATE PAYMENTS BECAUSE CHI HAS NOT CALCULATED THE AMOUNT OF PRIVATE PAYMENTS, SOLELY FOR SCHEDULE K REPORTING PURPOSES, WE HAVE ASSUMED THAT THE PRIVATE PAYMENT TEST HAS NOT BEEN MET

Return Reference	Explanation
Schedule K, Part VI SERIES 2015 COMPOSITE ISSUE	<p>THE BONDS DESCRIBED ON LINES A, B, C, AND D IN PART I ARE PART OF A COMPOSITE ISSUE FOR FEDERAL INCOME TAX PURPOSES (THE SERIES 2015 COMPOSITE ISSUE) ALL AMOUNTS REPORTED BELOW ARE FOR THE COMPOSITE ISSUE RATHER THAN THE COMPONENT PARTS PART I LINE F PURPOSE COLORADO HEALTH FACILITIES AUTHORITY 2015A - CURRENT REFUNDING OF PULASKI COUNTY, ARKANSAS HEALTH FACILITIES BOARD (ST VINCENT INFIRMARY) VARIABLE RATE DEMAND REVENUE BONDS SERIES 2000B (ORIGINAL ISSUE DATE MARCH 30, 2000) COLORADO HEALTH FACILITIES AUTHORITY 2015B - CURRENT REFUNDING OF COUNTY OF MONTGOMERY, OHIO VARIABLE RATE DEMAND BONDS SERIES 2006C-2 (ORIGINAL ISSUE DATE NOVEMBER 9, 2006 AND REISSUED ON APRIL 28, 2008) COLORADO HEALTH FACILITIES AUTHORITY 2015-1 - CURRENT REFUNDING OF COLORADO HEALTH FACILITIES AUTHORITY VARIABLE RATE REVENUE BONDS SERIES 2002B (ORIGINAL ISSUE DATE NOVEMBER 7, 2002 AND REISSUED ON DECEMBER 1, 2004) COLORADO HEALTH FACILITIES AUTHORITY 2015-2 - CURRENT REFUNDING OF COUNTY OF MONTGOMERY, OHIO VARIABLE RATE REVENUE BONDS SERIES 2004B (ORIGINAL ISSUE DATE NOVEMBER 18, 2004) PART III PRIVATE USE IS COMPUTED FOR THE COMPOSITE ISSUE AS A WHOLE, RATHER THAN BASED ON ITS COMPONENT PARTS FOR PRESENTATION PURPOSES ON LINES 4-6 OF THE SCHEDULE K, PART III TABLE, PRIVATE USE PERCENTAGES FOR THE COMPOSITE ISSUE, AS A WHOLE, HAVE BEEN REPORTED UNDER THE FIRST COMPONENT OF THE COMPOSITE ISSUE THE SECTIONS OF THE TABLE FOR THE REMAINING COMPONENT PARTS OF THE COMPOSITE ISSUE WERE LEFT BLANK LINE 7 DOES THE BOND ISSUE MEET THE PRIVATE SECURITY OR PAYMENT TEST? CHI MONITORS THE PRIVATE BUSINESS USE PERCENTAGE FOR EACH BOND ISSUE, AND THEREFORE, HAS NOT CALCULATED THE AMOUNT OF PRIVATE PAYMENTS BECAUSE CHI HAS NOT CALCULATED THE AMOUNT OF PRIVATE PAYMENTS, SOLELY FOR SCHEDULE K REPORTING PURPOSES, WE HAVE ASSUMED THAT THE PRIVATE PAYMENT TEST HAS NOT BEEN MET</p>

Return Reference	Explanation
Schedule K, Part VI SERIES 2008C-2, 2008C-4 AND 2008D-3 COMPOSITE ISSUE	<p>THE BONDS DESCRIBED ON LINES A, B, AND C IN PART I ARE PART OF A COMPOSITE ISSUE FOR FEDERAL INCOME TAX PURPOSES. ALL AMOUNTS REPORTED BELOW ARE FOR THE COMPOSITE ISSUE RATHER THAN THE COMPONENT PARTS. PART I LINE F PURPOSE: COLORADO HEALTH FACILITIES AUTHORITY 2008C-2 - CURRENT REFUNDING OF OF COLORADO HEALTH FACILITIES AUTHORITY REVENUE BONDS SERIES 2008C-2 (ORIGINAL ISSUE DATE: APRIL 30, 2008); COLORADO HEALTH FACILITIES AUTHORITY 2008C-4 - CURRENT REFUNDING OF OF COLORADO HEALTH FACILITIES AUTHORITY REVENUE BONDS SERIES 2008C-4 (ORIGINAL ISSUE DATE: APRIL 30, 2008); COLORADO HEALTH FACILITIES AUTHORITY 2008D-3 - CURRENT REFUNDING OF OF COLORADO HEALTH FACILITIES AUTHORITY REVENUE BONDS SERIES 2008D-3 (ORIGINAL ISSUE DATE: NOVEMBER 30, 2008). \$1,332,999.11 OF PROCEEDS OF THE COLORADO HEALTH FACILITIES AUTHORITY 2008C-2 AND C-4 BONDS WERE REISSUED ON JUNE 30, 2016 AS AN "ALTERNATE USE OF DISPOSITION PROCEEDS" REMEDIAL ACTION FOR CHANGE IN OWNERSHIP OF CERTAIN BOND FINANCED PROPERTY. THESE "REISSUED" PORTIONS OF THE BONDS HAVE BEEN REPORTED IN A FORM 8038 AND NOT SEPARATELY REPORTED IN THIS SCHEDULE K. PART III PRIVATE USE IS COMPUTED FOR THE COMPOSITE ISSUE AS A WHOLE, RATHER THAN BASED ON ITS COMPONENT PARTS. FOR PRESENTATION PURPOSES ON LINES 4-6 OF THE SCHEDULE K, PART III TABLE, PRIVATE USE PERCENTAGES FOR THE COMPOSITE ISSUE, AS A WHOLE, HAVE BEEN REPORTED UNDER THE FIRST COMPONENT OF THE COMPOSITE ISSUE. THE SECTIONS OF THE TABLE FOR THE REMAINING COMPONENT PARTS OF THE COMPOSITE ISSUE WERE LEFT BLANK. LINE 7: DOES THE BOND ISSUE MEET THE PRIVATE SECURITY OR PAYMENT TEST? CHI MONITORS THE PRIVATE BUSINESS USE PERCENTAGE FOR EACH BOND ISSUE, AND THEREFORE, HAS NOT CALCULATED THE AMOUNT OF PRIVATE PAYMENTS. BECAUSE CHI HAS NOT CALCULATED THE AMOUNT OF PRIVATE PAYMENTS, SOLELY FOR SCHEDULE K REPORTING PURPOSES, WE HAVE ASSUMED THAT THE PRIVATE PAYMENT TEST HAS NOT BEEN MET.</p>

Return Reference	Explanation
Schedule K, Part IV, Line 2c COLUMN C	Issuer name LOUISVILLE/JEFFERSON METRO COUNTY GVT 2012A The calculation for computing no rebate due was performed on 07/12/1917

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

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

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

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

Return Reference	Explanation
Schedule K, Part IV, Line 2c COLUMN D	Issuer name COLORADO HEALTH FACILITIES AUTHORITY 2006A The calculation for computing no rebate due was performed on 03/03/2017

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization
Catholic Health Initiatives

Supplemental Information on Tax Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990.
► Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number
47-0617373

Part I

Bond Issues

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

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	2,800,000		22,730,000		3,300,000		10,227,650	
2	Amount of bonds legally defeased	0		0		0		0	
3	Total proceeds of issue	21,400,000		50,000,000		40,000,000		73,700,000	
4	Gross proceeds in reserve funds	0		0		0		0	
5	Capitalized interest from proceeds	0		0		0		0	
6	Proceeds in refunding escrows	0		0		0		0	
7	Issuance costs from proceeds	0		0		0		0	
8	Credit enhancement from proceeds	0		0		0		0	
9	Working capital expenditures from proceeds	0		0		0		0	
10	Capital expenditures from proceeds	0		0		0		0	
11	Other spent proceeds	21,400,000		50,000,000		40,000,000		73,000,000	
12	Other unspent proceeds	0		0		0		0	
13	Year of substantial completion	2001		2008		2006		2004	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X		X		X	
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III

Private Business Use

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

Part III

Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 06 %							
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %							
6 Total of lines 4 and 5	0 06 %		0 %		0 %		0 %	
7 Does the bond issue meet the private security or payment test? . . .		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV

Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

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

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization
Catholic Health Initiatives

Supplemental Information on Tax Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990.
► Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number
47-0617373

Part I

Bond Issues

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

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	0		0		0		0	
2	Amount of bonds legally defeased	0		0		0		0	
3	Total proceeds of issue	247,551,692		199,474,835		63,627,582		76,509,117	
4	Gross proceeds in reserve funds	0		0		0		0	
5	Capitalized interest from proceeds	0		0		0		0	
6	Proceeds in refunding escrows	0		0		0		0	
7	Issuance costs from proceeds	0		0		0		0	
8	Credit enhancement from proceeds	0		0		0		0	
9	Working capital expenditures from proceeds	2,013		0		0		330	
10	Capital expenditures from proceeds	247,549,679		160,903,777		63,627,582		7,529,586	
11	Other spent proceeds	0		38,571,058		0		68,979,201	
12	Other unspent proceeds	0		0		0		0	
13	Year of substantial completion	2013		2013		2013		2013	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X	X			X	X	
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?		X		X		X		X
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III

Private Business Use

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

Part IIIPrivate Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3aAre there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
bIf "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
cAre there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
dIf "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
4Enter 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 %							
5Enter 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 %							
6Total of lines 4 and 5	0 36 %		0 %		0 %		0 %	
7Does the bond issue meet the private security or payment test? . . .		X		X		X		X
8aHas there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X	X	
bIf "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .							0 08 %	
cIf "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?							X	
9Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IVArbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . .		X		X		X		X
2If "No" to line 1, did the following apply?								
aRebate not due yet?	X		X		X		X	
bException to rebate?								
cNo rebate due?								
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3Is the bond issue a variable rate issue?		X		X		X		X
4aHas the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
bName of provider								
cTerm of hedge								
dWas the hedge superintegrated?								
eWas the hedge terminated?								

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

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

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization
Catholic Health Initiatives

Supplemental Information on Tax Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990.
► Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number
47-0617373

Part I

Bond Issues

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

Part II

Proceeds

					A		B		C		D	
1	Amount of bonds retired				0		0		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	
					Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?					X		X		X		X
15	Were the bonds issued as part of an advance refunding issue?					X		X	X			X
16	Has the final allocation of proceeds been made?					X		X	X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?				X		X		X		X	

Part III

Private Business Use

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

Part III

Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 78 %		0 02 %		0 15 %		0 01 %	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %		0 %		0 %	
6 Total of lines 4 and 5	0 78 %		0 02 %		0 15 %		0 01 %	
7 Does the bond issue meet the private security or payment test? . . .		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X	X		X		X	
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .			0 08 %		22 81 %		0 21 %	
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?			X		X		X	
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV

Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

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

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization
Catholic Health Initiatives

Supplemental Information on Tax Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
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OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number
47-0617373

Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A COLORADO HEALTH FACILITIES AUTHORITY 2011A	84-0752932	19648AWL5	11-10-2011	432,722,079	SEE PART VI - (2011A COMP ISSUE)		X		X		X
B KENTUCKY ECONOMIC DEV FINANCE AUTH 2011B	61-0600439	49126PDY3	11-10-2011	158,155,000	SEE PART VI - (2011BC COMP ISSUE)		X		X		X
C COLORADO HEALTH FACILITIES AUTHORITY 2011C	84-0752932	000000000	11-10-2011	125,000,000	SEE PART VI - (2011BC COMP ISSUE)		X		X		X
D COLORADO HEALTH FACILITIES AUTHORITY 2009 AB	84-0752932	19648ARL1	11-10-2009	713,972,398	SEE PART VI - (2009AB COMP ISSUE)		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	83,785,000		0		7,000,000		165,975,000	
2	Amount of bonds legally defeased	0		0		0			
3	Total proceeds of issue	432,772,413		158,155,431		125,000,000		714,047,470	
4	Gross proceeds in reserve funds	0		0		0		0	
5	Capitalized interest from proceeds	0		0		0		0	
6	Proceeds in refunding escrows	0		0		0		0	
7	Issuance costs from proceeds	3,772,079		1,380,000		0		6,264,973	
8	Credit enhancement from proceeds	0		0		0		0	
9	Working capital expenditures from proceeds	334		431		0		0	
10	Capital expenditures from proceeds	151,100,000		100,000,000		125,000,000		552,182,497	
11	Other spent proceeds	283,500,000		56,775,000		0		155,600,000	
12	Other unspent proceeds	0		0		0		0	
13	Year of substantial completion	2011		2011		2011		2011	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X			X	X	
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III

Private Business Use

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

Part III

Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶			0 06 %				0 13 %	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶			0 %				0 01 %	
6 Total of lines 4 and 5	0 %		0 06 %		0 %		0 14 %	
7 Does the bond issue meet the private security or payment test? . . .		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?	X			X		X	X	
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .	1 78 %						6 19 %	
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?	X						X	
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV

Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

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

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization
Catholic Health Initiatives

Supplemental Information on Tax Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
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OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number
47-0617373

Part I

Bond Issues

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

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	17,785,000		44,435,000		810,000		62,190,000	
2	Amount of bonds legally defeased	0		62,785,000		0		5,655,000	
3	Total proceeds of issue	133,269,639		263,401,373		120,260,000		213,261,635	
4	Gross proceeds in reserve funds	0		0		0		0	
5	Capitalized interest from proceeds	0		0		0		0	
6	Proceeds in refunding escrows	0		0		0		0	
7	Issuance costs from proceeds	1,380,211		2,530,978		0		2,805,950	
8	Credit enhancement from proceeds	0		0		0		0	
9	Working capital expenditures from proceeds	49		111		0		13	
10	Capital expenditures from proceeds	131,889,379		37,461,940		0		210,455,672	
11	Other spent proceeds	0		223,408,344		120,260,000		0	
12	Other unspent proceeds	0		0		0		0	
13	Year of substantial completion	2009		2009		2009		2008	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X	X		X			X
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III

Private Business Use

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

Part III

Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶					0 28 %		0 08 %	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶					0 %		0 01 %	
6 Total of lines 4 and 5	0 %		0 %		0 28 %		0 09 %	
7 Does the bond issue meet the private security or payment test? . . .		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X	X			X	X	
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .			0 07 %				2 73 %	
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?			X				X	
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV

Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . .		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?								
b Exception to rebate?	X		X		X			
c No rebate due?							X	
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X		X		X			X
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X	X			X
b Name of provider					JP Morgan			
c Term of hedge					2800 %			
d Was the hedge superintegrated?						X		
e Was the hedge terminated?						X		

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

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

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Catholic Health Initiatives

Supplemental Information on Tax Exempt Bonds

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2016

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Employer identification number
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Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A COUNTY OF MONTGOMERY OHIO 2008D	31-6000172	613549GM0	11-20-2008	59,089,956	SEE PART VI - (2008D COMP ISSUE)		X		X		X
B CHATTANOOGA TN HLTH ED & HOUSING FAC BD 2008D	52-1298872	162410CT9	11-20-2008	24,105,267	SEE PART VI - (2008D COMP ISSUE)		X		X		X
C WASHINGTON HEALTH CARE FACILITIES AUTH 2008D	91-1108929	93978EY63	11-20-2008	172,027,377	SEE PART VI - (2008D COMP ISSUE)		X		X		X
D COLORADO HEALTH FACILITIES AUTHORITY 2006A	84-0752932	19648ADH5	11-09-2006	285,855,808	SEE PART VI - (2006A COMP ISSUE)		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	3,035,256		2,130,000		775,000		18,485,000	
2	Amount of bonds legally defeased	0		0		0		0	
3	Total proceeds of issue	59,736,646		24,105,273		172,029,155		297,652,875	
4	Gross proceeds in reserve funds	0		0		0		0	
5	Capitalized interest from proceeds	0		0		0		0	
6	Proceeds in refunding escrows	0		0		0		0	
7	Issuance costs from proceeds	745,623		280,554		2,302,907		0	
8	Credit enhancement from proceeds	0		0		0		0	
9	Working capital expenditures from proceeds	0		0		1,248		0	
10	Capital expenditures from proceeds	58,991,023		23,824,719		0		297,652,875	
11	Other spent proceeds	0		0		169,725,000		0	
12	Other unspent proceeds	0		0		0		0	
13	Year of substantial completion	2013		2008		2009		2009	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X	X			X
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X			X
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III

Private Business Use

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

Part IIIPrivate Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3aAre there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
bIf "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
cAre there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
dIf "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
4Enter 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 %	
5Enter 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 %	
6Total of lines 4 and 5	0 %		0 %		0 %		0 36 %	
7Does the bond issue meet the private security or payment test? . . .		X		X		X		X
8aHas there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?	X			X		X	X	
bIf "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .	0 05 %						8 01 %	
cIf "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?	X						X	
9Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IVArbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . .		X		X		X		X
2If "No" to line 1, did the following apply?								
aRebate not due yet?								
bException to rebate?								
cNo rebate due?	X		X		X		X	
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3Is the bond issue a variable rate issue?	X		X		X			X
4aHas the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
bName of provider								
cTerm of hedge								
dWas the hedge superintegrated?								
eWas the hedge terminated?								

