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Return of Organization Exempt From Income Tax

OMB No 1545-0047

2001

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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 2001 calendar year, OR tax year beginning 1/1/2001, and ending 12/31/2001

B Check if applicable

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☒ Final return
- ☐ Amended return
- ☐ Application pending

Please
use IRS
label or
print or
type
See
Specific
Instruc-
tions

C Name of organization

Catholic Health System

Number and street (or P.O. box if mail is not delivered to street address)

515 Abbott Rd

City or town

Buffalo

State or country

NY

Room/suite

ZIP + 4

14220

D Employer identification number

22-2565278

E Telephone number

716-828-2750

F Accounting method

☐ Other (specify)☐ Cash ☒ Accrual

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

H and I are not applicable to section 527 organizations

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 instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☒ Yes ☐ No

I Enter 4-digit GEN 0928

M Check ☒ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

G Web site

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

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12

50,491,357

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

a Direct public support

b Indirect public support

c Government contributions (grants)

d Total (add lines 1a through 1c) (cash \$ noncash \$) 1d 0

2 Program service revenue including government fees and contracts (from Part VII, line 93)

3 Membership dues and assessments

4 Interest on savings and temporary cash investments

5 Dividends and interest from securities

6a Gross rents

b Less rental expenses

c Net rental income (or loss) (subtract line 6b from line 6a)

7 Other investment income (describe)

8a Gross amount from sales of assets other than inventory

b Less cost of other basis and sales expenses

c Gain or (loss) (attach schedule)

d Net gain or (loss) (combine line 8c columns (A) and (B))

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)

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)

12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)

13 Program services (from line 44, column (B))

14 Management and general (from line 44, column (C))

15 Fundraising (from line 44, column (D))

16 Payments to affiliates (attach schedule)

17 Total expenses (add lines 16 and 44, column (A))

18 Excess or (deficit) for the year (subtract line 17 from line 12)

19 Net assets or fund balances at beginning of year (from line 73, column (A))

20 Other changes in net assets or fund balances (attach explanation) (Statement #1)

21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)

R
e
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e

| (A) Securities | (B) Other |
|----------------|-----------|
| 8a | |
| 8b | |
| 8c | 0 |

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Ex-
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sesNet
Assets

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 21.)

| 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 | | | |
| 25 | Compensation of officers, directors, etc | 25 | 1,731,327 | 1,731,327 | |
| 26 | Other salaries and wages | 26 | 26,359,762 | 26,359,762 | |
| 27 | Pension plan contributions | 27 | 74,773 | 74,773 | |
| 28 | Other employee benefits | 28 | 3,920,663 | 3,920,663 | |
| 29 | Payroll taxes | 29 | 1,244,114 | 1,244,114 | |
| 30 | Professional fundraising fees | 30 | 0 | 0 | |
| 31 | Accounting fees | 31 | 397,400 | 397,400 | |
| 32 | Legal fees | 32 | 455,101 | 455,101 | |
| 33 | Supplies | 33 | 387,283 | 387,283 | |
| 34 | Telephone | 34 | 230,731 | 230,731 | |
| 35 | Postage and shipping | 35 | 309,299 | 309,299 | |
| 36 | Occupancy | 36 | 171,644 | 171,644 | |
| 37 | Equipment rental and maintenance | 37 | 35,600 | 35,600 | |
| 38 | Printing and publications | 38 | 123,692 | 123,692 | |
| 39 | Travel | 39 | 156,027 | 156,027 | |
| 40 | Conferences, conventions, and meetings | 40 | 360,300 | 360,300 | |
| 41 | Interest | 41 | 1,362,495 | 1,362,495 | |
| 42 | Depreciation, depletion, etc (attach schedule) | 42 | 1,402,453 | 1,402,453 | |
| 43 | Other expenses not covered above (itemize) a Dues | 43a | 2,176,960 | 2,176,960 | |
| b | Public Relations | 43b | 378,936 | 378,936 | |
| c | Contracted Services | 43c | 6,618,478 | 6,618,478 | |
| d | Consulting Fees | 43d | 887,634 | 887,634 | |
| e | Misc Exp | 43e | 1,706,685 | 1,706,685 | |
| 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 | 50,491,357 | 50,491,357 | 0 |

Joint Costs Check ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

☐ 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 24.)

