

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2000

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public
Inspection

A For the 2000 calendar year, OR tax year period beginning January 1, 2000, and ending December 31, 2000	
B Check if <input type="checkbox"/> Change of address <input type="checkbox"/> Change of name <input type="checkbox"/> Initial return <input checked="" type="checkbox"/> Final return <input type="checkbox"/> Amended return	C Name of organization Catholic Health System Number and street (or P. O. box if mail is not delivered to street address) Room/suite 515 Abbott Road City or town State or Country ZIP code Buffalo NY 14220
D Employer identification number 22-2565278	
E Telephone number 716-828-2750	
F Check <input type="checkbox"/> If application is pending	

G Organization type (check only one) ☒ 501(c)(3) (insert no.) ☐ 527 or ☐ 4947(a)(1)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts MUST attach a completed Schedule A (Form 990 or 990-EZ)

J Accounting method ☐ Cash ☒ Accrual ☐ Other (specify)**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

Note: H and I are not applicable to section 527 orgs.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes" enter number of affiliates**H(c)** Are all affiliates included? ☐ Yes ☐ No

(If "No" attach a list. See inst.)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☒ Yes ☐ No**I** Enter 4-digit group exemption number (GEN) **0928****L** Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ) ☒**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

(See Specific Instructions on page 16)

1 Contributions, gifts, grants, and similar amounts received	1a	1b	1c	1d
a Direct public support				
b Indirect public support				
c Government contributions (grants)				
d Total (add lines 1a through 1c) (cash \$ noncash \$)				0
2 Program service revenue including government fees and contracts (from Part VII, line 93)				2
3 Membership dues and assessments				3 36,234,353
4 Interest on savings and temporary cash investments				4 442,246
5 Dividends and interest from securities				5 81,664
6a Gross rents				
b Less rental expenses				
c Net rental income or (loss) (subtract line 6b from line 6a)				6c 0
7 Other investment income (describe)				7
8a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
b Less cost or other basis and sales expenses				
c Gain or (loss) (attach schedule)				
d Net gain or (loss) (combine line 8c, columns (A) and (B))				8d 0
9 Special events and activities (attach schedule)				
a Gross revenue (not including \$ of contributions reported on line 1a)				
b Less direct expenses other than fundraising expenses				
c Net income or (loss) from special events (subtract line 9b from line 9a)				9c 0
10a Gross sales of inventory, less returns and allowances				
b Less cost of goods sold				
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)				10c 0
11 Other revenue (from Part VII, line 103)				11 1,777,247
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)				12 38,535,510
13 Program services (from line 44, column (B))				13 38,535,669
14 Management and general (from line 44, column (C))				14 0
15 Fundraising (from line 44, column (D))				15 0
16 Payments to affiliates (attach schedule)				16
17 Total expenses (add lines 16 and 44, column (A))				17 38,535,669
18 Excess or (deficit) for the year (subtract line 17 from line 12)				18 -159
19 Net assets or fund balances at beginning of year (from line 73, column (A))				19 -2,148,772
20 Other changes in net assets or fund balances (attach explanation)				20 -5,145,515
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)				21 -7,294,446

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GARDEN, UTAH

Statement #1

(HTA)

Form 990 (2000)

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Assets

For Paperwork Reduction Act Notice, see page 1 of the separate instructions

D

20

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 20.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22 0			
23 Specific assistance to individuals (attach schedule)	23 0			
24 Benefits paid to or for members (attach schedule)	24 0			
25 Compensation of officers, directors, etc	25 1,309,446	1,309,446		
26 Other salaries and wages	26 22,717,094	22,717,094		
27 Pension plan contributions	27 70,201	70,201		
28 Other employee benefits	28 3,699,338	3,699,338		
29 Payroll taxes	29 995,170	995,170		
30 Professional fundraising fees	30 0			
31 Accounting fees	31 427,854	427,854		
32 Legal fees	32 528,425	528,425		
33 Supplies	33 146,643	146,643		
34 Telephone	34 25,852	25,852		
35 Postage and shipping	35 9,245	9,245		
36 Occupancy	36 132,980	132,980		
37 Equipment rental and maintenance	37 21,452	21,452		
38 Printing and publications	38 7,289	7,289		
39 Travel	39 92,502	92,502		
40 Conferences, conventions, and meetings	40 92,734	92,734		
41 Interest	41 1,667,218	1,667,218		
42 Depreciation, depletion, etc (attach schedule)	42 1,471,414	1,471,414		
43 Other expenses (itemize) a dues	43a 2,636,118	2,636,118		
b Public Relations	43b 429,822	429,822		
c Contracted Services	43c 499,939	499,939		
d Consulting Fees	43d 507,887	507,887		
e Miscellaneous Expenses	43e 1,047,046	1,047,046		
f	43f 0			
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44 38,535,669	38,535,669	0	0

Reporting of Joint CostsDid you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____

(ii) the amount allocated to Program services \$ _____

(iii) the amount allocated to Management and general \$ _____

and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

(See Specific Instructions on page 23.)