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

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

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization
Catholic Health Initiatives

Supplemental Information on Tax Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990.
► Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number
47-0617373

Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A COLORADO HEALTH FACILITIES AUTHORITY 2004B-6	84-0752932	196574T34	09-25-2014	54,200,000	SEE PART VI		X		X		X
B KENTUCKY ECONOMIC DEV FINANCE AUTHORITY 2004CD	61-0600439	49126PCL2	11-18-2004	94,575,000	SEE PART VI - (2004BCD COMP ISSUE)		X		X		X
C CHATTANOOGA TN HEALTH ED & HOUSING FAC BD 2004C	52-1298872	162410CB8	11-18-2004	58,900,000	SEE PART VI - (2004BCD COMP ISSUE)		X		X		X
D CITY OF BRECKENRIDGE MINNESOTA 2004A	41-6005005	106520AB5	11-18-2004	31,040,504	SEE PART VI - (2004A COMP ISSUE)	X			X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	0		56,775,000		0		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	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X			X		X		X
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III

Private Business Use

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

Part III

Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 08 %		0 09 %				0 02 %	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 09 %		0 08 %				0 08 %	
6 Total of lines 4 and 5	0 17 %		0 17 %		0 %		0 10 %	
7 Does the bond issue meet the private security or payment test? . . .		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?	X			X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .	0 1 %							
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?	X							
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV

Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

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

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Catholic Health Initiatives

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number
47-0617373

Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A COUNTY OF MONTGOMERY OHIO 2004A	31-6000172	613549FC3	11-18-2004	72,052,967	SEE PART VI - (2004A COMP ISSUE)		X		X		X
B HOSP FACILITIES AUTHORITY OF UMATILLA OR 2004A	93-1239006	904078BJ0	11-18-2004	59,478,002	SEE PART VI - (2004A COMP ISSUE)	X			X		X

Part II

Proceeds

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

Part III

Private Business Use

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X					
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X					
c Are there any research agreements that may result in private business use of bond-financed property?	X		X					
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X					
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6 Total of lines 4 and 5	0 %		0 %					
7 Does the bond issue meet the private security or payment test? . . .		X		X				
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X	X					
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .			24 69 %					
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?			X					
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X					

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X					

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

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service Name of the organization Catholic Health Initiatives	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.	OMB No 1545-0047 2016 Open to Public Inspection
	Employer identification number 47-0617373	

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>Form 990, Part III, Line 4 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS CONTINUATION</p>	<p>THE FOLLOWING EXAMPLES OF COMMUNITY BENEFIT ACTIVITIES IN FISCAL YEAR 2017 REPRESENT ONLY A SMALL FRACTION OF THOSE TAKING PLACE ON A DAILY BASIS AT THESE FACILITIES AND THROUGHOUT THE CATHOLIC HEALTH INITIATIVES HEALTH CARE SYSTEM CHI St Alexius Health - Devils Lake, ND Mercy Hospital provides a variety of education programs to the community at large for reduced or no charge to the recipient Programs include prepared childbirth, grief issues, unsafe lifestyle choices, advance directives, women's health, suicide prevention, strength training, and participation in many community health fairs Cardiac Exercise Program Cardiac recovery for the post cardiac patient is a goal of Mercy Hospital's cardiac exercise program maintained by the Cardiac Rehab Department All cardiac patients under the care of Mercy Hospital's medical staff are eligible for our exercise program for a nominal monthly fee Other patients with specific disease states are also eligible for this service and routinely participate Baby and I (Breast feeding Instruction Program) The incidence of pediatric admissions, particularly for newborns, has been reduced by the home breast feeding instruction program originally funded by the Sisters of Mercy of Omaha The "Baby and I" program provides in-house instruction to mothers on the benefits of and proper techniques for breast-feeding Follow up visits at home with the mother are conducted to provide assurance and continuity of care to the mother and infant A support group also meets weekly to provide further support and enhance the benefits of breast-feeding Medical Education Mercy Hospital staff routinely participate in internship programs with physicians, laboratory professionals, nursing, respiratory therapy, radiology, administration, pharmacy, and physical therapy students Local high schools also use the hospital as a resource for shadow programs where students observe various types of healthcare careers Financial Assistance Counseling Mercy participates in the Community Resource Coordinator program This program assists patients who need insurance coverage to apply where ever funding may exist The program covers a broad range of services including unmet prescription costs, hospital care, clinic services, diabetes, and dental care Mercy provides full funding for this program Necessary Health Services/Subsidized Health Services Mercy maintains necessary services such as OB, anesthesia, and other emergency care These services are vital to the strength of the community Subsidized Health Services supports Women's and Children's Services Community Building Activities/Support Mercy Hospital's mission is also extended to the community through provision of space free of charge or at a nominal fee for various nonprofit community groups Mercy Hospital's staff participates in a variety of community organizations, including local Devils Lake City Commission, Rotary, Kiwanis, Ramsey County Disaster Planning Committee, Lake Regi</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>Form 990, Part III, Line 4 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS CONTINUATION</p>	<p>on Safe Communities Coalition, and Communities Organized against Disaster, Workforce Development Council, and the Lake Region Ministerial Committee CHI Oakes Community Hospital, Oakes, N D Community Benefit is the name given to the programs we create in response to the health needs in our service areas An important part of our mission is building healthier communities through programs designed to serve the needs of people who are poor and disadvantaged in our community This type of Community Benefit has the added the positive side-effect of delivering an improved quality of life for everyone Community Benefit most often takes place outside the walls of our facilities and involves partner organizations in the community Our Community Benefit activities are designed to</p> <ul style="list-style-type: none"> - Identify and increase awareness of health needs in Oakes - Provide resources to meet those needs - Create collaboration between community organizations that focus on health and well-being - Tackle problems such as poverty, or behaviors (such as domestic violence or underage drinking) that can contribute to poor health <p>COMMUNITY OUTREACH FOR THE POOR Tornado Watch is a program administered by the Oakes Public School district to help provide a backpack meal program for students in need, as well as other needs ranging from a bicycle to clothing and school supplies OCH supports this program by promoting donation locations within the facility for staff to contribute to the backpack program as well as sponsoring Thanksgiving, Christmas, and Easter meal supplies for families of students served by the program CHI Oakes Hospital sends expired supplies to Global Health Ministries in Minneapolis MN, as well as HERO (Health care Equipment Recycling Organization), a non-profit clearinghouse that collects and redistributes donated healthcare materials to benefit those in need COMMUNITY OUTREACH FOR THE BROADER COMMUNITY OCH is dedicated to caring for the broader community, a strong tradition that is vital and necessary to maintain progress in rural areas with limited resources OCH provides and supports various services and programs that benefit the community for which there is no reimbursement or reimbursement is not adequate to cover the hospital's cost Benefits for the Broader Community are persons other than a "target population" who benefit from a health care organization's community services and programs Other areas of community outreach are providing health education to the communities Community Health Educational opportunities encompass a wide span of patient types Education includes lectures, presentation, and other programs and activities provided to groups without providing clinical or diagnostic services Educational programs are presented to the community on the Radio station for public education CHI ST ALEXIUS HEALTH CARRINGTON MEDICAL CENTER CARRINGTON, N D CHI St Alexius Health Carrington's community benefit efforts were focused on the poor and vulnerable population</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS CONTINUATION	<p>CHI St. Alexius Health Carrington offers financial assistance to patients who cannot afford to pay for health care. A Patient Financial Counselor is available to help with the financial assistance application and to apply for Medicaid, Medicaid Expansion Programs, and other programs. The goal is to award financial assistance rather than turn patients over to collection for healthcare claims. Eligibility is based on household income as well as other assets. CHI St. Alexius Health Carrington has a Special Needs Fund that provides assistance for health-related medical supplies for any community member. Requests for special needs assistance can be requested in person or anonymously in writing. Carrington's Daily Bread, the local food pantry, is supported by CHI St. Alexius Health Carrington through food and supply donations as well as employee volunteerism. Carrington's Daily Bread assists people living in poverty with nutritional needs as well as children in need through a back pack program in partnership with the public school. CHI St. Alexius Health Carrington's Employees donate Christmas gifts for Children ages birth to 18 years of age through the Angel Tree project. The program is facilitated in part by the Mission and Spiritual Care Department at CHI St. Alexius Health Carrington. Foster County Public Health distributes these gifts to children living in poverty or those in need throughout Foster County. Mercy Medical Center - Des Moines As the first Catholic hospital to serve the community, Mercy embraced the mission of the founding religious congregation, which has since joined with other religious congregations to form Catholic Health Initiatives. Mercy is one of the Midwest's largest referral centers, offering a variety of specialty services that are unique to Iowa and the region. In addition, a 24-hour emergency room is open to all individuals regardless of ability to pay. While a participant in Medicare and Medicaid, Mercy also deploys a robust financial assistance program for the uninsured and underserved, meeting the needs of all seeking care. Dedicated to serving our entire community, Mercy is enriched by a board of directors comprised of civic-minded leaders. Working in conjunction with this esteemed team, Mercy's leadership evaluates and dedicates resources to the promotion of a healthy community and an improvement in the lives of those we serve. One example of Mercy's commitment to unmet needs exists in the House of Mercy. Initially developed to provide safe and supportive housing for vulnerable women and their children, the House of Mercy is now one of Iowa's largest providers of transitional housing and clinical services for parenting women with addiction.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>Form 990, Part III, Line 4 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>TO FULFILL ITS MISSION, CATHOLIC HEALTH INITIATIVES (CHI), AS A VALUES-DRIVEN ORGANIZATION , ASSURES THE INTEGRITY OF THE MINISTRY BY FOSTERING RESEARCH AND DEVELOPMENT OF NEW MINIS TRIES THAT INTEGRATE HEALTH, EDUCATION, PASTORAL AND SOCIAL SERVICES, PROMOTING LEADERSHIP DEVELOPMENT AND FORMATION FOR THE MINISTRY THROUGHOUT THE ORGANIZATION, ADVOCATING FOR SY STEMIC CHANGES WITH SPECIFIC CONCERN FOR PERSONS WHO ARE POOR, ALIENATED AND UNDERSERVED, AND STEWARDING RESOURCES BY PROVIDING COORDINATED MANAGEMENT AND STRATEGIC PLANNING SERVIC ES ALONG WITH CENTRALIZED SHARED SERVICES (PAYROLL, H/R, A/P AND PURCHASING) FOR THE CHI N ATIONAL HEALTHCARE MINISTRY CATHOLIC HEALTH INITIATIVES (CHI) IS A NATIONAL NONPROFIT HEA LTH ORGANIZATION HEADQUARTERED IN DENVER CHI'S EXEMPT PURPOSE IS TO OPERATE EXCLUSIVELY F OR THE BENEFIT OF, TO PERFORM THE FUNCTIONS OF, AND/OR TO CARRY OUT THE RELIGIOUS, CHARITA BLE, SCIENTIFIC, AND EDUCATIONAL PURPOSES, WITHIN THE MEANING OF SECTION 501(C)(3) OF THE CODE, OF CATHOLIC HEALTH CARE FEDERATION, A PUBLIC JURIDIC PERSON WITHIN THE MEANING OF TH E CODE OF CANON LAW FOR THE ROMAN CATHOLIC CHURCH, INCLUDING BY SUPPORTING SUCH OTHER CHAR ITABLE ORGANIZATIONS, THE PURPOSES OF WHICH ARE TO EMBODY THE MISSION OF THE HEALING MINIS TRY OF JESUS IN THE CHURCH THROUGH OWNERSHIP, MANAGEMENT, OR GOVERNANCE OF HEALTH MINISTRI ES, OR THE SUPPORTING OF CHARITABLE AND RELIGIOUS PROGRAMS OR SERVICES CONSISTENT WITH SUC H PURPOSES, IN KEEPING WITH THE GOSPEL IMPERATIVE CHI SERVES AS AN INTEGRAL PART OF ITS N ATIONAL SYSTEM OF HOSPITALS AND OTHER CHARITABLE ENTITIES, WHICH ARE DESCRIBED AS MARKET-B ASED ORGANIZATIONS, OR MBOS AN MBO IS A DIRECT PROVIDER OF CARE OR SERVICES WITHIN A DEFI NED MARKET AREA TO FURTHER ITS EXEMPT PURPOSE, CHI PROVIDES STRATEGIC PLANNING AND MANAGE MENT SERVICES AS WELL AS CENTRALIZED "SHARED SERVICES" FOR THE MBOS THE PROVISION OF CENT RALIZED MANAGEMENT AND SHARED SERVICES - INCLUDING AREAS SUCH AS ACCOUNTING, HUMAN RESOURC ES, PAYROLL AND SUPPLY CHAIN - PROVIDES ECONOMIES OF SCALE AND PURCHASING POWER TO THE MBO S COST SAVINGS ASSOCIATED WITH CENTRALIZED SERVICES FOR THE FISCAL YEAR ENDED JUNE 30, 20 17, INCLUDE APPROXIMATELY \$79 5 MILLION FOR INSURANCE COSTS COST SAVINGS ASSOCIATED WITH CENTRALIZED SERVICES FOR THE FISCAL YEAR ENDED JUNE 30, 2017, INCLUDED MORE THAN \$222 MILL ION IN SUPPLY CHAIN EXPENSE THE COST SAVINGS ACHIEVED THROUGH CHI'S CENTRALIZATION ENABLE MBOS TO DEDICATE ADDITIONAL RESOURCES TO DELIVERY OF HIGH-QUALITY HEALTH CARE AND COMMUNI TY OUTREACH SERVICES TO THE MOST VULNERABLE MEMBERS OF OUR SOCIETY A DEFINED MARKET AREA THAT MAY BE AN INTEGRATED HEALTH SYSTEM AND/OR A STAND-ALONE HOSPITAL OR OTHER FACILITY OR SERVICE PROVIDER THE CHI MISSION AND MINISTRY FUND PROVIDED \$9 3 MILLION IN GRANTS DURIN G FISCAL YEAR 2017 TO BUILD HEALTHY COMMUNITIES IN THE UNITED STATES AND INTERNATIONALLY DURING THE PAST 21 YEARS 500 GRANTS HAVE BEEN AWARDED FOR MORE THAN \$77 MILLION SINCE 200 9 THE MISSION AND MINISTRY FUN</p>

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Return Reference	Explanation
Form 990, Part III, Line 4 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>D ALLOCATED \$19.5 MILLION (\$638,000 IN FISCAL YEAR 2017) IN GRANTS TO REDUCE VIOLENCE IN THE COMMUNITIES CHI SERVES. CHI DIRECTLY INVESTS IN THE COMMUNITIES IT SERVES THROUGH CHI'S DIRECT COMMUNITY INVESTMENT PROGRAM WHICH HAS PROVIDED \$54.8 MILLION IN LOW INTEREST LOANS TO ORGANIZATIONS THAT GIVE DISADVANTAGED POPULATIONS ACCESS TO JOBS, HOUSING, EDUCATION AND HEALTH CARE. Reporting Across the System. THE FAITH-BASED SYSTEM OPERATES IN 17 STATES AND COMPRISES 101 HOSPITALS, including three academic health centers and major teaching hospitals as well as 29 critical access facilities, community health-services organizations, accredited nursing colleges, home-health agencies, living communities, and other facilities and services that span the inpatient and outpatient continuum of care. In fiscal year 2017, CHI provided more than \$1.2 billion in financial assistance and community benefit - a 11% increase over the previous year -- for programs and services for the poor, free clinics, education and research. Financial assistance and community benefit totaled more than \$2.1 billion with the inclusion of the unpaid costs of Medicare. The health system, which generated operating revenues of \$15.5 billion in fiscal year 2017, has total assets of approximately \$22 billion. CHI HEALTHCARE FACILITIES PROVIDED 10.5 MILLION PHYSICIAN AND PRACTICE CLINICIAN VISITS, 504,593 ACUTE CARE ADMISSIONS, 2.2 MILLION OUTPATIENT EMERGENCY VISITS, 5.8 MILLION NON-EMERGENCY VISITS AND 1.1 million HOME VISITS. IN ORDER TO SERVE THE CONTINUALLY CHANGING HEALTHCARE NEEDS OF THE COMMUNITIES CHI SERVES CHI IMPLEMENTED Clinically Integrated Networks. A clinically integrated network is a model of health care delivery designed to provide better health results and lower costs through improved efficiency. CHI participates in 11 clinically integrated networks across the country, and that number will continue to grow.</p>

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Return Reference	Explanation
Form 990, Part VI, Line 16b ADOPTION OF WRITTEN POLICY OR PROCEDURE REGARDING JOINT VENTURES	CATHOLIC HEALTH INITIATIVES (CHI) HAS NOT FORMALLY ADOPTED A WRITTEN POLICY OR WRITTEN PROCEDURE REGARDING JOINT VENTURES. HOWEVER CHI'S SYSTEM-WIDE JOINT VENTURE MODEL OPERATING AGREEMENT INCORPORATES CONTROLS OVER THE VENTURE SUFFICIENT TO ENSURE THAT (1) THE EXEMPT ORGANIZATION AT ALL TIMES RETAINS CONTROL OVER THE VENTURE SUFFICIENT TO ENSURE THAT THE PARTNERSHIP FURTHERS THE EXEMPT PURPOSE OF THE ORGANIZATION, (2) IN ANY PARTNERSHIP IN WHICH THE EXEMPT ORGANIZATION IS A PARTNER, ACHIEVEMENT OF EXEMPT PURPOSES IS PRIORITIZED OVER MAXIMIZATION OF PROFITS FOR THE PARTNERS, (3) THE PARTNERSHIP DOES NOT ENGAGE IN ANY ACTIVITIES THAT WOULD JEOPARDIZE THE EXEMPT ORGANIZATION'S EXEMPTION, (4) RETURNS OF CAPITAL, ALLOCATIONS, AND DISTRIBUTIONS MUST BE MADE IN PROPORTION TO THE PARTNERS' RESPECTIVE OWNERSHIP INTERESTS, AND (5) ALL CONTRACTS ENTERED INTO BY THE PARTNERSHIP WITH THE EXEMPT ORGANIZATION MUST BE AT ARM'S-LENGTH, WITH PRICES SET AT FAIR MARKET VALUE. ANY JOINT VENTURE AGREEMENTS THAT DO NOT CONFORM TO THE MODEL AGREEMENT ARE GENERALLY REVIEWED BY COUNSEL.