What is the organization's primary exempt purpose? (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 | | | | |
| | | | | | |
| | | | | | |
| | (Grants and allocations \$ _____) | | | | 50,491,357 |
| 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) | | | | 50,491,357 |

Part IV Balance Sheets

(See Specific Instructions on page 24.)

| 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 | 358,518 | 774,175 |
| 46 | Savings and temporary cash investments | 4,855,289 | 1,413,429 |
| 47a | Accounts receivable | | |
| b | Less allowance for doubtful accounts | | 0 |
| 48a | Pledges receivable | | |
| b | Less allowance for doubtful accounts | | 0 |
| 49 | Grants receivable | | |
| 50 | Receivables from officers, directors, trustees, and key employees (attach schedule) | | |
| 51a | Other notes and loans receivable (attach schedule) | | |
| b | Less allowance for doubtful accounts | | 0 |
| 52 | Inventories for sale or use | | |
| 53 | Prepaid expenses and deferred charges | 379,596 | 849,253 |
| 54 | Investments - securities (attach schedule (Ste #3)) <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV | 2,863,335 | 3,154,407 |
| 55a | Investments - land, buildings, and equipment basis | | |
| b | Less accumulated depreciation (attach schedule) | | 0 |
| 56 | Investments - other (attach schedule) | 0 | 0 |
| 57a | Land, buildings, and equipment basis | 8,639,226 | |
| b | Less accumulated depreciation (attach schedule (Statement #4)) | -5,269,496 | |
| 58 | Other assets (describe (Statement #5)) | 17,468,200 | 15,243,502 |
| 59 | Total assets (add lines 45 through 58) (must equal line 74) | 30,004,965 | 24,804,496 |
| Liabilities | | | |
| 60 | Accounts payable and accrued expenses | 9,661,578 | 11,962,726 |
| 61 | Grants payable | | |
| 62 | Deferred revenue | | |
| 63 | Loans from officers, directors, trustees, and key employees (attach schedule) | | |
| 64a | Tax-exempt bond liabilities (attach schedule) | | |
| b | Mortgages and other notes payable (attach schedule) (Statement #6) | 23,286,748 | 20,202,319 |
| 65 | Other liabilities (describe (Statement #7)) | 4,351,086 | 0 |
| 66 | Total liabilities (add lines 60 through 65) | 37,299,412 | 32,165,045 |
| Net Assets or Fund Balances | | | |
| Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74 | | | |
| 67 | Unrestricted | -7,294,447 | -7,360,549 |
| 68 | Temporarily restricted | | |
| 69 | Permanently restricted | | |
| 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 | | |
| 71 | Paid-in or capital surplus, or land, building, and equipment fund | | |
| 72 | Retained earnings, endowment, accumulated income, or other funds | | |
| 73 | Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21) | -7,294,447 | -7,360,549 |
| 74 | Total liabilities and net assets/fund balances (add lines 66 and 73) | 30,004,965 | 24,804,496 |

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 |
|---|

| | | | |
|------------|--|----------|------------|
| a | Total expenses and losses per audited financial statements | a | 50,491,357 |
| b | Amounts included on line a but not on line 17, Form 990 | | |
| (1) | Donated services and use of facilities | | |
| | \$ | | |
| (2) | Prior year adjustments reported on line 20, Form 990 | | |
| | \$ | | |
| (3) | Losses reported on line 20, Form 990 | | |
| | \$ | | |
| (4) | Other (specify) | | |
| | \$ | | |
| | Add amounts on lines (1) thru (4) | b | 0 |
| c | Line a minus line b | c | 50,491,357 |
| d | Amounts included on line 17, Form 990 but not on line a | | |
| (1) | Investment expenses not included on line 6b, Form 990 | | |
| | \$ | | |
| (2) | Other (specify) | | |
| | \$ | | |
| | Add amounts on lines (1) and (2) | d | 0 |
| e | Total expenses per line 17, Form 990 (line c plus line d) | e | 50,491,357 |