What is the organization's primary exempt purpose? See Statement #2

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others.)

a To provide administrative and management assistance to related tax exempt organizations	38,535,669
(Grants and allocations \$ _____)	
b	
(Grants and allocations \$ _____)	
c	
(Grants and allocations \$ _____)	
d	
(Grants and allocations \$ _____)	
e Other program services (attach schedule)	(Grants and allocations \$ _____)
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	38,535,669

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Part IV Balance Sheets

(See Specific Instructions on page 23)

Note. Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
Assets				
45	Cash - non-interest-bearing	2,110,079	45	358,518
46	Savings and temporary cash investments	3,940,078	46	4,855,289
47a	Accounts receivable			
b	Less allowance for doubtful accounts		47c	0
48a	Pledges receivable			
b	Less allowance for doubtful accounts		48c	0
49	Grants receivable		49	
50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
51a	Other notes and loans receivable (attach schedule)			
b	Less allowance for doubtful accounts		51c	0
52	Inventories for sale or use		52	
53	Prepaid expenses and deferred charges	1,015,614	53	379,596
54	Investments - securities (attach schedule) St #3 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	2,685,927	54	2,863,335
55a	Investments - land, buildings, and equipment basis			
b	Less accumulated depreciation (attach schedule)		55c	0
56	Investments - other (attach schedule)	0	56	0
57a	Land, buildings, and equipment basis	7,947,070		
b	Less accumulated depreciation (attach schedule) Statement #4	-3,867,043	57c	4,080,027
58	Other assets (describe Statement #5)	20,406,468	58	17,468,200
59	Total assets (add lines 45 through 58) (must equal line 74)	34,864,861	59	30,004,965
Liabilities				
60	Accounts payable and accrued expenses	6,947,150	60	9,661,578
61	Grants payable		61	
62	Deferred revenue		62	
63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
64a	Tax-exempt bond liabilities (attach schedule)		64a	
b	Mortgages and other notes payable (attach schedule) Statement #6	24,458,707	64b	23,286,748
65	Other liabilities (describe Statement #7)	5,607,776	65	4,351,086
66	Total liabilities (add lines 60 through 65) To provide administrative and management	37,013,633	66	37,299,412
Net Assets or Fund Balances				
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
67	Unrestricted	-2,148,772	67	-7,294,447
68	Temporarily restricted		68	
69	Permanently restricted		69	
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
70	Capital stock, trust principal, or current funds		70	
71	Paid-in or capital surplus, or land, bldg, and equipment fund		71	
72	Retained earnings, endowment, accumulated income, or other funds		72	
73	Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)	-2,148,772	73	-7,294,447
74	Total liabilities and net assets/fund balances (add lines 66 and 73)	34,864,861	74	30,004,965

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-B	Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
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(List each one even if not

(List each one even if not

[illegible]☒ No

Form 990 (2000)

Part VI Other Information (See Specific Instructions on pages 26)		N/A	Yes or No
76	Did the organization engage in any activity not previously reported to the Internal Revenue Service? If "Yes," attach a detailed description of each activity	76	No
77	Were any changes made in the organizing or governing documents, but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77	No
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	No
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	Yes
b	If "Yes," enter the name of the organization _____ Statement #9 _____ and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt		
81a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81	81a	None
b	Did the organization file Form 1120-POL for this year?	81b	N/A
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	No
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions for reporting in Part III.)	82b	N/A
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Yes
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Yes
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations (a) Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b	N/A
c	Dues, assessments, and similar amounts from members	85c	
No	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	0
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) orgs - Enter (a) Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) orgs - Enter a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	No
89a	501(c)(3) organizations - Enter Amount of tax paid during the year under section 4911 None, section 4912 None, section 4955 None		
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89	No
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under section 4912, 4955 and 4958		None
d	Enter Amount of tax in 89c, above, reimbursed by the organization		None
90a	List the states with which a copy of this return is filed _____		
b	Number of employees employed in the pay period that includes March 12, 2000 (See inst.)	90b	466
91	The books are in care of Mark C. Schoell Telephone no 716 828-2750 Located at 515 Abbott Road, Suite 508, Buffalo, NY ZIP code 14220		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here enter the amount of tax-exempt interest received or accrued during the tax year	92	

Part VII Analysis of Income-Producing Activities

(See Specific Instructions on pages 30.)

Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					36,234,353
95 Interest on savings and temporary cash investments			14	442,246	
96 Dividends and interest from securities			14	81,664	
97 Net rental income (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue <u>Other Rev (Exp Reimb)</u>					1,777,247
b					
c					
d					
e					
104 Subtotal (add cols (B), (D), and (E))		0		523,910	38,011,600
105 TOTAL (add line 104, columns (B), (D), and (E))					38,535,510

Note (Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.)

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes

(See Specific Instructions on page 31.)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
94	Dues and assessments are used to provide services to the tax exempt facility in a manner consistent with its mission of enhancing the facility
103A	Provides for rebates toward supply / equipment purchased at a discount This is a return of funds previously paid, not considered unrelated business income

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities

(See Specific Instructions on page 31.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts

(See Specific Instructions on page 31.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Please Sign Here	Under penalties of perjury I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. (IMPORTANT: See General Instruction W on page 14.)			
	Signature of officer <i>Mark C. Schoell</i>	Date <i>11/14/2001</i>	Type or print name Mark C. Schoell	Title VP of Finance
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
	Firm's name (or yours if self-employed) and address, and ZIP code	EIN Phone ()		

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

2000

Department of the Treasury
Internal Revenue Service

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Name of the organization
Catholic Health System

Employer identification number
22-2565278

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions List each one If there are none, enter "None ")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Brian D'Arcy 515 Abbott Rd , Buffalo, NY 14220	CHS Medical Director	185,300	839	
Marcia Reissig 515 Abbott Rd , Buffalo, NY 14220	VP, Home Health Ca	120,541	10,708	
Maureen Buckley 515 Abbott Rd , Buffalo, NY 14220	Director of Case Man	89,684	10,064	
Gary Catarella 515 Abbott Rd , Buffalo, NY 14220	VP, Lab Services	81,951	8,300	
Maria Foti 515 Abbott Rd , Buffalo, NY 14220	VP, Planning and Mkt	75,171	10,607	
Total number of other employees paid over \$50,000	12			

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Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 1 of the instructions List each one (whether individuals or firms) If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Shared Medical Services Malvern, PA 19355	Information Systems Management	2,177,575
Price Waterhouse Coopers, LLP Syracuse, NY 13202	Auditing Services	636,010
Phillips, Lytle, Hitchcock, et, al Buffalo, NY 14203	Legal Services	304,389
Healthcare Association of NYS New York, NY 10087	Healthcare Education Services	267,944
Computer Task Group, Inc Charlotte, NC 28260	Information Systems Management	130,219
Total number of others receiving over \$50,000 for professional services	11	

Part III Statements About Activities

Yes No

- 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum?

1 X

If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities

Organizations that made an election under section 501(h) by filing Form 5768 must complete

Part VI-A Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities

- 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary

a Sale, exchange, or leasing of property?

2a X

b Lending of money or other extension of credit?

2b X

c Furnishing of goods, services, or facilities?

2c X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

Statement #8

2d X

e Transfer of any part of its income or assets?

2e X

If the answer to any question is "Yes," attach a detailed statement explaining the transactions

- 3 Does the organization make grants for scholarships, fellowships, student loans, etc.?

3 X

4a Do you have a section 403(b) annuity plan for your employees?

4a X

b Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments (See page 2 of the instructions)

Part IV Reason for Non-Private Foundation Status

(See pages 2 through 4 of the instructions)

The organization is not a private foundation because it is (please check only ONE applicable box)

- 5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V, page 5)
- 7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 ☐ A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A)
- 11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)
- 11b ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule below)
- 12 ☒ 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 charitable, etc., 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) (Also complete the Support Schedule in Part IV-A)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

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MAY 14 2003

OGDEN:UTAH

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)

(b) Line number
from above

- 14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions)