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Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of Interest Policy	<p>The Board Chair or designee shall make such further investigation of any conflict of interest disclosures as he or she may deem appropriate. If the conflict involves the Board Chair, the Vice Chair will assume the Chair's role outlined in the COI Policy. Based on review and evaluation of the relevant facts and circumstances, the Board Chair will make an initial determination as to whether a conflict of interest exists and whether, pursuant to the COI Policy, review and approval or other action by the Board is required. A written record of the Board Chair's determination, including relevant facts and circumstances, will be made. The Board Chair shall then make an appropriate report to the Executive Committee of the Board concerning such review, evaluation and determination. If a difference of opinion exists between the Board Chair and another Trustee as to whether the facts and circumstances of a given situation constitute a conflict of interest or whether Board review and approval or other action is required within the COI Policy, the matter shall be submitted to the Board's Executive Committee, which shall make a final determination as to the matter presented. Such determination, including relevant facts and circumstances, will be reflected in the Executive Committee minutes and will be reported to the Board. The Board shall carefully scrutinize and must in good faith approve or disapprove any transaction in which CHI or a CHI Entity is a party and in which the Trustee or Corporate Officer either * Has a material financial interest, or * Is a Trustee or Corporate Officer of the other party (other than a CHI-affiliated organization). The Board must approve the transaction by a majority of the Trustees on the Board, without counting the vote of any individual who has an interest in the transaction. In reviewing such transactions between CHI or CHI Entities and vendors or other contractors who are, or are affiliated with, Trustees or Corporate Officers, the Board shall act no more or less favorably than it would in reviewing transactions with unrelated third parties. The transaction will not be approved unless the Board determines that the transaction is fair to CHI or the CHI Entity. The Board shall carefully review and scrutinize any non-transactional conflict of interest (e.g., disclosure of nonpublic information, competition with CHI or a CHI Entity, failure to disclose a corporate opportunity, excessive gifts or entertainment, etc.). By a majority vote of the disinterested Trustees, the Board shall take whatever action is deemed appropriate with respect to the Trustee or Corporate Officer under the circumstances, including possible disciplinary or corrective action, in order to best protect the interests of CHI or the CHI Entity. The Board should consult with the General Counsel of CHI or his or her designee when considering disciplinary or corrective action. When any conflict of interest is considered by the Board, the Trustee or Corporate O</p>

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Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of Interest Policy	<p>fficer, as appropriate, must disclose all of the material facts to the Board. The Trustee shall not vote and the Trustee or Corporate Officer shall not use his or her personal influence on the matter. However, if requested, such Trustee or Corporate Officer is not prevented from briefly stating his or her position in the matter, nor from answering pertinent questions from Trustees, as his or her knowledge may be of significant importance. The Trustee or Corporate Officer shall be excused from the meeting during discussion and vote on the conflict of interest. Minutes of the Board shall reflect the following: the individual making the disclosure, the nature of the disclosure, discussion regarding any proposed transaction, the decision made by the Board, and that the interested Trustee or Corporate Officer was excused during the discussion, and that the interested Trustee abstained from voting. If the Board reasonably believes that a Trustee or Corporate Officer has failed to disclose either an actual or potential conflict of interest, or all material facts surrounding an actual or possible conflict as required by the COI Policy, the Trustee or Corporate Officer will be given an opportunity to explain such alleged failure to disclose. After hearing the response of the Trustee or Corporate Officer, the Board will conduct such additional investigation as may be appropriate. If the Board determines that the Trustee or Corporate Officer has in fact failed to disclose as required by the COI Policy, the Board shall take appropriate disciplinary or corrective action. All determinations of conflicts of interest are reported as required by law, regulations, and CHI policy.</p>

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Form 990, Part VI, Line 1a Delegate broad authority to a committee	Catholic Health Initiatives' BOARD OF STEWARDSHIP TRUSTEES DOES HAVE AN EXECUTIVE COMMITTEE THE EXECUTIVE COMMITTEE IS COMPRISED OF THE CHAIRPERSON, THE CHAIRPERSON-ELECT, vice-chairPERSON, AND UP TO THREE ADDITIONAL TRUSTEES APPOINTED BY THE BOARD OF STEWARDSHIP TRUSTEES EXCEPT AS OTHERWISE PROVIDED BY LAW, THE EXECUTIVE COMMITTEE HAS AND MAY EXERCISE SUCH POWERS AS MAY BE DELEGATED TO IT BY THE BOARD OF STEWARDSHIP TRUSTEES ADDITIONALLY, THE EXECUTIVE COMMITTEE SHALL HAVE AND MAY EXCERCISE SUCH POWERS TO TRANSACT ROUTINE BUSINESS OF THE CORPORATION IN THE INTERIM PERIOD BETWEEN REGULARLY SCHEDULED MEETINGS OF THE BOARD OF STEWARDSHIP TRUSTEES, PROVIDED THAT SUCH ACTIONS TAKEN SHALL BE CONSISTENT WITH AND NOT CONFLICT WITH ANY ACTIONS OR POLICIES OF THE BOARD OF STEWARDSHIP TRUSTEES, THE BYLAWS, OR APPLICABLE LAW THE EXECUTIVE COMMITTEE SHALL KEEP REGULAR MINUTES OF ITS PROCEEDINGS AND REPORT THE SAME TO THE BOARD OF STEWARDSHIP TRUSTEES AT THE NEXT REGULAR OR ANNUAL MEETING OF THE BOARD OF STEWARDSHIP TRUSTEES

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Return Reference	Explanation
Form 990, Part VI, Line 6 Classes of members or stockholders	<p>FORM 990 INSTRUCTIONS DEFINE A "MEMBER" AS ANY PERSON WHO, PURSUANT TO A PROVISION OF THE ORGANIZATION'S GOVERNING DOCUMENTS OR APPLICABLE STATE LAW, HAS THE RIGHT TO "APPROVE SIGNIFICANT DECISIONS OF THE GOVERNING BODY" OR TO "RECEIVE A SHARE OF THE ORGANIZATION'S PROFITS OR EXCESS DUES OR A SHARE OF THE ORGANIZATION'S NET ASSETS UPON THE ORGANIZATION'S DISSOLUTION" THE CORPORATION WAS FOUNDED BY RELIGIOUS INSTITUTES OF THE ROMAN CATHOLIC CHURCH THOSE RELIGIOUS INSTITUTES OF THE ROMAN CATHOLIC CHURCH THAT AGREE TO ACCEPT THE MISSION AND VISION OF THE ORGANIZATION AND MEET CERTAIN OTHER REQUIREMENTS ESTABLISHED BY THE BOARD OF STEWARDSHIP TRUSTEES, AND WHO ARE APPROVED BY A 2/3 VOTE OF THE BOARD OF STEWARDSHIP TRUSTEES, HAVE "PARTICIPATING CONGREGATION" RIGHTS AND DUTIES UNDER THE BYLAWS OF THE ORGANIZATION PARTICIPATING CONGREGATIONS HAVE THE RIGHT TO APPROVE SUBSTANTIAL CHANGES TO THE MISSION AND PHILOSOPHICAL DIRECTION OF THE ORGANIZATION, APPROVE AMENDMENTS TO THE ARTICLES AND BYLAWS AFFECTING ANY PROVISION GOVERNING THE QUALIFICATIONS, RIGHTS OR RESPONSIBILITIES OF THE PARTICIPATING CONGREGATIONS, SELECT AND REMOVE A PERSON WHO REPRESENTS THAT PARTICIPATING CONGREGATION IN EXERCISING ITS RIGHTS AND DUTIES, PARTICIPATE IN THE DISTRIBUTION OF ASSETS UPON THE DISSOLUTION OF THE ORGANIZATION, PARTICIPATE IN ORGANIZATIONAL ADVOCACY EFFORTS, ENCOURAGE MEMBERS OF THE PARTICIPATING CONGREGATIONS TO PARTICIPATE IN THE MINISTRIES SPONSORED BY THE ORGANIZATION, AND PARTICIPATE THROUGH THEIR REPRESENTATIVES IN MEETINGS HELD AT LEAST ONCE A YEAR WITH THE BOARD OF STEWARDSHIP TRUSTEES (SECTION 3 1 1 OF THE BYLAWS OF CATHOLIC HEALTH INITIATIVES)</p>

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Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	<p>FORM 990 INSTRUCTIONS INDICATE THAT AN ORGANIZATION MUST ANSWER "YES" IF AT ANY TIME DURING THE ORGANIZATION'S TAX YEAR, THERE WERE ONE OR MORE PERSONS WHO HAD THE RIGHT TO APPROVE OR RATIFY DECISIONS OF THE ORGANIZATION'S GOVERNING BODY SUCH AS APPROVAL OF THE GOVERNING BODY'S DECISION TO DISSOLVE THE ORGANIZATION THE CORPORATION WAS FOUNDED BY RELIGIOUS INSTITUTES OF THE ROMAN CATHOLIC CHURCH THOSE RELIGIOUS INSTITUTES OF THE ROMAN CATHOLIC CHURCH THAT AGREE TO ACCEPT THE MISSION AND VISION OF THE ORGANIZATION AND MEET CERTAIN OTHER REQUIREMENTS ESTABLISHED BY THE BOARD OF STEWARDSHIP TRUSTEES, AND WHO ARE APPROVED BY A 2/3 VOTE OF THE BOARD OF STEWARDSHIP TRUSTEES HAVE PARTICIPATING CONGREGATION RIGHTS AND DUTIES UNDER THE BYLAWS OF THE ORGANIZATION PARTICIPATING CONGREGATIONS HAVE THE RIGHT TO APPROVE SUBSTANTIAL CHANGES TO THE MISSION AND PHILOSOPHICAL DIRECTION OF THE ORGANIZATION, APPROVE AMENDMENTS TO THE ARTICLES AND BYLAWS AFFECTING ANY PROVISION GOVERNING THE QUALIFICATIONS, RIGHTS OR RESPONSIBILITIES OF THE PARTICIPATING CONGREGATIONS, SELECT AND REMOVE A PERSON WHO REPRESENTS THAT PARTICIPATING CONGREGATION IN EXERCISING ITS RIGHTS AND DUTIES, PARTICIPATE IN THE DISTRIBUTION OF ASSETS UPON THE DISSOLUTION OF THE ORGANIZATION, PARTICIPATE IN ORGANIZATIONAL ADVOCACY EFFORTS, ENCOURAGE MEMBERS OF THE PARTICIPATING CONGREGATIONS TO PARTICIPATE IN THE MINISTRIES SPONSORED BY THE ORGANIZATION, PARTICIPATE THROUGH THEIR REPRESENTATIVES IN MEETINGS HELD AT LEAST ONCE A YEAR WITH THE BOARD OF STEWARDSHIP TRUSTEES (SECTION 3 1 1 OF THE BYLAWS OF CATHOLIC HEALTH INITIATIVES)</p>

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Form 990, Part VI, Line 11b Review of form 990 by governing body	THE CATHOLIC HEALTH INITIATIVES (CHI) VICE PRESIDENT, LEGAL - TRANSACTIONS AND TAX CONDUCTS A REVIEW OF THE FORM 990 IN A MEETING WITH THE CHI TAX DIRECTOR AFTER INCORPORATION OF ANY CHANGES RESULTING FROM THIS REVIEW, THE FORM 990 IS PROVIDED TO THE CHI BOARD OF STEWARDSHIP TRUSTEES A WEEK IN ADVANCE OF THE BOARD MEETING AS PART OF THE BOARD PACKET UPON CHIEF FINANCIAL OFFICER APPROVAL AND SIGNATURE, THE VICE PRESIDENT, LEGAL - TRANSACTIONS AND TAX FILES THE FINAL FORM 990 AS PROVIDED TO THE BOARD, MAKING ANY NON-SUBSTANTIVE CHANGES NECESSARY IN ORDER TO EFFECT E-FILING ANY SUCH CHANGES ARE NOT RE-SUBMITTED TO THE BOARD

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Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	<p>Catholic Health Initiatives ("CHI") has a Conflicts of Interest ("COI") policy (the "Policy") in place to maintain the integrity of all of its activities. The Policy applies to CHI Board of Stewardship Trustees and members of its committees, all CHI Entity board and board committee members, all CHI employees, and all CHI research personnel (both employed and non-employed). Disclosure, review and management of perceived, potential or actual conflicts of interest are accomplished through a defined COI disclosure process. Each Person must promptly and fully disclose to his/her direct manager, supervisor, medical staff office, board or board committee chair any situation or circumstance that may create a conflict of interest. The Person must disclose the actual or potential conflict as soon as she/he becomes aware of it. In any situation where the Person may be in doubt, a full disclosure should be made to permit an impartial and objective determination. In addition to the general ongoing obligation, there are initial disclosure obligations. At the time of initial appointment, a copy of the Policy shall be distributed to the board or committee member along with a conflict of interest disclosure. The board or committee member will complete and submit the disclosure. The completed disclosure shall be maintained in confidence and access shall be limited to persons who have a reasonable need to know the contents. At the time of hiring, a copy of the Policy shall be distributed to all Employees. In addition, a conflict of interest disclosure will be provided. The Employee must complete and submit a conflict of interest disclosure. The completed disclosure shall be maintained in confidence and access shall be limited to persons who have a reasonable need to know the contents. In addition to the general ongoing and initial disclosure obligations, there is an annual disclosure obligation. On an annual basis, the following Persons must complete a new conflict of interest disclosure: * Board and board committee members, * Employees at the level of vice president and above, * Researchers * Supply Chain Employees at the level of vice president and above and those employees involved in contracting regardless of employment level, * Other Employees as deemed applicable by CHI Leadership, * Employees at the level of manager and above (through 6/21/17). Disclosures of perceived, potential or actual conflicts involving financial interests are forwarded to the Conflicts of Interest Review Committee ("C-CIRC"), National or Regional Legal Services, National, Entity, or Research Corporate Responsibility Program, or the Executive Committee of the Board or Board Chair, for review depending on the position of the person involved. Among the factors that should be considered in determining whether a conflict exists are the nature and magnitude of the opportunity, transaction or arrangement, the degree to which it is related to CHI's business, whether the Person with the conflict</p>

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Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	<p>It is the ultimate decision-maker or holds significant influence over the ultimate decision-maker (i.e., degree of independence of the decision-making process), the unique nature of the opportunity, transaction or arrangement, the existence of other viable alternatives and the quality of those alternatives, and what is customary and reasonable in the health care or research industry. When a Person has, or is considering initiating, a business interest or relationship outside of CHI but is uncertain whether the interest constitutes a conflict of interest requiring disclosure under this Policy, the Person should consult with local Corporate Responsibility Program (CRP) staff or CHI Legal Services Group (LSG) staff, as appropriate. As appropriate, a COI management plan will be developed. With respect to those audiences for which the C-CIRC has review responsibility, the C-CIRC will facilitate development of any such COI management plan in collaboration with local CRP staff or CHI LSG staff, as appropriate. This plan will include documentation of the C-CIRC's determinations and recommendations. As necessary, reports to an appropriate governmental agency or sponsor will be made according to the relevant appendices to this Policy to provide required information regarding how the conflict of interest will be managed, reduced, or eliminated. Designated CHI Entity staff are responsible for monitoring the COI management plan and for documenting monitoring activities. At its sole discretion, a CHI Entity may reject a Person's request to enter into the relationship in question, or require the relationship be sufficiently altered to avoid a potential conflict of interest. The C-CIRC will determine whether a disclosed or otherwise identified interest is a conflict of interest. If the C-CIRC determines that a potential or actual conflict of interest exists that does not currently have appropriate controls to address the conflict of interest, it may recommend that the disclosing Person be allowed to participate in the activity or transaction subject to restrictions as outlined in a written COI management plan. All determinations of conflicts of interest will be reported as required by law, regulations, and CHI policy. If a Person, other than a board or board committee member or corporate officer, required to complete a COI disclosure does not agree with a determination made by the C-CIRC, its interpretation of the COI Policy, still seeks an exemption or exception, or seeks further clarification of the C-CIRC's decision, the following steps should be followed. Within a reasonable period of time after receiving notice of the C-CIRC's decision, the Person must present the matter to the Person's immediate direct manager or supervisor (or in the case of a Researcher, to [fill in the title or position to whom Researchers report]) and request reconsideration, submitting at that time any new or additional information that may support or recommend reconsideration. If the</p>