(List each one even if not

compensated, see Specific Instructions on page 26)

| (A) Name and address | (B) Title and average hours per week devoted to position | (C) Compensation (If not paid, enter -0-) | (D) Contributions to employee benefit plans & deferred compensation | (E) Expense account and other allowances |
|----------------------|--|--|---|--|
| (Statement #8) | | | | |
| | | | | |
| | | | | |
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☒ No

Form 990 (2001)

Part VI Other Information

(See Specific Instructions on page 27.)

Yes or No

| | | | |
|------------|--|------------|------|
| 76 | Did the organization engage in any activity not previously reported to the IRS? 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 | |
| 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 direct or indirect political expenditures. See line 81 instructions | 81a | None |
| b | Did the organization file Form 1120-POL for this year? | 81b | |
| 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 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 | |
| 85 | 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? | 85a | |
| b | Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered 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 | |
| c | Dues, assessments, and similar amounts from members | 85c | |
| d | 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 on line 85f? | 85g | |
| h | If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? | 85h | |
| 86 | 501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12 | 86a | |
| b | Gross receipts, included on line 12, for public use of club facilities | 86b | |
| 87 | 501(c)(12) orgs Enter a Gross income from members or shareholders | 87a | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | 87b | |
| 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 imposed on the organization during the year under section 4911 _____, section 4912 _____, section 4955 _____ | | |
| 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 | 89b | No |
| c | Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | | None |
| d | Enter Amount of tax on line 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, 2001 (See instructions.) | 90b | 523 |
| 91 | The books are in care of <u>K. David Crone, SVP, CFO</u> Telephone no <u>716-828-2025</u> Located at <u>515 Abbott Rd, Buffalo, NY</u> ZIP + 4 <u>14220</u> | | |
| 92 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and 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 page 32.)

Note Enter gross amounts unless otherwise indicated

| | Unrelated business income | | Excluded by section 512, 513, or 514 | | (E) |
|--|---------------------------|---------------|--------------------------------------|---------------|--------------------------------------|
| | (A) Business code | (B) Amount | (C) Exclusion code | (D) Amount | Related or exempt function income |
| 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 | | | | | 46,950,134 |
| 95 Interest on savings and temporary cash investments | | | 14 | 272,252 | |
| 96 Dividends and interest from securities | | | 14 | 82,191 | |
| 97 Net rental income or (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 a Other Rev (Exp Reimb) | | | | | 3,186,780 |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| 104 Subtotal (add cols (B), (D), and (E)) | | 0 | | 354,443 | 50,136,914 |
| 105 Total (add line 104, columns (B), (D), and (E)) | | | | | 50,491,357 |

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 32.)

| 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 used to provide services to the tax exempt facilities in a manner consistent with its mission of enhancing the facility |
| 103(A) | Miscellaneous income and reduction of expenses due to intercompany relationships Non-dues related (ie physician services, intercompany loans) |

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities

(See Specific Instructions on page 33.)

| (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 |
|--|---|-----------------------------|---------------------|---------------------------|
| | % | | | |
| | % | | | |
| | % | | | |
| | % | | | |

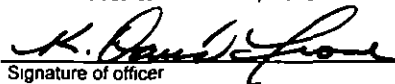
Part X Information Regarding Transfers Associated with Personal Benefit Contracts

(See Specific Instructions on page 33.)