Part IV-A Support Schedule

(Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting

NOTE You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)					0
16 Membership fees received	13,874,942	6,340,662	1,905,705	2,358,331	24,479,640
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose					0
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	469,302	507,382	454,253	356,591	1,787,528
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.	2,053,361	1,129,682	637,537	0	3,820,580
23 Total of lines 15 through 22	16,397,605	7,977,726	2,997,495	2,714,922	30,087,748
24 Line 23 minus line 17	16,397,605	7,977,726	2,997,495	2,714,922	30,087,748
25 Enter 1% of line 23	163,976	79,777	29,975	27,149	
26 Organizations described in lines 10 or 11	a Enter 2% of amount in column (e), line 24				26a 0
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts.					26b
c Total support for section 509(a)(1) test. Enter line 24, column (e).					26c 0
d Add: Amounts from column (e) for lines 18 <u>0</u> 19 <u>0</u>					26d 0
22 <u>0</u> 26b <u>0</u>					26e 0
e Public support (line 26c minus line 26d total)					26f 0 00%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
27 Organizations described on line 12	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year.				
(1999) _____ (1998) _____ (1997) _____ (1996) _____					
b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of all these differences (the excess amounts) for each year.					
(1999) _____ (1998) _____ (1997) _____ (1996) _____					
c Add: Amounts from column (e) for lines 15 <u>0</u> 16 <u>24,479,640</u>					27c 24,479,640
17 <u>0</u> 20 <u>0</u> 21 <u>0</u>					27d 0
d Add: Line 27a total <u>0</u> and line 27b total <u>0</u>					27e 24,479,640
e Public support (line 27c minus line 27d total)					27f 30,087,748
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e).					27g 81 36%
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27h 5 94%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					

28 Unusual Grants. For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See page 5 of the instructions.)

Part V Private School Questionnaire

(See page 5 of the instructions)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)		
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities?		
If you answered "Yes" to any of the above, please explain (If you need more space, attach a statement)		
34a Does the organization receive any financial aid or assistance from a governmental agency?		
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

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Part VI-A Lobbying Expenditures by Electing Public Charities

(See page 7 of the instructions)

(To be completed ONLY by an eligible organization that filed Form 5768)

- Check here **a** ☐ If the organization belongs to an affiliated group
- Check here **b** ☐ If you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38	0	0
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40	0	0
41 Lobbying nontaxable amount Enter the amount from the following table -			
If the amount on line 40 is -	The lobbying nontaxable amount is -		
Not over \$500,000	20% of the amount on line 40		
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	0	0
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		
42 Grassroots nontaxable amount (enter 25% of line 41)	42	0	0
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	0	0
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	0	0

Caution If there is an amount on either line 43 or line 44, file Form 4720

4 - Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
See the instructions for lines 45 through 50 on page 9 of the instructions)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
45 Lobbying nontaxable amount					0
46 Lobbying ceiling amount (150% of line 45(e))					0
47 Total lobbying expenditures					0
48 Grassroots nontaxable amount					0
49 Grassroots ceiling amount (150% of line 48(e))					0
50 Grassroots lobbying expenditures					0

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting by organizations that did not complete Part VI-A) (See page 9 of the instructions)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a** Volunteers
- b** Paid staff or management (include compensation in expenses reported on lines c through h)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies demonstrations, seminars conventions, speeches lectures or any other means
- i** Total lobbying expenditures (add lines c through h)

Yes	No	Amount
		0

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If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

(See page 9 of the instructions)

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

[illegible]

☐ Yes ☒ No

[illegible]

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Line 58 (Form 990) - Other Assets

		Beginning	End
1 Due from affiliates	1	20,406,468	17,468,200
2	2		
3	3		
4	4		
5	5		
6	6		
7	7		
8	8		
9	9		
10	10		
11 Total other assets		20,406,468	17,468,200

Line 65 (Form 990) - Other Liabilities

		Beginning	End
1 IHA Liability	1	5,607,776	4,351,086
2	2		
3	3		
4	4		
5	5		
6	6		
7	7		
8	8		
9	9		
10	10		
11 Total other liabilities		5,607,776	4,351,086

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OGDEN, UTAH

Statement #1

Catholic Health System
Form 990
As of December 31, 2000

22-2565278

Part I - Line 20 - Other changes in net assets or fund balances

Transfer to affiliate (Our Lady Of Victory)	<u>(5,145,515)</u>
	<u><u>\$ (5,145,515)</u></u>

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Statement # 2

Catholic Health System
Form 990
As of December 31, 2000

22-2565278

Part III - Organization's Primary Purpose

Catholic Health System, Inc was incorporated as a New York state not-for-profit member corporation which operates for the charitable, scientific, educational and religious purposes of supporting and strengthening the health ministries of the Roman Catholic Church. The Catholic Health System is jointly sponsored by Catholic Health East, Ascension Health, The Franciscan Sisters of St Joseph, and the Diocese of Buffalo.