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Form 990, Part VI, Line 12c Conflict of interest policy	<p>Person's manager individually or in consultation with the manager's Vice President (or his or her if the manager is a Vice President) finds that new information supporting reconsideration has been presented, the manager will contact local or National CRP staff, as appropriate, and request that the matter be re-presented to the C-CIRC. The C-CIRC will be reconvened for this purpose and, following such reconsideration, issue a final determination. This appeals process is intended to be narrowly applied, as Persons seeking conflict of interest exemptions or exceptions are expected to offer all available information supporting an exemption or exception at the time the matter is first presented to the C-CIRC. Management of actual or potential conflicts of interest of board or board committee members and corporate officers will be determined by the appropriate board, as reflected in the Policy. Reviews and determinations involving board and board committee members and corporate officers will be the responsibility of the board, board executive committee, or board chair, with guidance from the Legal Services Group (LSG). Each Trustee and Corporate Officer must promptly and fully report to the Board Chair situations that may create a conflict of interest when he or she becomes aware of such situations. In any situation when a Trustee or Corporate Officer is in doubt, full disclosure should be made to permit an impartial and objective determination. A written record of the disclosure will be made. In addition to the ongoing disclosure obligation, all Trustees and Corporate Officers shall complete a COI disclosure questionnaire on an annual basis. A copy of the COI Policy shall be available to Trustees and Corporate Officers. Definitions of terms used in the disclosure questionnaire/form shall also be included. Each Trustee and Corporate Officer must promptly complete the COI disclosure. The disclosures will be reviewed by the CHI Senior Vice President, Legal Services, and General Counsel or his or her designee who will report potential conflicts to the applicable Board Chair.</p>

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Form 990, Part VI, Line 15a Process to establish compensation of top management official	<p>Catholic Health Initiatives (CHI) has a defined compensation philosophy. Both the executive and non-executive compensation structures and ranges are reviewed annually in comparison to market data. CHI uses The Korn Ferry Hay Group as the independent third party to assess executive compensation programs and to ensure the reasonableness of actual salaries and total compensation packages. Compensation of the senior most executives is reviewed annually. The Korn Ferry Hay Group reviews both cash and total compensation for overall reasonableness, for adherence to CHI's compensation philosophy, and for comparability to the not-for-profit healthcare market. This independent review is delivered by the Korn Ferry Hay Group to the HR committee of the CHI Board of Stewardship Trustees annually at their September meeting and minutes are shared with the full board. The last review was September 11, 2017. In addition, Korn Ferry Hay Group completed a comprehensive review of all positions at the level of vice president and above in the fall of 2014 to determine and validate appropriate compensation levels. These levels have been reviewed annually since and revised based on market data, where applicable.</p>

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

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Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	CATHOLIC HEALTH INITIATIVES' ARTICLES OF INCORPORATION ARE AVAILABLE ON THE COLORADO SECRETARY OF STATE WEBSITE CATHOLIC HEALTH INITIATIVES' CONSOLIDATED AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE CHI WEBSITE AT WWW CATHOLICHEALTHINIT ORG CATHOLIC HEALTH INITIATIVES' BYLAWS AND CONFLICT OF INTEREST POLICY ARE NOT PUBLICLY AVAILABLE

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Return Reference	Explanation
Form 990, Part VII, Section A EXPLANATION OF REASONABLE EFFORTS TO OBTAIN RELATED ORGANIZATION COMP	AN ORGANIZATION IS NOT REQUIRED TO REPORT COMPENSATION FROM A RELATED ORGANIZATION TO A PERSON LISTED ON FORM 990, PART VII, SECTION A IF THE ORGANIZATION IS UNABLE TO SECURE THE INFORMATION ON COMPENSATION PAID BY A RELATED ORGANIZATION AFTER MAKING A REASONABLE EFFORT TO OBTAIN IT. IN THAT CASE, THE ORGANIZATION SHALL REPORT THE EFFORTS UNDERTAKEN ON SCHEDULE O. CATHOLIC HEALTH INITIATIVES (CHI) BELIEVES THAT IT HAS FULLY DISCLOSED ALL COMPENSATION PAID BY RELATED ORGANIZATIONS TO THE INDIVIDUALS LISTED ON SCHEDULE J. HOWEVER, IN THE EVENT THAT ANY RELATED PARTY COMPENSATION HAS BEEN INADVERTENTLY EXCLUDED, CHI OFFERS THE FOLLOWING INFORMATION CONCERNING REASONABLE EFFORTS. CHI PERFORMED A COMPREHENSIVE REVIEW OF THE COMPENSATION PAID BY EACH ORGANIZATION WITHIN THE CHI FAMILY AS FOLLOWS. EACH CHI LEGAL ENTITY PROVIDED A LIST OF ITS OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES AND ESTIMATED TOP TEN HIGHEST PAID EMPLOYEES. THIS INFORMATION WAS PROVIDED TO VARIOUS DEPARTMENTS INCLUDING, CHI'S CENTRALIZED ACCOUNTS PAYABLE SERVICE CENTER, CENTRALIZED PAYROLL CENTER AND BENEFITS COORDINATOR. EACH DEPARTMENT PROVIDED A REPORT REFLECTING THE AMOUNT PAID TO EACH REPORTABLE INDIVIDUAL BY PAYOR-ENTITY. EACH REPORTABLE INDIVIDUAL RECEIVED A REPORT REFLECTING THEIR COMPENSATION AS IT WILL BE REPORTED ON THE FORM 990 (INCLUDING COMPENSATION PAID BY RELATED ORGANIZATIONS) AND WERE ASKED TO VERIFY THE ACCURACY OF THE INFORMATION.

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Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	Other Miscellaneous Revenue - Total Revenue 1358012, Related or Exempt Function Revenue , Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 1358012,

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Form 990, Part IX, Line 11g Other Fees	Purchased Svcs - Collection Fees - Total Expense 100797, Program Service Expense , Management and General Expenses 100797, Fundraising Expenses , Purchased Svcs - Other - Total Expense 122622730, Program Service Expense 1780504, Management and General Expenses 120842226, Fundraising Expenses , Purchased Svcs - Rev Cycle - Total Expense 497870638, Program Service Expense , Management and General Expenses 497870638, Fundraising Expenses , Consulting - Clinical - Total Expense 11210, Program Service Expense , Management and General Expenses 11210, Fundraising Expenses , Consulting - Administrative - Total Expense 3701194, Program Service Expense 83923, Management and General Expenses 3617271, Fundraising Expenses , Consulting - Strategic Planning - Total Expense 86616, Program Service Expense , Management and General Expenses 86616, Fundraising Expenses , Consulting - Other - Total Expense 28338185, Program Service Expense 2499627, Management and General Expenses 25838558, Fundraising Expenses , Contract Labor - AIMS - Total Expense 3015, Program Service Expense 3015, Management and General Expenses , Fundraising Expenses , Contract Labor - Other - Total Expense 12921490, Program Service Expense 9432, Management and General Expenses 12912058, Fundraising Expenses , Purchased Svcs-IT Managed Services - Total Expense 105352955, Program Service Expense , Management and General Expenses 105352955, Fundraising Expenses , Purchased Services - Food - Total Expense 69243605, Program Service Expense 69243605, Management and General Expenses , Fundraising Expenses ,

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Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Capital Resource Pool Contributions - 48036557, Equity Transfers to/from affiliates - -57053357, Pension Adjustment - 297974529, Returned Grants - 190497,

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Return Reference	Explanation
FORM 990, PART III, LINE 4 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS CONTINUATION	<p>The House of Mercy is dedicated to assisting pregnant, parenting/non-parenting, and adolescent/adult women in developing personal responsibility and independence through counseling, education, and medical care in collaboration with other caring individuals. It is home to 11 vital human service and health care related programs and, on average, houses nearly 170 women and children in the residential treatment program. During their stay, women gain the skills they need to live independently, deal with addiction, overcome the effects of trauma and effectively parent their children.</p> <p>Flaget Memorial Hospital, Bardstown, Ky. Flaget Memorial Hospital employs medical eligibility counselors to assist individuals who need help enrolling in Kentucky's state-wide expansion programs. They assist patients/community members in navigating and applying for public medical programs.</p> <p>Nelson County Community Clinic The Nelson County Community Clinic (NCCC) is a vital safety net for Nelson County residents who are employed, but have no health insurance. Income-eligible residents have access to an array of free services, including medical care, basic dental care, lab tests, eye exams and free medications. Many volunteers who serve at the clinic are Flaget Memorial employees. The clinic was started in 2006 with a \$278,000 grant from Catholic Health Initiative's Mission and Ministry Fund. Flaget Memorial donates money each year to help sustain the NCCC.</p> <p>Prescription Assistance Program Flaget Memorial partners with the Nelson County Community Clinic to help people who otherwise could not afford to pay for their prescription medications. By utilizing the assistance options through pharmaceutical companies, the program is able to ensure patients get the medications they need at no cost. This enables the patients to better manage their health and avoid unnecessary visits to the emergency department.</p> <p>Donation of Equipment/Supplies Flaget Memorial Hospital partners with Louisville based Supplies Over Seas (SOS), which offers an environmentally-friendly and cost-effective way of dealing with surplus medical products while simultaneously helping people in desperate need. SOS relies on these product donations to supply their qualified recipient institutions in the economically developing world as well as local clinics and individuals traveling on mission trips out of the country.</p> <p>"Room in the Inn" Homeless Ministry Flaget Memorial Hospital is proud to support Nelson County's "Room in the Inn" homeless ministry. Room in the Inn is a national model which brings together faith communities and community partners to provide shelter and resources for the homeless. Flaget Memorial provided first aid kits to each of the participating churches who participate in the program.</p> <p>Habitat for Humanity In May 2017, Flaget Memorial Hospital encouraged staff to participate in KentuckyOne Health's sponsorship of a Habitat for Humanity home located in Jefferson County. Staff participated in the three</p>

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Return Reference	Explanation
FORM 990, PART III, LINE 4 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS CONTINUATION	<p>-day "Raise the Roof" experience CHI Health, Omaha, Nebraska CHI Health has a history of centralized community benefit and hospital specific community benefit investments to address community health needs of the particular service area Examples of how CHI Health furth ers its exempt purpose by promoting the health of the community include *</p> <ul style="list-style-type: none"> * Financial Assis tance and Unpaid costs of Medicaid * Community health improvement services- * Community ed ucation, classes and programs (CPR, car seat safety checks, community behavioral health su pport and education, diabetes, cancer, physical activity and healthy eating and cooking) * AirCare-staff presented safety in-services to rural communities and participated in healt h fairs to advance the knowledge of the community * Support groups (cancer, bereavement, youth, etc) * Community health fairs and screenings * School based healthcare services * Parish Nursing Program and Faith Community Health Network-the CHI Health Faith Community H ealth Network partners with congregations of all faiths to build capacity and support the growth of Health Ministries which promote health, healing and wholeness in the communities served * Healthy Families-this program is a free, 8-week health and nutrition program fo r families with a child between the ages of 4-18 who has been identified in the top 85th p ercentile of their weight This program invites the whole family to participate in learnin g about physical activity, eating healthy, and setting realistic goals as a family * 5-4-3-2-1Go!-this program is an evidence-based healthy kids countdown message which CHI health supports through technical assistance and resources for parents and schools to teach kids to learn and practice every day to be healthy and active * Childcare-CHI Health provided funding to increase capacity of Nebraska Extension Nutrition & Physical Activity Self-Ass essment in Child Care (NAP SACC) program to provide training and technical assistance for child care programs in Douglas, Sarpy and Cass Counties in Nebraska * Breastfeeding-plann ed and funded the Beyond Best Practices Creating a Supportive Environment for Breastfeedi ng Parents conference for clinic and hospital professionals (nurses, medical assistants, d ieticians, health coaches/navigators and providers), as well as community based health car e workers (WIC dieticians, WIC clinicians, and community and federally qualified health ce nter clinic members) <p>Additionally, provided funding to the Nebraska Breastfeeding Coaliti on to plan and implement a Certified Lactation Counselor Training for 75 individuals, and an IBCLC Exam Prep course for 25 individuals, as well as to develop a breastfeeding toolki t for worksites and clinics to support promotion of breastfeeding in these spaces</p> <ul style="list-style-type: none"> * Provi ded counseling and assistance in enrolling individuals in means tested insurance programs to improve access to care * Project Search-high school transition program that assists st udents with disabilities with

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Return Reference	Explanation
FORM 990, PART III, LINE 4 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS CONTINUATION	a connection to employment * Richard Young Behavioral Health Center- provided enhanced access to individuals by offering free initial assessments by licensed mental health professionals * Teen Net-teen parenting program which includes prenatal and parenting resources for teens, funding through Good Samaritan Hospital and Kearney Public Schools * Injury Prevention Programs-Trauma department supports community education programs and initiatives, see below some examples * Child passenger safety inspection stations to properly fit car seats in vehicles and donations of car seats for those that qualify * Distribution of pack and plays and/or safety gates to families without safe sleep options and safety equipment for their infant or toddler * Safety programs which presented advice on everything from bike safety, to water safety, fire safety, ATV safety, farm safety and much more * Fall prevention educational events * Subsidized low income, non-patient outpatient dialysis treatments in the community to give patients the care that they require * Provide support to health coalitions and investments in social and environmental improvement strategies

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Return Reference	Explanation
FORM 990, PART III, LINE 4 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS CONTINUATION	<p>These are programs, activities and partnerships that improve the health of persons in the community by addressing the determinants of health, which includes the social, economic and physical environment. See specific examples by community below.</p> <p>Omaha/Council Bluffs Metro * Hope Medical Outreach Coalition-Personnel support and annual operating subsidy. CHI Health hospitals and physicians are one of three health systems that provide access for the patients of three area federally qualified healthcare centers to specialty physician services and hospital based diagnostics and treatment that are unable to afford medical services. * Metro Area Continuum of Care for the Homeless-Financial support to this coalition addressing homelessness in the service area. * Live Well Omaha-a coalition founded by CHI Health (formerly Alegent Health) and the county health department that serves as convener of business, healthcare and community leaders to review health trends and catalyze community action to address health issues. * Live Well Omaha Kids-a community coalition using a collective impact approach to address childhood obesity. * Community Link-a partnership with Catholic Health Initiatives to improve the health and socioeconomic status of patients by assessing and treating their non-medical needs and barriers, which are important factors of their health. * Violence Prevention-a partnership with Catholic Health Initiatives, Women's Center for Advancement and Creighton University to implement a campus based violence prevention Plan known as "Green Dot". * African American Empowerment Network-Support of the Step Up summer jobs program, a workforce development and violence prevention initiative serving a typically low-income part of the community. * Together, Inc.-provided funds to support the newly developed homeless case management project to be housed out of the CUMC emergency department and then at University Campus. The program connects high utilizers of the emergency department, who are identified as homeless, with a case manager who will then assist them in finding sustainable housing and accessing other resources associated with social determinants of health. * One World Community Health-partnership for Baby's Health and Safety between One World and CHI Health to provide education around safe sleep, safe ride, and breastfeeding to expecting mothers, and provide car seats and pack-n-plays as incentive for participation in education program. * Building Healthy Futures-provided support for research to study and create culturally relevant, trauma-informed care for refugee populations to be utilized by front-line care providers. * Omaha Bridges Out of Poverty-provided support for Bridges Out of Poverty programming and training to support and train those in poverty on resources and skills to break the cycle of poverty in their family. * The 712 Initiative-provided support to administer programming by The Big Garden agency at the Creektop Community Garden in</p>

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Return Reference	Explanation
FORM 990, PART III, LINE 4 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS CONTINUATION	<p>Council Bluffs, for low-income individuals to build technical skills and capacity for gardening and thereby improving their access to healthy food * Mills County Public Health-provided funding for Family Matters Substance Abuse Prevention Project Omaha/Council Bluffs Metro & Lincoln State of Nebraska-provided funds to support pilot program Double-Up Food Bucks to address food insecurity and access to healthy foods through provision of additional funding for SNAP participants to purchase fresh fruits and vegetables at participating vendors and farmer's markets Lincoln Partnership for a Healthy Lincoln-provided financial and partnership support as part of the community health improvement plan to PHL, a non-profit health coalition dedicated to improving the health, wellness, and fitness of all those in our community Clinic with a Heart-in addition to staffing free clinics each month, provided financial support for infrastructure and program implementation to this free clinic serving the uninsured and underinsured Kearney Buffalo County Community Health Partners-provided financial support and leadership to this health coalition that is a county-wide effort to address the leading health issues in the county Be Well Buffalo County Coalition-provided funds to support the establishment of Be Well coalition to advocate for a healthy community culture through infrastructure, education and programs to support healthy choices Grand Island Center for Rural Affairs-provided support to build infrastructure and programming around the existing Third City Community Clinic's Community Garden Two year funding to ensure implementation and long-term sustainability of garden Nebraska City People United for Families-provided financial support for Partners for Otoe County, a non-profit organization dedicated to building a healthy community where every child and family thrives P4OC collaborates with individuals, organizations, local businesses, institutions, and agencies to take responsibility for improving the health and quality of life in our community Growing Great Kids-provided support for Growing Great Kids, which is a program housed out of Southeast District Health Department (SEDHD) The program provides home visiting services delivered by nursing staff, for families at risk for adverse childhood experiences during the prenatal to age 3 timeframe, to offer support in the prenatal time period as well as parenting support and resources as baby grows Schuyler East Central District Health Department-provided funding for Child Well Being Community Response Team Good Neighbor Community Health Center-provided funding for behavioral health services for Schuyler middle and high school students Missouri Valley Center for Rural Affairs-provided funding to deliver educational programming around buying and preparing fresh produce at a rural farmers market in Harrison County, Iowa Healthy Harrison Coalition-provided funding for referrals and distributed vouchers through</p>

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Return Reference	Explanation
FORM 990, PART III, LINE 4 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS CONTINUATION	<p>ugh local agencies such as WIC and West Central Community Action Partnership to families without access to healthy foods Vouchers offered participating families transportation from their location to the County Farmer's Market, as well as a \$20 voucher for fruits and vegetables CHI St Alexius Health Williston, Williston, ND CHI St Alexius Health Williston donates excess medical supplies and equipment to ministries in developing nations, through Global Health Ministries CHI's Fargo Division gathers money, supplies and equipment for an International Sister-to-Sister Hospital partnership with the Indigenous People's Hospital, which opened on May 18, 2012 in Nueva Vizcaya, Philippines SAH-W staff also raise funds each year in conjunction with our division to underwrite shipping costs and other supplies for the IPH The hospital, located in a remote region of the country, now provides care to impoverished tribal people The new clinic/hospital was immediately busy and provided care to more than 600 people on the first day of opening St Alexius Health Williston also sponsors 10 children overseas through Unbound (formerly Christian Foundation for Children and Aging) Unbound is a lay Catholic organization serving the poor at mission sites around the world Through sponsorship, we build a relationship of mutual respect and support while raising awareness in our own country of needs and gifts of the poor and the mission outreach of the Church Though this began as a payroll deduction for employees, The Christian Awareness Committee of the Medical Center funded the ministry this year through other donations In addition, our Cancer Treatment Center provides cash and gas cards for those who need to travel for treatments and/or appointments CHI St Alexius Health Williston also collects food and clothing for distribution by the Salvation Army The SA assists people living in poverty with clothing, shelter, meals, utility assistance and other needs Employees also participate in an annual School Supply Drive for local Elementary Schools This year's drive again provided supplies for each of thirteen area elementary schools</p>

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Catholic Health Initiatives

Employer identification number
47-0617373

Part I Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) CHI HOUSING INITIATIVES LLC 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 46-3867953	RESIDENTIAL REAL ESTATE RENTALS	CO	489,702	11,262,956	CHI
(2) CHI PATIENT SAFETY ORGANIZATION LLC 198 INVERNESS DR W ENGLEWOOD, CO 80112 47-1682623	PATIENT SAFETY PROGRAMS	CO	275,175	0	CHI

Part II Identification of Related Tax-Exempt Organizations

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

See Additional Data Table

(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

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.