(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 | | | |
| |  Signature of officer | | 11-11-02 Date | |
| Paid Preparer's Use Only | K David Crone, Senior Vice President, Chief Financial Officer Type or print name and title | | | |
| | Preparer's signature | Date | Check if self-employed <input type="checkbox"/> | Preparer's SSN or PTIN (See Gen. Inst. W) |
| | Firm's name (or yours if self-employed) address and ZIP + 4 | | | EIN Phone no () |

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

2001Department of the Treasury
Internal Revenue Service

Supplementary Information - (See separate instructions)

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 |
|---|--|------------------|---|--|
| Mark Schoell 515 Abbott Rd, Buffalo NY 14220 | Interim CFO 37 5 Hours | 238,640 | 10,814 | |
| Matt Hamp 515 Abbott Rd, Buffalo NY 14220 | Sr VP Corp Services 37 5 Hours | 156,160 | 10,629 | |
| Tim Gabryel 515 Abbott Rd, Buffalo NY 14220 | VP Medical Affairs 37 5 Hours | 147,230 | 10,695 | |
| Maureen Buckley 515 Abbott Rd, Buffalo NY 14220 | Director, Case Management 37 5 Hours | 113,543 | 10,500 | |
| Maria Foti 515 Abbott Rd, Buffalo NY 14220 | VP Marketing 37 5 Hours | 97,033 | 7,673 | |
| Total number of other employees paid over \$50,000 | 30 | | | |

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

(See page 2 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 | 2,469,845 |
| Pricewaterhouse Coopers, LLP Syracuse, NY 13202 | Auditing Services | 669,199 |
| Phillips, Lytle, Hitchcock Buffalo, NY 14203 | Legal Services | 384,848 |
| Best Practice Skaneateles, NY 13152 | Collection | 344,108 |
| Healthcare Assoc of NYS New York, NY 10087 | Healthcare Education Serv | 239,023 |
| Total number of others receiving over \$50,000 for professional services | 15 | |

Part III Statements About Activities (See page 2 of the instructions)

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? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ _____ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B) | 1 | | X |
| 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 substantial contributors, 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? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions) | | | |
| 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 | | |
| 3 | Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below) | 3 | | X |
| 4 | Do you have a section 403(b) annuity plan for your employees? | 4 | X | |
| Note: 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. | | | | |

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 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)
- 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 in Part IV-A)
- 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))

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 6 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) 2000 | (b) 1999 | (c) 1998 | (d) 1997 | (e) Total |
|--|------------|------------|-----------|-----------|------------|
| 15 Gifts, grants, and contributions received (Do not include unusual grants See line 28) | | | | | 0 |
| 16 Membership fees received | 36,234,353 | 13,874,942 | 6,340,662 | 1,905,705 | 58,355,662 |
| 17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related 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 | 523,910 | 469,302 | 507,382 | 454,253 | 1,954,847 |
| 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 | 1,777,247 | 2,053,361 | 1,129,682 | 637,537 | 5,597,827 |
| 23 Total of lines 15 through 22 | 38,535,510 | 16,397,605 | 7,977,726 | 2,997,495 | 65,908,336 |
| 24 Line 23 minus line 17 | 38,535,510 | 16,397,605 | 7,977,726 | 2,997,495 | 65,908,336 |
| 25 Enter 1% of line 23 | 385,355 | 163,976 | 79,777 | 29,975 | |

26 Organizations described on lines 10 or 11

a Enter 2% of amount in column (e), line 24

26a 0

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a Do not file this list with your return Enter the total 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 0 19 0 22 0 26b 0

26d 0

e Public support (line 26c minus line 26d total)

26e 0

f Public support percentage (line 26e (numerator) divided by line 26c (denominator))

26f 0 00%

27 Organizations described on line 12

a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return Enter the sum of such amounts for each year

(2000) (1999) (1998) (1997)

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records 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) Do not file this list with your return After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year

(2000) (1999) (1998) (1997)

c Add Amounts from column (e) for lines 15 0 16 58,355,662 17 0 20 0 21 0

27c 58,355,662

d Add Line 27a total 0 and line 27b total 0

27d 0

e Public support (line 27c total minus line 27d total)