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Statement #3

22-2565278

Catholic Health System
Form 990
As of December 31, 2000

Part IV - INVESTMENTS - SECURITIES

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>
JOINT VENTURE IN MCAULEY SETON	279,500	279,500
LT INVESTMENT - MCAULEY MERCY	181,767	181,767
AWUIL - CAPITAL B	2,224,660	2,402,068
TOTALS	<u>2,685,927</u>	<u>2,863,335</u>

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OGDEN, UTAH

Statement #4

22-2565278

Catholic Health System
Form 990
As of December 31, 2000

Part IV - FIXED ASSETS

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
EQUIPMENT	\$ 4,631,974 00	\$ 7,608,847 00
LEASEHOLD IMPROVEMENTS	36,010	36,010
CONSTRUCTION IN PROGRESS	2,431,110	302,213
	<u>7,099,094</u>	<u>7,947,070</u>
ACCUMULATED DEPRECIATION	<u>(2,392,399)</u>	<u>(3,867,043)</u>
NET BOOK VALUE	<u><u>4,706,695</u></u>	<u><u>4,080,027</u></u>

NOTE DEPRECIATION IS COMPUTED USING THE STRAIGHT-LINE METHOD OVER
ESTIMATED USEFUL LIVES OF THE ASSETS

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Statement #5

22-2565278

Catholic Health System
Form 990
As of December 31, 2000

Part IV - Line 58 - OTHER ASSETS

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>
Due From Affiliates	<u>\$ 20,406,468 00</u>	<u>\$ 17,468,200 00</u>

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MAY 14 2003
SALT LAKE CITY, UTAH

Statement #6

22-2565278

Catholic Health System
Form 990
As of December 31, 2000

Part IV - Mortgages and Other Notes Payables

	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>
Lender M & T Bank - Line of Credit		
Repayment Terms Various		
Security Provided Assets of Organization		
Purpose of Loan Provide Working Capital	13,996,041	13,996,041
Lender Capital Lease - Tokai		
Repayment Terms Various		
Security Provided Assets of Organization		
Purpose of Loan Provide Working Capital	351,918	107,762
Lender Capital Lease - Morcroft		
Repayment Terms Various		
Security Provided Assets of Organization		
Purpose of Loan Provide Working Capital	972,258	531,678
Lender Capital Lease - GE		
Repayment Terms Various		
Security Provided Assets of Organization		
Purpose of Loan Provide Working Capital	555,711	350,919
Lender Fleet Healthcare (Formerly Sanwa)		
Repayment Terms Various		
Security Provided Equipment		
Purpose of Loan Provide Working Capital	8,582,779	8,300,348
	<u>24,458,707</u>	<u>23,286,748</u>

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MAY 14 2003

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Catholic Health System
Form 990
As of December 31, 2000

Statement #7
22-2565278

Part IV - Line 65 - OTHER LIABILITIES

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>
IHA Liability	<u>\$ 5,607,776 00</u>	<u>\$ 4,351,085 96</u>

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**Catholic Health System
Form 990**

As of December 31, 2000

**22-2565278
Statement #8**

Part V - List of Officers, Directors and Trustees

Name and Address	Title and Time Devoted to Position	Compensation	Contributions to Employee Benefit Plan	Expenses and other allowances
Paul J Battaglia Freed, Maxsick & Battaglia One Evans Street Balavia, New York 14020	Director As needed	None	None	None
Paul D Bauer 19 Spndrift Ct, Apt 3 Williamsville, NY 14221	Vice Chairman As needed	None	None	None
James E Biddle Mader Construction 970 Bullis Road Elma, New York 14059	Treasurer As needed	None	None	None
Joseph J Castiglia 210 South Grove Street, Suite 290 East Aurora, New York 14052	Chairman As needed	None	None	None
Mecca S Cranley, Ph D University of Buffalo 1010 Kimball Tower 3435 Main Street Buffalo, New York 14214	Director As needed	None	None	None

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**Catholic Health System
Form 990**