See Additional Data Table

(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	

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.

See Additional Data Table

(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

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)

Yes

No

1a

Yes

1b

Yes

1c

Yes

1d

Yes

1e

No

1f

Yes

1g

No

1h

No

1i

No

1j

No

1k

No

1l

Yes

1m

No

1n

No

1o

No

1p

No

1q

No

1r

No

1s

Yes

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

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Schedule R (Form 990) 2016

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.

[illegible]

Part VII **Supplemental Information**

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

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 47-0617373
Name: Catholic Health Initiatives

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) 12809 W DODGE RD OMAHA, NE 68154 47-0765154	HEALTHCARE	NE	501(c)(3)	3	ACH	Yes	
(1) 12809 W DODGE RD OMAHA, NE 68154 47-0757164	HEALTHCARE	NE	501(c)(3)	3	CHI NEBRASKA	Yes	
(2) 12809 W DODGE RD OMAHA, NE 68154 47-0648586	FUNDRAISING	NE	501(c)(3)	7	ACH	Yes	
(3) 7500 MERCY RD OMAHA, NE 68124 47-0484764	HEALTHCARE	NE	501(c)(3)	3	CHI NEBRASKA	Yes	
(4) 631 N 8TH ST MISSOURI VALLEY, IA 51555 42-0776568	HEALTHCARE	IA	501(c)(3)	3	CHI NEBRASKA	Yes	
(5) 6901 N 72ND ST OMAHA, NE 68122 47-0376615	HEALTHCARE	NE	501(c)(3)	3	CHI NEBRASKA	Yes	
(6) 104 W 17TH ST SCHUYLER, NE 68661 47-0399853	HEALTHCARE	NE	501(c)(3)	3	CHI NEBRASKA	Yes	
(7) PO BOX 368 CORNING, IA 50841 42-0782518	HEALTHCARE	IA	501(c)(3)	3	CHI NEBRASKA	Yes	
(8) 300 SE 8TH AVE LITTLE FALLS, MN 56345 41-1351177	LTERM CARE	MN	501(c)(3)	10	CHI	Yes	
(9) 601 OAK ST BRECKENRIDGE, MN 56520 41-1850500	SENIOR LIVING	MN	501(c)(3)	10	SFH	Yes	
(10) 17200 ST LUKES WAY STE 170 THE WOODLANDS, TX 77384 27-4499340	PHYSICIANS	TX	501(c)(3)	Type I	SLCHS	Yes	
(11) 2801 FRANCISCAN DRIVE BRYAN, TX 77802 27-4005511	HEALTHCARE	TX	501(c)(3)	3	SHSC	Yes	
(12) 1111 6TH AVE DES MOINES, IA 50314 42-0725196	LTERM CARE	IA	501(c)(3)	10	CHI-IA CORP	Yes	
(13) 2500 BERNVILLE RD PO BOX 316 READING, PA 19603 23-2187242	HEALTHCARE	PA	501(c)(3)	Type I	CHI	Yes	
(14) 129 CIRCLE WAY STE 102 LAKE JACKSON, TX 77566 76-0080110	FUNDRAISING	TX	501(c)(3)	Type I	BRHS	Yes	
(15) 100 MEDICAL DRIVE LAKE JACKSON, TX 77566 80-0240261	HEALTHCARE	TX	501(c)(3)	3	BRHS	Yes	
(16) 2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2759890	HEALTHCARE	TX	501(c)(3)	3	SJSC	Yes	
(17) 2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2913931	HEALTHCARE	TX	501(c)(3)	10	SJSC	Yes	
(18) 800 N 4TH ST CARRINGTON, ND 58421 45-0227311	HEALTHCARE	ND	501(c)(3)	3	CHI	Yes	
(19) 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 47-0617373	HEALTHCARE	CO	501(c)(3)	Type I	NA	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(21) 188 INVERNESS DRIVE WEST STE 500 ENGLEWOOD, CO 80112 84-0405257	HEALTHCARE	CO	501(c)(3)	3	CHI	Yes	
(1) 1111 6TH AVE DES MOINES, IA 50314 42-0680448	HEALTHCARE	IA	501(c)(3)	3	CHI	Yes	
(2) 6385 CORPORATE DR STE 301 COLORADO SPRINGS, CO 80919 84-0902211	FUNDRAISING	CO	501(c)(3)	7	CHIC	Yes	
(3) 6385 CORPORATE DR COLORADO SPRINGS, CO 80919 27-0930004	FUNDRAISING	CO	501(c)(3)	Type I	CHI	Yes	
(4) 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 46-0992796	HEALTHCARE	CO	501(c)(3)	Type I	CHINS	Yes	
(5) 2700 STEWART PKWY ROSEBURG, OR 97471 26-3946191	PHYSICIANS	OR	501(c)(3)	10	MMC	Yes	
(6) 3515 BROADWAY GREAT BEND, KS 67530 48-0543724	SURGERY CENTER	KS	501(c)(3)	3	CHI	Yes	
(7) 4816 AMBER VALLEY PKWY S FARGO, ND 58104 27-1966847	HEALTHCARE	MN	501(c)(3)	10	CHI	Yes	
(8) 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 27-1050565	HEALTHCARE	CO	501(c)(3)	Type I	CHI	Yes	
(9) 3900 OLYMPIC BLVD STE 400 ERLANGER, KY 41018 20-2741651	HEALTHCARE	KY	501(c)(3)	Type I	CHI	Yes	
(10) 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 45-1261716	HEALTHCARE	CO	501(c)(3)	10	CHI NS	Yes	
(11) 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 45-2532084	HEALTHCARE	CO	501(c)(3)	Type I	CHI	Yes	
(12) 6940 O ST STE 200 LINCOLN, NE 68510 36-3233121	HEALTHCARE	NE	501(c)(3)	Type I	CHI	Yes	
(13) 1929 LINCOLN HWY E STE 150 LANCASTER, PA 17602 23-2342997	HEALTHCARE	PA	501(c)(3)	Type I	CHI	Yes	
(14) 1516 5TH ST NW ALBUQUERQUE, NM 87102 71-0897107	COMMUNITY	NM	501(c)(3)	Type I	CHI	Yes	
(15) 6624 FANNIN ST 1100 HOUSTON, TX 77030 74-1161938	HEALTHCARE	TX	501(c)(3)	3	SLHS	Yes	
(16) 300 WERNER ST HOT SPRINGS, AR 71913 71-0236913	HEALTHCARE	AR	501(c)(3)	3	CHISVHS	Yes	
(17) 300 WERNER ST HOT SPRINGS, AR 71913 26-1125064	HOLDING CO	AR	501(c)(3)	Type II	SVIMC	Yes	
(18) 1 MERCY LANE STE 201 HOT SPRINGS, AR 71913 26-1125131	HEALTHCARE	AR	501(c)(3)	3	CHISVHS	Yes	
(19) 619 OAK ST ACCOUNTING-3 W CINCINNATI, OH 45206 23-7419853	HOLDING CO	OH	501(c)(1)		GSH	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(41) 631 N 8TH ST MISSOURI VALLEY, IA 51555 42-1294399	FUNDRAISING	IA	501(c)(3)	Type I	AH-CMHMV	Yes	
(1) 150 NORTH EAGLE CREEK DR LEXINGTON, KY 40509 61-1400619	LT ACH	KY	501(c)(3)	3	SJHS	Yes	
(2) 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 23-2028429	HOME HEALTH	PA	501(c)(3)	Type I	CHI NHC	Yes	
(3) 1450 BATTERSBY AVE ENUMCLAW, WA 98022 91-0715805	HEALTHCARE	WA	501(c)(3)	3	FHS	Yes	
(4) 4305 NEW SHEPHERDSVILLE RD BARDSTOWN, KY 40004 61-1345363	HEALTHCARE	KY	501(c)(3)	3	KOH	Yes	
(5) 4305 NEW SHEPHERDSVILLE RD BARDSTOWN, KY 40004 56-2351341	FUNDRAISING	KY	501(c)(3)	Type I	FH	Yes	
(6) 4111 N HOLLAND-SYLVANIA RD TOLEDO, OH 43623 34-1931806	HEALTHCARE	OH	501(c)(3)	10	FLC	Yes	
(7) 1717 SOUTH J ST TACOMA, WA 98405 91-1145592	FUNDRAISING	WA	501(c)(3)	10	FHS	Yes	
(8) 1717 SOUTH J ST TACOMA, WA 98405 91-0564491	HEALTHCARE	WA	501(c)(3)	3	CHI	Yes	
(9) TACOMA FNC CTR BLDG 1145 BROADWAY TACOMA, WA 98402 43-1882377	PHYSICIANS	MO	501(c)(3)	10	CHI	Yes	
(10) 5942 RENAISSANCE PLACE STE A TOLEDO, OH 43623 34-1892096	HEALTHCARE	OH	501(c)(3)	Type II	SFH	Yes	
(11) 1313 BROADWAY STE 200 TACOMA, WA 98402 91-1939739	HEALTHCARE	WA	501(c)(3)	10	FHS	Yes	
(12) 3601 S CHICAGO AVE SOUTH MILWAUKEE, WI 53172 39-1093829	HEALTHCARE	WI	501(c)(3)	10	CHI	Yes	
(13) 407 THIRD AVENUE SOUTHEAST GARRISON, ND 58540 45-0227752	HEALTHCARE	ND	501(c)(3)	3	SAMC	Yes	
(14) 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 20-1536108	MINISTRIES	CO	501(c)(3)	Type I	CHI	Yes	
(15) 619 OAK ST ACCOUNTING-3 W CINCINNATI, OH 45206 31-1778403	EDUCATION	OH	501(c)(3)	2	GSH	Yes	
(16) 619 OAK ST ACCOUNTING-3 W CINCINNATI, OH 45206 31-1206047	FUNDRAISING	OH	501(c)(3)	Type I	GSH	Yes	
(17) 110 N MAIN ST STE 500 DAYTON, OH 45402 31-0536981	HEALTHCARE	OH	501(c)(3)	3	SHP	Yes	
(18) PO BOX 1990 KEARNEY, NE 68848 47-0379755	HEALTHCARE	NE	501(c)(3)	3	CHI NEBRASKA	Yes	
(19) 111 W 31ST ST KEARNEY, NE 68847 47-0659443	FUNDRAISING	NE	501(c)(3)	7	GSH	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(61) 110 N MAIN ST STE 500 DAYTON, OH 45402 23-7296923	FUNDRAISING	OH	501(c)(3)	7	SHP	Yes	
(1) 2520 CHERRY AVE BREMERTON, WA 98310 91-0565546	HEALTHCARE	WA	501(c)(3)	3	FHS	Yes	
(2) 2520 CHERRY AVE BREMERTON, WA 98310 91-1197626	FUNDRAISING	WA	501(c)(3)	7	HMC	Yes	
(3) 2400 ST FRANCIS DR BRECKENRIDGE, MN 56520 76-0761782	FUNDRAISING	MN	501(c)(3)	Type I	SFMC	Yes	
(4) 16251 SYLVESTER RD SW BURIEN, WA 98166 91-0712166	HEALTHCARE	WA	501(c)(3)	3	FHS	Yes	
(5) 1111 6TH AVE DES MOINES, IA 50314 42-1323808	SHELTER	IA	501(c)(3)	7	CHI-IA CORP	Yes	
(6) 200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 61-1029768	HEALTHCARE	KY	501(c)(3)	3	KOH	Yes	
(7) 200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 61-1352729	HEALTHCARE	KY	501(c)(3)	10	JHSMH	Yes	
(8) 200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 61-1029769	HEALTHCARE	KY	501(c)(3)	Type II	CHI	Yes	
(9) 600 MAIN AVE S BAUDETTE, MN 56623 41-0758434	HEALTHCARE	MN	501(c)(3)	3	CHI	Yes	
(10) 600 MAIN AVE S BAUDETTE, MN 56623 41-1893795	FUNDRAISING	ND	501(c)(3)	7	LHC	Yes	
(11) 2700 STEWART PKWY ROSEBURG, OR 97471 93-0821381	SENIOR LIVING	OR	501(c)(3)	10	MMC	Yes	
(12) 905 MAIN ST LISBON, ND 58054 82-0558836	HEALTHCARE	ND	501(c)(3)	3	CHI	Yes	
(13) PO BOX 1447 LUFKIN, TX 75901 82-0563768	PROPERTY MGMT	TX	501(c)(3)	Type I	MHSET	Yes	
(14) 2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2761145	HEALTHCARE	TX	501(c)(3)	3	SJSC	Yes	
(15) 2344 AMSTERDAM ROAD VILLA HILLS, KY 51017 61-0654635	LIVING ASSIST	KY	501(c)(3)	10	FLC	Yes	
(16) 2525 DE SALES AVE CHATTANOOGA, TN 37404 62-1839548	FUNDRAISING	TN	501(c)(3)	7	MHCS	Yes	
(17) 2525 DE SALES AVE CHATTANOOGA, TN 37404 62-0532345	HEALTHCARE	TN	501(c)(3)	3	CHI	Yes	
(18) 5600 BRAINERD RD STE 500 CHATTANOOGA, TN 37411 30-0417049	HEALTHCARE	TN	501(c)(3)	10	MHCS	Yes	
(19) PO BOX 1447 LUFKIN, TX 75902 75-0755367	HEALTHCARE	TX	501(c)(3)	3	CHI	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(81) PO BOX 1447 LUFKIN, TX 75902 76-0436439	HEALTHCARE	TX	501(c)(3)	3	MHSET	Yes	
(1) PO BOX 1447 LUFKIN, TX 75902 75-2663904	HEALTHCARE	TX	501(c)(3)	3	MHSET	Yes	
(2) 1201 FRANK AVE LUFKIN, TX 95904 75-2721155	PHYSICIANS	TX	501(c)(3)	Type I	MHSET	Yes	
(3) PO BOX 1447 LUFKIN, TX 95902 75-2492741	HEALTHCARE	TX	501(c)(3)	3	MHSET	Yes	
(4) 1111 6TH AVE DES MOINES, IA 50314 42-6076069	AUXILIARY	IA	501(c)(3)	Type I	MF-DM IA	Yes	
(5) 1111 6TH AVE DES MOINES, IA 50314 42-1193699	PHYSICIANS	IA	501(c)(3)	10	CHI-IA CORP	Yes	
(6) 1111 6TH AVE DES MOINES, IA 50314 42-1511682	EDUCATION	IA	501(c)(3)	2	CHI-IA CORP	Yes	
(7) 1111 6TH AVE DES MOINES, IA 50314 23-7358794	FUNDRAISING	IA	501(c)(3)	7	CHI-IA CORP	Yes	
(8) 2700 STEWART PKWY ROSEBURG, OR 97471 93-6088946	FUNDRAISING	OR	501(c)(3)	7	MMC	Yes	
(9) PO BOX 368 CORNING, IA 50841 42-1461064	FUNDRAISING	IA	501(c)(3)	Type I	AHMH-Corning	Yes	
(10) 570 CHAUTAUQUA BLVD VALLEY CITY, ND 58072 45-0435338	FUNDRAISING	ND	501(c)(3)	Type I	MHVC	Yes	
(11) 800 MERCY DR COUNCIL BLUFFS, IA 51503 42-1178204	FUNDRAISING	IA	501(c)(3)	Type I	AHBMHS	Yes	
(12) 1031 7TH ST NE DEVILS LAKE, ND 58301 45-0227012	HEALTHCARE	ND	501(c)(3)	3	CHI	Yes	
(13) 1031 7TH ST NE DEVILS LAKE, ND 58301 35-2367360	FUNDRAISING	ND	501(c)(3)	7	MHDL	Yes	
(14) 570 CHAUTAUQUA BLVD VALLEY CITY, ND 58072 45-0226553	HEALTHCARE	ND	501(c)(3)	3	CHI	Yes	
(15) 1301 15TH AVE WEST WILLISTON, ND 58801 45-0231183	HEALTHCARE	ND	501(c)(3)	3	CHI	Yes	
(16) ONE ST JOSEPHS DRIVE CENTERVILLE, IA 52544 42-0680308	HEALTHCARE	IA	501(c)(3)	3	CHI-IA CORP	Yes	
(17) 1111 6TH AVE DES MOINES, IA 50314 42-1470935	PHYSICIANS	IA	501(c)(3)	3	CHI-IA CORP	Yes	
(18) 2700 STEWART PKWY ROSEBURG, OR 97471 93-0386868	HEALTHCARE	OR	501(c)(3)	3	CHI	Yes	
(19) 1301 15TH AVE WEST WILLISTON, ND 58801 45-0381803	FUNDRAISING	ND	501(c)(3)	Type I	MMC	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(101) 7500 S 91ST ST LINCOLN, NE 68526 39-2031968	HEALTHCARE	NE	501(c)(3)	3	CHI NEBRASKA	Yes	
(1) 401 N 9th St BISMARCK, ND 585014507 45-0439894	HEALTHCARE	ND	501(c)(3)	8	NHCA	Yes	