27e 58,355,662

f Total support for section 509(a)(2) test Enter amount from line 23, column (e)

27f 65,908,336

g Public support percentage (line 27e (numerator) divided by line 27f (denominator))

27g 88 54%

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))

27h 2 97%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return Do not include these grants in line 15

Part V Private School Questionnaire

(See page 7 of the instructions)

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

(N/A)

| | 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 separate 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 | | |

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)

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

(N/A)

Check ☐ a if the organization belongs to an affiliated group Check ☐ 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 - | | | |
| 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 | | |
| 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, you must 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 11 of the instructions)

| Calendar year (or fiscal year beginning in) | Lobbying Expenditures During 4-Year Averaging Period | | | | |
|---|--|-------------|-------------|-------------|--------------|
| | (a) 2001 | (b) 2000 | (c) 1999 | (d) 1998 | (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 only by organizations that did not complete Part VI-A) (See page 12 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 |

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

Statement #1

Catholic Health System
Form 990
As of December 31, 2001

22-2565278

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

Unrealized Gain on Investments

(66,102)

\$ (66,102)

Statement # 2

Catholic Health System
Form 990
As of December 31, 2001

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.

CATHOLIC HEALTH SYSTEM

Statement #3

22-2565278

FORM 990, PART IV - INVESTMENTS - SECURITIES

As of December 31, 2001

| <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 |
| INVESTMENT - BANKERS TRUST | 2,402,068 | 2,413,021 |
| LT INVESTMENT - FLEET | 0 | 280,118 |
| TOTALS | <u>2,863,335</u> | <u>3,154,406</u> |

Statement #4

CATHOLIC HEALTH SYSTEM

22-2565278

FORM 990, PART IV - LINE 57 - FIXED ASSETS

As of December 31, 2001

| | BEGINNING OF YEAR | END OF YEAR |
|--------------------------|-------------------------|-------------------------|
| EQUIPMENT | 7,608,847 | 8,070,794 |
| LEASEHOLD IMPROVEMENTS | 36,010 | 36,010 |
| CONSTRUCTION IN PROGRESS | 302,213 | 532,421 |
| | <u>7,947,070</u> | <u>8,639,225</u> |
| ACCUMULATED DEPRECIATION | <u>(3,867,043)</u> | <u>(5,269,496)</u> |
| NET BOOK VALUE | <u><u>4,080,027</u></u> | <u><u>3,369,729</u></u> |

NOTE

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

CATHOLIC HEALTH SYSTEM

Statement #5

22-2565278

FORM 990, PART IV - INVESTMENTS - SECURITIES***As of December 31, 2001***

| <u>DESCRIPTION</u> | <u>BEGINNING BOOK VALUE</u> | <u>ENDING BOOK VALUE</u> |
|---------------------|---------------------------------|------------------------------|
| Due from Affiliates | \$ 17,468,200 | \$ 15,243,502 |
| | <u>\$ 17,468,200</u> | <u>\$ 15,243,502</u> |

CATHOLIC HEALTH SYSTEM

Statement #6

22-2565278

FORM 990, PART IV - MORTGAGES AND OTHER PAYABLE***As of December 31, 2001***

| | | <u>BEGINNING BALANCE DUE</u> | <u>ENDING BALANCE DUE</u> |
|-------------------|-----------------------------------|----------------------------------|-------------------------------|
| LENDER | M&T BANK - LINE OF CREDIT | | |
| INTEREST RATE | 9.5% | | |
| 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 | Leased equipment | | |
| PURPOSE OF LOAN | Provide working capital | 107,762 | 0 |
| LENDER | CAPITAL LEASE - MORCROFT | | |
| REPAYMENT TERMS | Various | | |
| SECURITY PROVIDED | Leased equipment | | |
| PURPOSE OF LOAN | Provide working capital | 531,678 | 0 |
| LENDER | CAPITAL LEASE - GE | | |
| REPAYMENT TERMS | Various | | |
| SECURITY PROVIDED | Leased equipment | | |
| PURPOSE OF LOAN | Provide working capital | 350,919 | 174,885 |
| LENDER | Fleet Healthcare (formerly Sanwa) | | |
| REPAYMENT TERMS | Various | | |
| SECURITY PROVIDED | Equipment | | |
| PURPOSE OF LOAN | Provide working capital | 8,300,348 | 6,031,393 |
| | | <u>23,286,748</u> | <u>20,202,319</u> |