As of December 31, 2000

22-2565278

Statement #8

Part V - List of Officers, Directors and Trustees

Name and Address	Title and Time Devoted to Position	Compensation	Contributions to Employee Benefit Plan	Expenses and other allowances
Judge Hugh Scott US District Court, Western Division of NY 5th Fl Courthouse, 68 Court Street Buffalo, NY 14202	Director As needed	None	None	None
Joseph Anain, Sr., MD 2121 Main Street Suite 316 Buffalo, NY 14214	Director As needed	None	None	None
James P. Giambone Associated Physicians of WNY 1616 Kensington Avenue Buffalo, New York 14215	Director As needed	None	None	None
Sister Nancy Hoff, RSM Sisters of Mercy of the Americas 625 Abbott Road Buffalo, New York 14220	Secretary As needed	None	None	None
Rev. Msgr. Henry J. Gugino Catholic Charities of Buffalo 525 Washington Street Buffalo, New York 14203	Director As needed	None	None	None

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Catholic Health System

Form 990

As of December 31, 2000

22-2565278

Statement #8

Part V - List of Officers, Directors and Trustees

Name and Address	Title and Time Devoted to Position	Compensation	Contributions to Employee Benefit Plan	Expenses and other allowances
Ralph E. Macey The Chase Manhattan Bank 2300 Main Place Tower Buffalo, New York 14202	Director As needed	None	None	None
Sister Marilyn Perkins, DC Daughters of Charity Northeast DePaul Provincial House 96 Menands Road Albany, New York 12204	Director As needed	None	None	None
Bertram Portin, M.D. 50 Stonecroft Lane Buffalo, New York 14226	Director As needed	None	None	None
Arthur A. Russ Albrecht Maguire, Heffern & Gregg, PC 2100 Main Place Tower Buffalo, New York 14202	Director As needed	None	None	None
Datta Wagle, MD Main Urology Associates, PC 6645 Main Street Williamsville, New York 14221	Director As needed	None	None	None
Stephen Westlake Catholic IPA, LLC 515 Abbott Road, Suite 508 Buffalo, New York 14220	Director As needed	None	None	None

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IRS - OSC - 623

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**Catholic Health System
Form 990
As of December 31, 2000**

**22-2565278
Statement #8**

Part V - List of Officers, Directors and Trustees

Name and Address	Title and Time Devoted to Position	Compensation	Contributions to Employee Benefit Plan	Expenses and other allowances
Anthony Markello 279 Greenwood Court East Aurora, NY 14052	Director As needed	None	None	None
Carl J. Montante Uniland Development Co University Corp Ctr @ Amherst 100 Corporate Pkwy, Suite 500 Amherst, NY 14226	Director As needed	None	None	None
Dale S. St. Arnold Catholic Health System 515 Abbott Road, Suite 508 Buffalo, New York 14220	President & CEO Full Time	\$ 406,352	11,907	None
Kerry Garrigan Catholic Health System 515 Abbott Road, Suite 508 Buffalo, New York 14220	CAO Full Time	\$ 266,878	11,265	None
Sr Sally Maloney Catholic Health System 515 Abbott Road, Suite 508 Buffalo, New York 14220	Sr VP - Mission Integration	105,144	None	None
Matthew Hamp Catholic Health System 515 Abbott Road, Suite 508 Buffalo, New York 14220	Sr VP - Corporate Services	168,736	10,870	None

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MAY 14 2003

OGDEN, UTAH

**Catholic Health System
Form 990
As of December 31, 2000**

**22-2565278
Statement #8**

Part V - List of Officers, Directors and Trustees

Name and Address	Title and Time Devoted to Position	Compensation	Contributions to Employee Benefit Plan	Expenses and other allowances
Charles B. Scully Catholic Health System 515 Abbott Road, Suite 508 Buffalo, New York 14220	CIO	\$ 197,645	13,500	None
Thomas Briody Catholic Health System 515 Abbott Road, Suite 508 Buffalo, New York 14220	Sr VP - Senior Services	\$ 164,691	4,737	None
Grand Totals		\$ 1,309,446	\$ 52,279	None

Note: The Board of Directors are a voluntary service. No compensation, contributions to benefit plans, or expense account allowances are provided for board services. Compensation listed above is for service as an employee and not related to Board of Director service.

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OGDEN, UTAH

Catholic Health System
Form 990
As of December 31, 2000

Statement #9
22-2565278

Part VI - Other Information

line 80b

The organization is jointly sponsored by Ascension Health, Catholic Health East, the Diocese of Buffalo and The Franciscan Sisters of St Joseph

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