(2) 1200 N 7TH ST OAKES, ND 58474 45-0231675	HEALTHCARE	ND	501(c)(3)	3	CHI	Yes	
(3) 1200 N 7TH ST OAKES, ND 58474 71-0966606	FUNDRAISING	ND	501(c)(3)	Type I	OCH	Yes	
(4) PO BOX 1447 LUFKIN, TX 75902 75-2493116	PROPERTY MGMT	TX	501(c)(3)	Type I	MHSET	Yes	
(5) 2025 HAYES AVENUE SANDUSKY, OH 44870 34-1658625	HEALTHCARE	OH	501(c)(3)	10	FLC	Yes	
(6) 2025 HAYES AVENUE SANDUSKY, OH 44870 34-1826099	HOLDING CO	OH	501(c)(3)	Type II	FLC	Yes	
(7) 5055 PROVIDENCE DRIVE SANDUSKY, OH 44870 34-1896807	LIVING COMM	OH	501(c)(3)	10	FLC	Yes	
(8) 1925 E ORMAN AVE STE G52 PUEBLO, CO 81004 84-1234295	COMMUNITY	CO	501(c)(3)	7	CHIC	Yes	
(9) 12844 MILITARY RD S TUKWILA, WA 98168 91-1170040	HEALTHCARE	WA	501(c)(3)	3	FHS	Yes	
(10) 2864 S CIRCLE DR STE 450 COLORADO SPRINGS, CO 80906 84-1183335	LTERM CARE	CO	501(c)(3)	7	CHIC	Yes	
(11) 25 POCONO RD DENVER, NJ 07834 22-2876836	HEALTHCARE	NJ	501(c)(3)	10	SCHS	Yes	
(12) 25 POCONO RD DENVER, NJ 07834 22-2502997	FUNDRAISING	NJ	501(c)(3)	6	SCHS	Yes	
(13) 25 POCONO RD DENVER, NJ 07834 22-3639733	MANAGEMENT	NJ	501(c)(3)	10	CHI	Yes	
(14) 25 POCONO RD DENVER, NJ 07834 22-3319886	HEALTHCARE	NJ	501(c)(3)	2	SCHS	Yes	
(15) 555 S 70TH ST LINCOLN, NE 68510 47-0625523	FUNDRAISING	NE	501(c)(3)	7	SERMC	Yes	
(16) 555 S 70TH ST LINCOLN, NE 68510 36-3233120	HEALTHCARE	NE	501(c)(3)	3	SERMC	Yes	
(17) 555 S 70TH ST LINCOLN, NE 68510 47-0379836	HEALTHCARE	NE	501(c)(3)	3	CHI NEBRASKA	Yes	
(18) 2620 W FAIDLEY GRAND ISLAND, NE 68803 47-0376601	HEALTHCARE	NE	501(c)(3)	3	CHI NEBRASKA	Yes	
(19) PO BOX 9804 GRAND ISLAND, NE 68802 47-0630267	FUNDRAISING	NE	501(c)(3)	7	SFMC	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(121) 305 ESTILL ST BEREA, KY 40403 26-0152877	FUNDRAISING	KY	501(c)(3)	7	SJHS	Yes	
(1) 200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 61-1334601	HEALTHCARE	KY	501(c)(3)	3	KOH	Yes	
(2) ONE SAINT JOSEPH DRIVE LEXINGTON, KY 40504 61-1159649	FUNDRAISING	KY	501(c)(3)	Type I	SJHS	Yes	
(3) 1001 SAINT JOSEPH LANE LONDON, KY 40741 26-0438748	FUNDRAISING	KY	501(c)(3)	7	SJHS	Yes	
(4) 225 FALCON DR MOUNT STERLING, KY 40353 27-2884584	FUNDRAISING	KY	501(c)(3)	7	SJHS	Yes	
(5) 30 WEST 7TH ST DICKINSON, ND 58601 36-3418207	FUNDRAISING	ND	501(c)(3)	Type I	SJHHC	Yes	
(6) 601 S EDWIN C MOSES BLVD DAYTON, OH 45417 02-0633634	HEALTHCARE	OH	501(c)(3)	7	SHP	Yes	
(7) 110 N MAIN ST STE 500 DAYTON, OH 45402 31-1107411	HEALTHCARE	OH	501(c)(3)	Type I	CHI	Yes	
(8) 104 W 17TH ST SCHUYLER, NE 68661 36-3630014	FUNDRAISING	NE	501(c)(3)	Type I	AHMHS	Yes	
(9) 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 44-0545809	HEALTHCARE	MO	501(c)(3)	3	CHI	Yes	
(10) 900 EAST BROADWAY AVENUE BISMARCK, ND 58501 45-0226711	HEALTHCARE	ND	501(c)(3)	3	CHI	Yes	
(11) 1601 SE COURT AVE PENDLETON, OR 97801 93-0391614	HEALTHCARE	OR	501(c)(3)	3	CHI	Yes	
(12) 1601 SE COURT AVE PENDLETON, OR 97801 93-0992727	FUNDRAISING	OR	501(c)(3)	Type I	SAH	Yes	
(13) FOUR HOSPITAL DR MORRILTON, AR 72110 71-0245507	HEALTHCARE	AR	501(c)(3)	3	SVIMC	Yes	
(14) 401 EAST SPRUCE ST GARDEN CITY, KS 67846 48-0543721	HEALTHCARE	KS	501(c)(3)	3	CHI	Yes	
(15) 401 EAST SPRUCE ST GARDEN CITY, KS 67846 20-0598702	FUNDRAISING	KS	501(c)(3)	Type I	SCH	Yes	
(16) 5942 RENAISSANCE PLACE STE A TOLEDO, OH 43623 27-0163752	LIVING COMM	OH	501(c)(3)	10	FLC	Yes	
(17) 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 93-0433692	HEALTHCARE	OR	501(c)(4)		CHI	Yes	
(18) 2400 ST FRANCIS DR BRECKENRIDGE, MN 56520 41-0729978	LTERM CARE	MN	501(c)(3)	10	CHI	Yes	
(19) 19 POCONO RD DENVILLE, NJ 07834 22-2536017	ELDERLY CARE	NJ	501(c)(3)	8	SCHS	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
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						Yes	No
(141) 2400 ST FRANCIS DR BRECKENRIDGE, MN 56520 41-0695598	HEALTHCARE	MN	501(c)(3)	3	CHI	Yes	
(1) 2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2351158	FUNDRAISING	TX	501(c)(3)	Type II	SJSC	Yes	
(2) 2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2847594	HEALTHCARE	TX	501(c)(3)	10	SJSC	Yes	
(3) 201 INTERNATIONAL CIRCLE STE 212 HUNT VALLEY, MD 21030 52-0591461	HEALTHCARE	MD	501(c)(3)	3	CHI	Yes	
(4) 2801 FRANCISCAN DRIVE BRYAN, TX 77802 20-3159302	HEALTHCARE	TX	501(c)(3)	3	SJSC	Yes	
(5) 201 INTERNATIONAL CIRCLE STE 212 HUNT VALLEY, MD 21030 52-1311775	PHYSICIANS	MD	501(c)(3)	Type I	SJMC	Yes	
(6) 2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-1282696	HEALTHCARE	TX	501(c)(3)	3	SJSC	Yes	
(7) 2801 FRANCISCAN DRIVE BRYAN, TX 77802 45-4088170	HEALTHCARE	TX	501(c)(3)	3	SJSC	Yes	
(8) 2801 FRANCISCAN DRIVE BRYAN, TX 77802 46-3265423	HEALTHCARE	TX	501(c)(3)	10	SJSC	Yes	
(9) 2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2455161	MANAGEMENT	TX	501(c)(3)	Type I	SFH	Yes	
(10) 600 PLEASANT AVE PARK RAPIDS, MN 56470 41-0695603	HEALTHCARE	MN	501(c)(3)	3	CHI	Yes	
(11) 30 WEST 7TH ST DICKINSON, ND 58601 45-0226429	HEALTHCARE	ND	501(c)(3)	3	CHI	Yes	
(12) 8100 CLYO ROAD CENTERVILLE, OH 45458 34-1940863	LIVING COMM	OH	501(c)(3)	10	FLC	Yes	
(13) 6624 FANNIN ST STE 2505 HOUSTON, TX 77030 27-3733278	HEALTHCARE	TX	501(c)(3)	3	SLCDC	Yes	
(14) 6624 FANNIN ST STE 2505 HOUSTON, TX 77030 26-1947374	HEALTHCARE	TX	501(c)(3)	3	SLHS	Yes	
(15) 6624 FANNIN ST STE 2505 HOUSTON, TX 77030 26-0335902	HEALTHCARE	TX	501(c)(3)	3	SLCDC	Yes	
(16) 6624 FANNIN ST STE 1100 HOUSTON, TX 77030 76-0536234	HEALTHCARE	TX	501(c)(3)	3	SLHS	Yes	
(17) 1213 HERMANN DRIVE STE 855 HOUSTON, TX 77004 45-3811485	FUNDRAISING	TX	501(c)(3)	7	SLHS	Yes	
(18) 6624 FANNIN ST STE 1100 HOUSTON, TX 77030 76-0536232	MANAGEMENT	TX	501(c)(3)	Type I	CHI	Yes	
(19) 6624 FANNIN ST STE 2505 HOUSTON, TX 77030 26-3734606	HEALTHCARE	TX	501(c)(3)	3	SLHS	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
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						Yes	No
(161) 6624 FANNIN ST STE 1100 HOUSTON, TX 77030 76-0458535	PHYSICIANS	TX	501(c)(3)	3	SLHS	Yes	
(1) 6624 FANNIN ST STE 1100 HOUSTON, TX 77030 76-0531713	PROPERTY MGMT	TX	501(c)(3)	Type I	CHI-SLH	Yes	
(2) 6624 FANNIN ST STE 1100 HOUSTON, TX 77030 76-0531716	PROPERTY MGMT	TX	501(c)(3)	Type I	SLHS	Yes	
(3) 6624 FANNIN ST STE 2505 HOUSTON, TX 77030 45-4120549	PROPERTY MGMT	TX	501(c)(3)	Type I	SLCDC-SL	Yes	
(4) 1314 3RD AVE NEBRASKA CITY, NE 68410 47-0443636	HEALTHCARE	NE	501(c)(3)	3	CHI NEBRASKA	Yes	
(5) 1314 3RD AVE NEBRASKA CITY, NE 68410 47-0707604	FUNDRAISING	NE	501(c)(3)	7	SMCH	Yes	
(6) TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 51-0169537	FUNDRAISING	AR	501(c)(3)	Type I	SVIMC	Yes	
(7) TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 71-0236917	HEALTHCARE	AR	501(c)(3)	3	CHI	Yes	
(8) TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 71-0830696	HEALTHCARE	AR	501(c)(3)	10	SVIMC	Yes	
(9) 1715 INDIAN WOOD CIR 200 MAUMEE, OH 43537 34-1412964	HEALTHCARE	OH	501(c)(3)	Type I	CHI	Yes	
(10) 1715 INDIAN WOOD CIR 200 MAUMEE, OH 43537 45-5357161	FUNDRAISING	OH	501(c)(3)	Type I	FLC	Yes	
(11) 5000 PROVIDENCE DRIVE SANDUSKY, OH 44870 34-1826097	ASSIST LIVING	OH	501(c)(3)	10	FLC	Yes	
(12) 100 MEDICAL DRIVE LAKE JACKSON, TX 77566 74-1385192	HEALTHCARE	TX	501(c)(3)	3	SLHS	Yes	
(13) 619 OAK ST ACCOUNTING-3 W CINCINNATI, OH 45206 31-0537486	HEALTHCARE	OH	501(c)(3)	3	CHI	Yes	
(14) 110 N MAIN ST STE 500 DAYTON, OH 45402 30-0502367	HEALTHCARE	OH	501(c)(3)	10	CHS	Yes	
(15) 2000 Q ST STE 500 LINCOLN, NE 68503 47-0780857	PHYSICIANS	NE	501(c)(3)	Type I	CHI NEBRASKA	Yes	
(16) 188 INVERNESS DRIVE WEST STE 500 ENGLEWOOD, CO 80112 84-0927232	HEALTHCARE	CO	501(c)(3)	3	CHIC	Yes	
(17) 380 SUMMIT AVENUE STEUBENVILLE, OH 43952 31-1329423	FUNDRAISING	OH	501(c)(3)	Type I	THS	Yes	
(18) 380 SUMMIT AVENUE STEUBENVILLE, OH 43952 34-1818681	HEALTHCARE	OH	501(c)(3)	Type I	SFH	Yes	
(19) 380 SUMMIT AVENUE STEUBENVILLE, OH 43952 30-0752920	HEALTHCARE	OH	501(c)(3)	2	THS	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(181) 380 SUMMIT AVENUE STEUBENVILLE, OH 43952 34-1842025	HEALTHCARE	OH	501(c)(3)	3	THS	Yes	
(1) 819 NORTH FIRST STREET DENNISON, OH 44621 27-5401105	HEALTHCARE	OH	501(c)(3)	3	SFH	Yes	
(2) ONE ROSS PARK BLVD STEUBENVILLE, OH 43952 34-1522484	ASSIST LIVING	OH	501(c)(3)	7	THS	Yes	
(3) 815 SE 2ND ST LITTLE FALLS, MN 56345 41-0721642	HEALTHCARE	MN	501(c)(3)	3	CHI	Yes	
(4) 801 PAGE DR FARGO, ND 58103 45-0226714	LTERM CARE	ND	501(c)(3)	10	CHI	Yes	
(5) 191 WOODPORT RD SPARTA, NJ 07871 22-1768334	HOME HEALTH	NJ	501(c)(3)	8	SCHS	Yes	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) 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) Alegent Health Northwest Imaging Center LLC 3606 N 156th St OMAHA, NE 68116 06-1786985	OP Diagnostics	NE	ACH	Related	-7,263	485,853		No	0	Yes		51 %
(1) Audubon Land Company LLC 630 Southpointe Court 200 COLORADO SPRINGS, CO 80906 84-1513085	Real Estate	CO	CHIC	Related	330,065	9,984,045		No	0		No	73 %
(2) AVON EMERGENCY AND URGENT CARE CENTER LLC 9100 E Mineral Circle Centennial, CO 80112 81-1727282	HEALTHCARE SRVC	CO	CHIC	Related	-1,002,190	6,646,607		No	0	Yes		77 %
(3) BAYLOR CHI ST LUKES HEALTH SERVICES LLC 6624 Fannin St Ste 1100 HOUSTON, TX 77030 47-2079184	HEALTHCARE SRVC	TX	SLHS	Related	0	3,250,000		No	0	Yes		65 %
(4) BERGAN MERCY SURGERY CENTER LLC 7710 Mercy Rd Ste 200 OMAHA, NE 68124 20-8671994	AMBUL SURG CTR	NE	ACH	Related	1,308,113	2,778,497		No	0		No	51 %
(5) BERYWOOD OFFICE PROPERTIES LLC 2501 Citico Avenue CHATTANOGA, TN 37404 62-1875199	PHYS OFFICE	TN	MHCS	Related	133,390	918,922		No	0	Yes		63 %
(6) BLUEGRASS REGIONAL IMAGING CENTER 1218 SOUTH BROADWAY STE 310 LEXINGTON, KY 40504 61-1386736	DIAGNOSTIC IMAGING	KY	SJHS	Related	20,471	3,315,748		No	0		No	65 %
(7) CATHOLIC HEALTH INITIATIVES PHYSICIAN SERVICES LLC 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 46-2945938	PRACTICE MGMT SRVC	DE	CHI	Related	118,502	43,489,364		No	0	Yes		80 %
(8) CENTRAL NEBRASKA REHABILITATION SERVICES LLC 3004 W FAIDLEY AVENUE GRAND ISLAND, NE 68803 81-0653461	Physical Therapy	NE	SFMC	Related	3,452,843	3,798,424		No	0		No	51 %
(9) CENTURA-SCA HOLDINGS LLC 569 BROOK VILLAGE STE 901 BIRMINGHAM, AL 35209 47-4823023	OP SURGERY CENTER	AL	CHIC	Related	238,314	1,149,906		No	0	Yes		65 %
(10) CHI OPERATING INVESTMENT PROGRAM LP 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 47-0727942	INVESTMENTS	CO	CHI	Unrelated	460,894,424	6,934,279,715		No	745,024	Yes		100 %
(11) CHI ST LUKE'S HEALTH EMERGENCY CENTER LLC 6624 Fannin St Ste 1100 HOUSTON, TX 77030 81-0743412	URGENT CARE	TX	SLHS	Related	-2,234,613	19,321,224		No	0	Yes		65 %
(12) CHICAMSURG Surgery Centers LLC 1A Burton Hills Blvd Nashville, TN 37215 46-5683027	SURGERY CENTER	CO	CHIC	Related	38,311	123,437		No	0		No	51 %
(13) CHICLARKIN VENTURES LLC 9100 E Mineral Circle Centennial, CO 80112 47-4210888	URGENT CARE	CO	CHIC	Related	-2,957,202	7,086,404		No	0	Yes		87 %
(14) Colorado Springs CK Leasing LLC 630 Southpointe Court 200 COLORADO SPRINGS, CO 80906 26-2982714	REAL ESTATE	CO	CHIC	Related	506,130	-62,688		No	0	Yes		52 %