CATHOLIC HEALTH SYSTEM

Statement #7

22-2565278

FORM 990, PART IV - OTHER LIABILITIES

As of December 31, 2001

| <u>DESCRIPTION</u> | <u>BEGINNING BOOK VALUE</u> | <u>ENDING BOOK VALUE</u> |
|--------------------|---------------------------------|------------------------------|
| IHA Liability | \$ 4,607,766 | \$ - |
| | <u>\$ 4,607,766</u> | <u>\$ -</u> |

**Catholic Health System
Form 990
As of December 31, 2001**

**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 Batavia, 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 |

**Catholic Health System
Form 990
As of December 31, 2001**

**22-2565278
Statement #8**

Part V - List of Officers, Directors and Trustees

| <i>Name and Address</i> | <i>Title and Time Devoted to Position</i> | <i>Compensation</i> | <i>Contributions to Employee Benefit Plan</i> | <i>Expenses and other allowances</i> |
|---|---|---------------------|---|--|
| 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 Anan Sr , MD 2121 Main Street Suite 316 Buffalo, NY 14214 | Director As needed | None | None | None |
| James P Giambrone 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 |

Catholic Health System
Form 990
As of December 31, 2001

22-2565278
Statement #8

Part V - List of Officers, Directors and Trustees

| <i>Name and Address</i> | <i>Title and Time Devoted to Position</i> | <i>Compensation</i> | <i>Contributions to Employee Benefit Plan</i> | <i>Expenses and other allowances</i> |
|--|---|---------------------|---|--------------------------------------|
| 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 | \$ 152,092 | None | None |

**Catholic Health System
Form 990
As of December 31, 2001**

**22-2565278
Statement #8**

Part V - List of Officers, Directors and Trustees

| <i>Name and Address</i> | <i>Title and Time Devoted to Position</i> | <i>Compensation</i> | <i>Contributions to Employee Benefit Plan</i> | <i>Expenses and other allowances</i> |
|---|---|---------------------|---|--|
| 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 |
| Sister Paulette Tirone, FSSJ Franciscan Sisters of St Joseph 5286 South Park Ave Hamburg, NY 14075 | Secretary 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 | \$ 697,873 | \$ 11,159 | None |
| Kerry Garrigan Catholic Health System 515 Abbott Road, Suite 508 Buffalo, New York 14220 | CAO Full Time | \$ 323,752 | \$ 2,226 | None |
| Sr Sally Maloney Catholic Health System 515 Abbott Road, Suite 508 Buffalo, New York 14220 | Sr VP - Mission Integration | \$ 106,000 | None | None |

**Catholic Health System
Form 990
As of December 31, 2001**

**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 |
|--|------------------------------------|--------------|--|-------------------------------|
| Dave Crone Catholic Health System 515 Abbott Road, Suite 508 Buffalo New York 14220 | Sr VP - CFO | \$ 31,913 | \$ 344 | None |
| Brian D'Arcy Catholic Health System 515 Abbott Road, Suite 508 Buffalo New York 14220 | SVP MEDICAL AFFAIRS | \$ 237,979 | \$ 10,974 | None |
| Thomas Brody Catholic Health System 515 Abbott Road Suite 508 Buffalo, New York 14220 | Sr VP - Senior Services | \$ 181,718 | \$ 10,761 | None |
| Grand Totals | | \$ 1,731,327 | \$ 35,464 | 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.

Catholic Health System
Form 990
As of December 31, 2001

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