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) 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	
(16) HC SL VINTAGE I LLC 18000 W SARAH LANE STE 250 BROOKFIELD, WI 53045 27-0453767	PROPERTY HOLDING	WI	SL HOSP- VINTAGE	Related	1,609,644	53,760,469		No	0		No	51 %
(1) HEALTHCARE SUPPORT SERVICES LLC PO BOX 9804 GRAND ISLAND, NE 68802 72-1546196	LAUNDRY	NE	na	Related	2,752,364	3,361,559		No	0		No	100 %
(2) Heartland Oncology LLC 2337 E Crawford St Salina, KS 67401 46-4265403	ONCOLOGY	KS	SCH	Related	-457,809	1,985,911		No	0		No	51 %
(3) HIGHLINE IMAGING LLC PO BOX 184 BRUSH PRAIRIE, WA 98606 20-0460005	DIAGNOSTIC IMAGING	WA	HMC	Related	998,974	210,552		No	0		No	80 %
(4) LAKESIDE AMBULATORY SURGICAL CENTER LLC 17031 LAKESIDE HILLS DR OMAHA, NE 68130 20-4267902	AMBUL SURG CTR	NE	ACH	Related	3,231,701	934,253		No	0		No	54 %
(5) LAKESIDE ENDOSCOPY CENTER LLC 17001 LAKESIDE HILLS PLZ STE 201 OMAHA, NE 68130 20-5544496	ENDOSCOPY SRVC	NE	ACH	Related	699,620	777,431		No	0		No	51 %
(6) LINCOLN CK LEASING LLC 555 SOUTH 70TH STREET Lincoln, NE 68510 26-2496856	Real Estate	NE	SERMC	Related	1,040,431	650,676		No	0		No	54 %
(7) NEBRASKA SPINE HOSPITAL LLC 6901 N 72ND ST STE 20300 OMAHA, NE 68122 27-0263191	SPINE HOSPITAL	NE	ACH	Related	14,574,331	24,063,010		No	0		No	51 %
(8) NORTH RIVER SURGERY CENTER LLC 2209 WILDWOOD AVE SHERWOOD, AR 72120 71-0799771	AMBUL SURG CTR	AR	SVIMC	Related	213,304	1,526,210		No	0		No	61 %
(9) ORTHOCOLORADO LLC 11650 WEST 2ND PLACE LAKEWOOD, CO 80255 37-1577105	ORTHO HOSPITAL	CO	THC	Related	15,065,598	5,758,345		No	0		No	60 %
(10) PENINSULA RADIATION ONCOLOGY LLC 314 MLK JR WAY STE 11 TACOMA, WA 98405 87-0808610	HEALTHCARE SRVC	WA	FHS	Related	658,480	1,639,249		No	0		No	60 %
(11) Penrad Imaging 1390 Kelly Johnson Blvd COLORADO SPRINGS, CO 80920 84-1072619	Medical Imaging	CO	CHIC	Related	532,329	2,145,214		No	0		No	70 %
(12) PMC HOSPITAL LLC 3100 MAIN ST STE 500 HOUSTON, TX 77002 27-3280598	HOSPITAL	TX	SL CDC-PMC	Related	3,486,396	60,785,684		No	0	Yes		51 %
(13) PRAIRIE HEALTH VENTURES LLC 421 S 9TH ST STE 102 LINCOLN, NE 68508 20-4962103	TECH SRVC	NE	AH-IMC	Related	1,101,304	5,330,749		No	0	Yes		66 %
(14) Pueblo Ambulatory Surgery Center LLC 25 Montebello Rd Pueblo, CO 81003 62-1488737	SURGERY CENTER	CO	CHIC	Related	-83,926	147,188		No	0		No	51 %

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproporionate 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	
(31) Saint JOSEPH - PAML LLC 200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 45-2116736	MGMT SVCS	KY	SJHS	Related	-382,945	203,858		No	0	Yes		63 %
(1) SAINT JOSEPH - SCA HOLDINGS LLC 1451 Harrodsburg RD LEXINGTON, KY 40503 45-3801157	OP SURGERY	DE	SJHS	Related	0	0		No	0	Yes		51 %
(2) SAINT JOSEPH-ANC HOME CARE SERVICES 1700 EDISON DR MILFORD, OH 45150 26-3330545	HOME HEALTH	KY	JHSMH	Related	1,820,204	8,702,616		No	0		No	100 %
(3) SCA Premier Surgery Center of Louisville LLC 200 Abraham Flexner Way LOUISVILLE, KY 40202 72-1386840	SURGERY CENTER	KY	JHSMH	Related	-75,509	1,599,003		No	0		No	51 %
(4) ST FRANCIS LAND COMPANY 5390 N ACADEMY BLVD STE 300 COLORADO SPRINGS, CO 80918 26-3134100	REAL ESTATE	CO	CHIC	Related	245,362	13,709,940		No	0		No	59 %
(5) ST FRANCIS MEDICAL CENTER ASSOCIATES 1717 SOUTH J ST TACOMA, WA 98405 91-1352698	MED OFFICE	WA	FHS	Related	98	0		No	0		No	61 %
(6) ST LUKE'S DIAGNOSTIC CATH LAB LLP 6624 FANNIN ST STE 800 HOUSTON, TX 77030 71-0959365	DIAGNOSTICS	TX	SLHS HOLDINGS	Related	668,977	653,674		No	0		No	57 %
(7) ST LUKE'S LAKESIDE HOSPITAL LLC 6624 FANNIN STE 2505 HOUSTON, TX 77030 30-0427437	HOSPITAL	TX	SL CDC-W	Related	1,519,959	35,885,295		No	0	Yes		51 %
(8) ST LUKE'S THE WOODLANDS SLEEP CENTER LLC 6624 FANNIN STE 800 HOUSTON, TX 77030 46-2795726	DIAGNOSTICS	TX	SLHSH	Related	-97,480	1,146,543		No	0	Yes		51 %
(9) Superior Medical Imaging LLC 5000 North 26th ST LINCOLN, NE 68521 26-2884555	OP Diagnostics	NE	SERMC	Related	9,528	402,804		No	0	Yes		51 %
(10) SURGERY CENTER OF LEXINGTON LLC 200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 62-1179539	SURGERY CENTER	KY	SJHS	Related	55,400	3,649,989		No	0	Yes		51 %
(11) SURGERY CENTER OF LOUISVILLE LLC 200 Abraham Flexner Way LOUISVILLE, KY 40202 62-1179537	SURGERY CENTER	KY	JHSMH	Related	216,645	1,681,716		No	0	Yes		51 %
(12) FRANCISCAN SPECIALTY CARE LLC 680 SOUTH FOURTH STREET LOUISVILLE, KY 40202 81-3725123	HEALTHCARE SRVC	WA	FHS	Related	0	3,878		No	0	Yes		51 %
(13) THREE SPRING IMAGING LLC 1 Mercado St STE 200A DURANGO, CO 81301 81-1174301	HEALTHCARE SRVC	CO	CHIC	Related	0	0		No	0	Yes		51 %

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h)	(i)	
							Percentage ownership	Section 512 (b)(13) controlled entity?	
								Yes	No
(1) Alegent HealthCreighton St Joseph Managed Care Services Inc 12809 West Dodge Rd Omaha, NE 68154 47-0802396	Managed Care	NE	CHI Nebraska	C Corporation	9,007,610	6,374,176	100 %	Yes	
(1) All Saints Insurance Company SPC Ltd PO BOX 10073 APO Georgetown, GRAND CAYMAN KY11001 CJ 98-0556913	Insurance	CJ	CHI	C Corporation	0	0	100 %	Yes	
(2) ALLIANCE HEALTH PROVIDERS OF BRAZOS Valley Inc 2801 FRACNISCAN DRIVE BRYAN, TX 77802 74-2466914	Healthcare	TX	SJSC	C Corporation	255,816	596,751	100 %	Yes	
(3) Alternative Insurance Management Service Inc 3900 OLYMPIC BLVD STE 400 Erlanger, KY 41018 84-1112049	Management Services	CO	CHI	C Corporation	0	6,053,478	100 %	Yes	
(4) AMERICAN NURSING CARE Inc 1700 EDISON DR MILFORD, OH 45150 31-1085414	HOME HEALTH	OH	CHS	C Corporation	87,072,744	60,223,692	100 %	Yes	
(5) AMERIMED INC 1700 EDISON DR MILFORD, OH 45150 31-1158699	HOME HEALTH	OH	ANC	C Corporation	19,796,409	16,432,699	100 %	Yes	
(6) BC HOLDING COMPANY INC 1850 BLUEGRASS AVE LOUISVILLE, KY 40215 31-1542851	Fitness Club	KY	JHSMH	C Corporation	0	0	100 %	Yes	
(7) BrazoSport Health Alliance 1 WEST WAY COURT LAKE JACKSON, TX 77566 76-0518376	Health Care	TX	BRHS	C Corporation	146,745	35,529	100 %	Yes	
(8) Caduceus Medical Associates INC 5600 Brainerd Road Ste 500 Chattanooga, TN 37411 62-1570736	Healthcare	TN	MHCS	C Corporation	0	1,008	100 %	Yes	
(9) Captive Management Initiatives Ltd PO BOX 10073 APO Georgetown, GRAND CAYMAN KY11001 CJ 98-0663022	Captive Management	CJ	CHI	C Corporation	3,500	120,502	100 %	Yes	
(10) Carmona-DeSoto Building Horizontal Property Regime Inc 300 Werner St Hot Springs, AR 71913 71-0771076	Healthcare	AR	CHI-SVHS	C Corporation	0	0	100 %	Yes	
(11) Catholic Health Initiatives Center for Translational Research 198 INVERNESS DRIVE WEST Englewood, CO 80112 27-2269511	Research	CO	CIRI	C Corporation	593,807	1,997,692	100 %	Yes	
(12) CHI St Luke's Health Baylor College of Medicine Medical Center Condominium Assoc 6624 Fannin STE 1100 Houston, TX 77030 46-5079545	Condo Assoc	TX	CHI-SLHBCM	C Corporation	0	0	100 %	Yes	
(13) ClearRiver Health 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-4495960	Insurance	TN	PHPSI	C Corporation	4,366,514	6,164,262	100 %	Yes	
(14) Comcare Services Inc 5570 DTC Parkway Englewood, CO 80111 84-0904813	Inactive	CO	CHIC	C Corporation	0	0	100 %	Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(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
(16) CONSOLIDATED HEALTH SERVICES 1700 EDISON DR MILFORD, OH 45150 31-1378212	HOME HEALTH	OH	CHI	C Corporation	247,400	51,845,030	100 %	Yes	
(1) Des Moines Medical Center Inc 1111 6TH AVE Des Moines, IA 50314 42-0837382	Real Estate	IA	CHI-IA Corp	C Corporation	71,628	1,110,463	93 %	Yes	
(2) Diversified Health Resources Inc 100 MEDICAL DRIVE LAKE JACKSON, TX 77566 76-0222679	Health Care	TX	BRHS	C Corporation	22,921	182,538	100 %	Yes	
(3) East Texas Clinical Services Inc 2801 Via Fortuna 500 Austin, TX 78746 45-4736213	Healthcare	TX	MHSET	C Corporation	44,581,192	35,638,866	100 %	Yes	
(4) First Initiatives Insurance LTD PO BOX 10073 APO Georgetown, GRAND CAYMAN KY11001 CJ 98-0203038	Insurance	CJ	CHI	C Corporation	0	0	100 %	Yes	
(5) Franciscan Services Inc 198 INVERNESS DRIVE WEST Englewood, CO 80112 23-2487967	Healthcare	CO	CHI	C Corporation	0	13,121,352	100 %	Yes	
(6) Good Samaritan Outreach Services PO Box 1990 Kearney, NE 68848 47-0659440	Medical Clinic	NE	CHI Nebraska	C Corporation	448,704	238,478	100 %	Yes	
(7) HarvestPlains Health of Iowa 32129 Weyerhaeuser Way S STE 201 FEDERAL WAY, WA 98001 47-3451750	Insurance	WA	QCHPS	C Corporation	2,707,777	3,405,918	100 %	Yes	
(8) Health Systems Enterprises Inc PO BOX 1990 Kearney, NE 68848 47-0664558	MGMT	NE	GSH	C Corporation	90,144	1,266,555	100 %	Yes	
(9) Healthcare MGMT Services Organization INC 1149 MARKET ST Tacoma, WA 98402 91-1865474	Health Org	WA	FHS	C Corporation	0	0	100 %	Yes	
(10) HeartlandPlains Health 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-4368223	Insurance	NE	PHPSI	C Corporation	6,332,841	4,591,181	100 %	Yes	
(11) Highline Medical Group 1717 S J Street Tacoma, WA 98405 91-1407026	Medical Services	WA	HMC	C Corporation	0	0	100 %	Yes	
(12) Medquest 1301 15TH AVENUE WEST Williston, ND 58801 45-0392137	Sale of DME	ND	MMC Williston	C Corporation	476,061	1,341,631	100 %	Yes	
(13) Memorial CV Service Line Management Company LLC 1201 W Frank Ave Lufkin, TX 75904 46-3622849	Heath Care	TX	MHSET	C Corporation	0	0	100 %	Yes	
(14) Mercy Park Apartments LTD 1111 6th AVE Des Moines, IA 50314 42-1202422	Housing	IA	CHI-IA Corp	C Corporation	1,012,298	3,213,761	100 %	Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
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								Yes	No
(31) Mercy Services Corp 2700 STEWART PARKWAY Roseburg, OR 97471 93-0824308	Retail Sales	OR	MMC	C Corporation	718,096	44,781	100 %	Yes	
(1) MHI Clinical Services 1201 W Frank Ave Lufkin, TX 75904 46-1967952	Healthcare	TX	MHSET	C Corporation	8,216,376	1,714,060	100 %	Yes	
(2) Mountain Management Services Inc 6028 Shallowford Rd Chattanooga, TN 37421 62-1570739	MGMT SVC ORG	TN	MHCS	C Corporation	9,959,066	2,332,098	100 %	Yes	
(3) PATIENT TRANSPORT SERVICES INC 1700 EDISON DR MILFORD, OH 45150 31-1100798	HOME HEALTH	OH	ANC	C Corporation	9,129,926	6,575,470	100 %	Yes	
(4) PhysicianHealth System Network 1149 MARKET ST Tacoma, WA 98402 91-1746721	Health Org	WA	FHS	C Corporation	0	0	100 %	Yes	
(5) QCA Health Plan Inc 12615 Chenal Parkway STE 300 Little Rock, AR 72211 71-0794605	Insurance	AR	QCHI	C Corporation	220,347,460	75,215,779	100 %	Yes	
(6) QualChoice Advantage 32129 WEYERHAEUSER WAY S STE 201 FEDERAL WAY, WA 98001 47-3433912	Insurance	WA	QCPS	C Corporation	12,065,527	5,101,872	100 %	Yes	
(7) QualChoice Health Plan Services Inc (fka CollabHealth Plan Services Inc) 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-1224037	Admin Services	CO	QCHI	C Corporation	70,645,496	188,158,578	100 %	Yes	
(8) QualChoice Health Inc (fka CollabHealth Managed Solutions Inc) 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-1222808	Holding Co	CO	CHI	C Corporation	2,722	-97,729,832	100 %	Yes	
(9) QualChoice Holdings Inc 198 INVERNESS DRIVE WEST Englewood, CO 80112 27-4075520	Holding Co	AR	PHPS	C Corporation	0	10,190	100 %	Yes	
(10) QualChoice Life and Health Insurance Company Inc 12615 Chenal Parkway STE 300 Little Rock, AR 72211 71-0386640	Insurance	AR	QCH	C Corporation	133,112,090	51,130,374	100 %	Yes	
(11) QualChoice of Nebraska 2401 S 73rd St Omaha, NE 68124 81-0738827	Insurance	NE	QCH	C Corporation	0	0	100 %	Yes	
(12) RiverLink Health 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-4380824	Insurance	OH	PHPS	C Corporation	9,313,011	5,354,348	100 %	Yes	
(13) RiverLink Health of Kentucky Inc 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-4828332	Insurance	KY	PHPS	C Corporation	8,544,070	6,502,040	100 %	Yes	
(14) Ross Park Pharmacy Inc 380 SUMMIT AVE STEUBENVILLE, OH 43952 34-1832654	Pharmacy	OH	THS	C Corporation	1,100,838	1,680,883	100 %	Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(46) Saint Clare's Primary Care Inc 66 FORD RD Denville, NJ 07834 22-2441202	Billing Services	NJ	SCCC	C Corporation	0	651,958	100 %	Yes	
(1) SAMARITAN FAMILY CARE INC 40 W FOURTH ST STE 1700 Dayton, OH 45402 31-1299450	Healthcare	OH	SHP	C Corporation	0	0	100 %	Yes	
(2) SJH Services Corporation 198 INVERNESS DRIVE WEST Englewood, CO 80112 23-2307408	Healthcare	CO	FSI	C Corporation	0	1,598,610	100 %	Yes	
(3) SJL PHYSICIAN MANAGEMENT SERVICES INC 424 LEWIS HARGETT CR STE 160 Lexington, KY 40503 27-0164198	Mgmt	KY	SJHS	C Corporation	0	0	100 %	Yes	
(4) SLMT Parking Inc 6624 Fannin STE 800 Houston, TX 77030 76-0637140	Parking	TX	SLHS	C Corporation	1,721,167	-1,156,530	100 %	Yes	
(5) SoundPath Health Inc 32129 Weyerhaeuser Way S STE 201 Federal Way, WA 98001 42-1720801	Insurance	WA	PHPS	C Corporation	198,821,947	55,632,834	100 %	Yes	
(6) St Alexius Health Services Inc 900 East Broadway Avenue Bismarck, ND 58501 45-0402812	Healthcare	ND	SAMC	C Corporation	0	0	100 %	Yes	
(7) St Anthony Development Company 1415 Southgate Pendleton, OR 97801 93-1216943	Athletic Club	OR	SAH	C Corporation	1,610,317	2,059,282	100 %	Yes	
(8) St Joseph Development Company Inc 1717 SOUTH J ST Tacoma, WA 98405 91-1480569	Rental	WA	FSI	C Corporation	4,387,694	34,715,309	100 %	Yes	
(9) St Luke's 6620 Main Condominium Association 6624 Fannin STE 1100 Houston, TX 77030 30-0355517	Condo Assoc	TX	SLPC	C Corporation	0	0	100 %	Yes	
(10) St Luke's Anesthesiology Associates 6624 Fannin STE 1100 Houston, TX 77030 46-1517163	Medical Clinic	TX	CHI-SLH	C Corporation	0	0	100 %	Yes	
(11) St Luke's Episcopal Hospital Physician Hospital Organization Inc 6720 Bertner MC4-262 Houston, TX 77030 76-0377932	PHO	TX	CHI-SLH	C Corporation	0	0	100 %	Yes	
(12) St Luke's Health System Holdings Inc 6624 Fannin STE 800 Houston, TX 77030 76-0637138	Holding Co	TX	SLHS	C Corporation	3,216,555	38,523,789	100 %	Yes	
(13) St Luke's Medical Arts Center I Condominium Association 6624 Fannin STE 1100 Houston, TX 77030 30-0355518	Condo Assoc	TX	SLPC	C Corporation	0	0	100 %	Yes	
(14) St Luke's Medical Tower Condominium Association 6624 Fannin STE 1100 Houston, TX 77030 76-0298751	Condo Assoc	TX	SLMTC	C Corporation	0	0	100 %	Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(61) St Vincent Community Health Services Inc TWO ST VINCENT CIRCLE Little Rock, AR 72205 71-0710785	Healthcare	AR	SVIMC	C Corporation	844,897	27,995,529	100 %	Yes	
(1) StableView Health Inc 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-4373713	Insurance	KY	PHPS	C Corporation	1,645,346	5,436,439	100 %	Yes	
(2) Sugar Land Doctor Group 1317 Lake Point Parkway Sugar Land, TX 77478 45-4270163	Medical Clinic	TX	SLCDC-SL	C Corporation	0	0	100 %	Yes	
(3) The Texas Heart Institute at St Luke's Episcopal Hospital Denton A Cooley B uilding Comdominium Association 6624 Fannin STE 1100 Houston, TX 77030 90-0064009	Condo Assoc	TX	CHI-SLH	C Corporation	0	0	100 %	Yes	
(4) Towson Management Inc 7601 OSLER DR Towson, MD 21204 52-1710750	Mgmt Services	MD	FSI	C Corporation	0	0	100 %	Yes	
(5) TRINITY MANAGEMENT SERVICES ORGANIZATION 380 SUMMIT AVE STEUBENVILLE, OH 43952 34-1471026	Mgmt Services	OH	THS	C Corporation	11,470,832	192,509	100 %	Yes	
(6) Vintage Doctor Group 6624 Fannin STE 1100 Houston, TX 77030	Medical Clinic	TX	CHI-SLH	C Corporation	0	0	100 %	Yes	

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

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	Alegent Health-Bergan Mercy Health System	A	17,085,678	FMV
(1)	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)	Memorial Health System of East Texas	A	4,883,951	FMV
(6)	Enumclaw Regional Hospital Association	A	689,200	FMV
(7)	Flaget Healthcare	A	372,925	FMV
(8)	Franciscan Health System	A	4,660,617	FMV
(9)	Franciscan Villa of South Milwaukee Inc	A	111,885	FMV
(10)	Good Samaritan Hospital	A	406,755	FMV
(11)	The Good Samaritan Hospital of Cincinnati OH	A	2,741,803	FMV
(12)	Highline Medical Center	A	5,362,099	FMV
(13)	Good Samaritan Hospital	A	685,588	FMV
(14)	Jewish Hospital & St Mary's Healthcare	A	14,630,031	FMV
(15)	Lakewood Health Center	A	58,056	FMV
(16)	Lisbon Area Health Services	A	20,565	FMV
(17)	Memorial Health Care System Inc	A	10,651,828	FMV
(18)	Mercy Medical Center	A	1,192,881	FMV
(19)	Mercy Medical Center - Centerville	A	19,742	FMV
(20)	Mercy Medical Center	A	979,664	FMV
(21)	Oakes Community Hospital	A	226,487	FMV
(22)	St Catherine Hospital	A	650,323	FMV
(23)	Saint Elizabeth Regional Medical Center	A	2,799,150	FMV
(24)	St Francis Medical Center	A	306,301	FMV

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

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(26)	St Joseph Community Health	A	60,824	FMV
(1)	Saint Joseph Health System Inc	A	11,491,077	FMV
(2)	St Joseph's Area Health Services	A	38,198	FMV
(3)	St Joseph's Hospital and Health Center	A	4,829,870	FMV
(4)	St Mary's Community Hospital	A	1,746,738	FMV
(5)	St Vincent Infirmary Medical Center	A	8,625,644	FMV
(6)	Unity Family Healthcare	A	659,208	FMV
(7)	Villa Nazareth Inc	A	67,948	FMV
(8)	CHI Health Connect at Home - Fargo	A	127,336	FMV
(9)	St Luke's Health System Corporation	A	28,810,447	FMV
(10)	Harrison Medical Center	A	4,421,174	FMV
(11)	CHI National Home Care	A	238,633	FMV
(12)	St Joseph Health System	A	1,258,255	FMV
(13)	Conway Regional Medical Center	A	256,019	FMV
(14)	ALEGENT CREIGHTON HEALTH FOUNDATION	B	1,237,093	FMV
(15)	St Alexius Medical Center	B	168,240	FMV
(16)	Catholic Health Initiatives Colorado Foundation	B	1,430,424	FMV
(17)	Flaget Memorial Hospital Foundation	B	97,032	FMV
(18)	Good Samaritan Foundation of Cincinnati Inc	B	84,640	FMV
(19)	Good Samaritan Hospital Foundation	B	194,178	FMV
(20)	Highline Medical Center	B	399,726	FMV
(21)	Jewish Hospital & St Mary's Healthcare	B	1,094,809	FMV
(22)	Memorial Health Care System Inc	B	89,966	FMV
(23)	Mercy Foundation Inc	B	247,387	FMV
(24)	Samaritan Behavioral Health	B	178,420	FMV

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

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(51)	St Anthony Hospital	B	96,164	FMV
(1)	St Catherine Hospital Development Foundation	B	84,985	FMV
(2)	Saint Elizabeth Foundation	B	120,558	FMV
(3)	St Francis Medical Center	B	96,063	FMV
(4)	Saint Francis Medical Center Foundation	B	160,112	FMV
(5)	St Joseph's Area Health Services	B	60,129	FMV
(6)	St Mary's Community Hospital	B	82,496	FMV
(7)	St Vincent Foundation	B	487,041	FMV
(8)	Franciscan Foundation	B	474,699	FMV
(9)	Unity Family Healthcare	B	95,568	FMV
(10)	St Joseph's Hospital Foundation	B	115,962	FMV
(11)	St Lukes Community Health Services	B	51,033	FMV
(12)	Mercy Foundation	B	492,348	FMV
(13)	St Joseph Berea Foundation	B	80,372	FMV
(14)	Saint Joseph Mt Sterling Foundation	B	100,600	FMV
(15)	The Community Hospital of Brazosport	D	38,807,104	FMV
(16)	First Initiatives Insurance LTD	F	60,000,000	FMV
(17)	Alegent Health-Bergan Mercy Health System	L	297,823,264	FMV
(18)	Baylor St Luke's Med Ctr McNair	L	728,094	FMV
(19)	Baylor College of Medicine	L	102,784	FMV
(20)	St Alexius Medical Center	L	21,625,904	FMV
(21)	Bluegrass Regional Imaging Center	L	134,109	FMV
(22)	Carrington Health Center	L	4,164,666	FMV
(23)	The Physican Network	L	367,379	FMV
(24)	Catholic Health Initiatives-Colorado	L	22,264,606	FMV

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

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(76)	Catholic Health Initiatives-Iowa Corp	L	148,355,426	FMV
(1)	Memorial Medical Center Livingston	L	565,007	FMV
(2)	Memorial Health System of East Texas	L	17,325,006	FMV
(3)	Memorial Medical Center of San Augustine	L	253,324	FMV
(4)	Continuing Care Hospital	L	2,174,986	FMV
(5)	Enumclaw Regional Hospital Association	L	1,550,971	FMV
(6)	First Initiatives Insurance Ltd	L	360,000	FMV
(7)	Flaget Healthcare	L	10,634,916	FMV
(8)	Franciscan Health System	L	347,729,220	FMV
(9)	Franciscan Villa of South Milwaukee Inc	L	2,448,548	FMV
(10)	Franciscan Medical Group	L	8,343,406	FMV
(11)	Good Samaritan Hospital	L	3,382,314	FMV
(12)	The Good Samaritan Hospital of Cincinnati OH	L	18,916,740	FMV
(13)	Highline Medical Center	L	5,130,172	FMV
(14)	Good Samaritan Hospital	L	9,672,389	FMV
(15)	Jewish Hospital & St Mary's Healthcare	L	133,247,229	FMV
(16)	KYOne Health Medical Group (fka Jewish Physician Group)	L	5,687,146	FMV
(17)	Lakewood Health Center	L	3,471,864	FMV
(18)	Lisbon Area Health Services	L	2,652,927	FMV
(19)	Memorial Health Care System Inc	L	96,080,943	FMV
(20)	Mercy Medical Center	L	31,667,444	FMV
(21)	Mercy Hospital of Devils Lake	L	5,196,987	FMV
(22)	Mercy Hospital of Valley City	L	3,209,255	FMV
(23)	Mercy Medical Center - Centerville	L	555,213	FMV
(24)	Mercy Medical Center	L	18,462,452	FMV

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

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(101)	Nebraska Heart Hospital	L	833,873	FMV
(1)	Oakes Community Hospital	L	2,730,610	FMV
(2)	St Anthony's Hospital Association	L	316,135	FMV
(3)	St Anthony Hospital	L	9,960,791	FMV
(4)	St Catherine Hospital	L	2,799,978	FMV
(5)	Saint Elizabeth Regional Medical Center	L	3,868,782	FMV
(6)	St Francis Medical Center	L	6,800,566	FMV
(7)	Saint Francis Medical Center	L	2,858,563	FMV
(8)	St Joseph Community Health	L	875,645	FMV
(9)	St Joseph Development Company Inc	L	62,326	FMV
(10)	St Joseph Health Ministries	L	422,511	FMV
(11)	Saint Joseph Health System Inc	L	106,517,291	FMV
(12)	St Joseph's Area Health Services	L	10,477,639	FMV
(13)	St Joseph's Hospital and Health Center	L	11,962,461	FMV
(14)	St Mary's Community Hospital	L	528,122	FMV
(15)	St Vincent Infirmary Medical Center	L	96,233,460	FMV
(16)	Regional Hospital for Respiratory and Complex Care	L	173,103	FMV
(17)	Unity Family Healthcare	L	12,912,883	FMV
(18)	Villa Nazareth Inc	L	3,232,591	FMV
(19)	CHI Health Connect at Home - Fargo	L	1,281,273	FMV
(20)	KentuckyOne Health Inc	L	4,676,497	FMV
(21)	St Luke's Health System Corporation	L	155,918,961	FMV
(22)	Harrison Medical Center	L	10,736,203	FMV
(23)	CHI St Vincent Hospital Hot Springs	L	7,365,448	FMV
(24)	CHI National Services	L	626,664	FMV

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(126)	CHI Institute for Research & Innovation	L	479,712	FMV
(1)	Consolidated Health Services	L	26,956,783	FMV
(2)	Qualchoice Health Plan Services	L	3,716,643	FMV
(3)	Prominence Manage Solutions CR	L	224,697	FMV
(4)	CHI National Foundation	L	429,121	FMV
(5)	CHI Living Communities	L	4,198,755	FMV
(6)	Trinity Hospital Twin City	L	689,201	FMV
(7)	Trinity Health System	L	4,235,965	FMV
(8)	St Joseph Health System	L	46,249,250	FMV
(9)	Mercy Medical Center - Newton	L	1,801,724	FMV
(10)	The Community Hospital of Brazosport	L	950,371	FMV
(11)	Conway Regional Medical Center	L	400,592	FMV
(12)	CHI Physician Services LLC	L	44,956,966	FMV
(13)	Alegent Health-Bergan Mercy Health System	S	18,873,085	FMV
(14)	St Alexius Medical Center	S	2,016,581	FMV
(15)	St Rose Ambulatory (fka Central Kansas Medical Center)	S	794,934	FMV
(16)	Catholic Health Initiatives-Colorado	S	6,284,871	FMV
(17)	Catholic Health Initiatives-Iowa Corp	S	7,207,201	FMV
(18)	Enumclaw Regional Hospital Association	S	722,175	FMV
(19)	Memorial Health System of East Texas	S	3,084,173	FMV
(20)	Flaget Healthcare	S	1,770,744	FMV
(21)	Franciscan Health System	S	11,578,752	FMV
(22)	Franciscan Villa of South Milwaukee Inc	S	374,471	FMV
(23)	Good Samaritan Hospital	S	2,640,329	FMV
(24)	The Good Samaritan Hospital of Cincinnati OH	S	65,857,627	FMV

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

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(151)	Highline Medical Center	S	3,661,853	FMV
(1)	Good Samaritan Hospital	S	87,528,899	FMV
(2)	Jewish Hospital & St Mary's Healthcare	S	86,750,582	FMV
(3)	Lakewood Health Center	S	376,862	FMV
(4)	Lisbon Area Health Services	S	205,338	FMV
(5)	Memorial Health Care System Inc	S	10,695,137	FMV
(6)	Mercy Medical Center	S	2,270,594	FMV
(7)	Mercy Medical Center - Centerville	S	197,095	FMV
(8)	Mercy Medical Center	S	1,185,887	FMV
(9)	Oakes Community Hospital	S	215,641	FMV
(10)	St Catherine Hospital	S	938,927	FMV
(11)	Saint Elizabeth Regional Medical Center	S	3,243,993	FMV
(12)	St Francis Medical Center	S	657,211	FMV
(13)	St Joseph Community Health	S	78,416	FMV
(14)	Saint Joseph Health System Inc	S	15,652,103	FMV
(15)	St Joseph's Area Health Services	S	247,951	FMV
(16)	St Joseph's Hospital and Health Center	S	1,888,556	FMV
(17)	St Mary's Community Hospital	S	1,460,660	FMV
(18)	St Vincent Infirmary Medical Center	S	12,727,191	FMV
(19)	Unity Family Healthcare	S	1,000,823	FMV
(20)	Villa Nazareth Inc	S	665,037	FMV
(21)	CHI Health Connect at Home - Fargo	S	165,502	FMV
(22)	St Luke's Health System Corporation	S	10,331,281	FMV
(23)	Harrison Medical Center	S	4,506,821	FMV
(24)	The Community Hospital of Brazosport	S	67,635	FMV

Form 990, Schedule R, Part V - Transactions With Related Organizations			
(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(176) Consolidated Health Services	S	459,045	FMV