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Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2002

Department of the Treasury
Internal Revenue Service

Open to Public Inspection

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

A For the 2002 calendar year, or tax year beginning and ending

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☒ Final return
☐ Amended return
☐ Application pending

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 508
 City or town State or country ZIP + 4
 BUFFALO NEW YORK 14220

D Employer identification number
 22-2565278

E Telephone number
 716-828-2750

F Accounting method ☐ Cash ☒ Accrual
☐ Other (specify) _____

G Web site www.chsbuffalo.org

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

J ORGANIZATION TYPE (check only one) ☒ 501(c)(3) (insert no) ☐ 4947(a)(1) OR ☐ 527

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

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 50,617,121

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

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 17 of the instructions)

1	Contributions, gifts, grants, and similar amounts received			
a	Direct public support	1a		
b	Indirect public support	1b		
c	Government contributions (grants)	1c		
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)	2		
3	Membership dues and assessments	3		46,583,864
4	Interest on savings and temporary cash investments	4		207,014
5	Dividends and interest from securities	5		42,129
6a	Gross rents	6a		
b	Less rental expenses	6b		
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	8a		
c	Gain or (loss) (attach schedule)	8b		
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c	0	0
8d				0
9	Special events and activities (attach schedule)			
a	Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a		
b	Less direct expenses other than fundraising expenses	9b		
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	10a		
b	Less cost of goods sold	10b		
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		3,784,114
12	TOTAL REVENUE (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		50,617,121
13	Program services (from line 44, column (B))	13		50,617,121
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		0
17	TOTAL EXPENSES (add lines 16 and 44, column (A))	17		50,617,121
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18		0
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		-7,360,549
20	Other changes in net assets or fund balances (attach explanation)	20		-1,690,219
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		-9,050,768

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 page 21 of the instructions.)

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 \$ _____)	0			
23	Specific assistance to individuals (attach schedule)	0			
24	Benefits paid to or for members (attach schedule)	27,726,060	27,726,060		
25	Compensation of officers, directors, etc	1,849,064	1,849,064		
26	Other salaries and wages	0			
27	Pension plan contributions	433,135	433,135		
28	Other employee benefits	3,916,331	3,916,331		
29	Payroll taxes	1,199,621	1,199,621		
30	Professional fundraising fees	0	0		
31	Accounting fees	591,375	591,375		
32	Legal fees	519,805	519,805		
33	Supplies	391,226	391,226		
34	Telephone	361,403	361,403		
35	Postage and shipping	18,236	18,236		
36	Occupancy	169,557	169,557		
37	Equipment rental and maintenance	58,221	58,221		
38	Printing and publications	109,618	109,618		
39	Travel	166,356	166,356		
40	Conferences, conventions, and meetings	122,032	122,032		
41	Interest	1,129,156	1,129,156		
42	Depreciation, depletion, etc (attach schedule)	1,338,048	1,338,048		
43	Other expenses not covered above (itemize) a Dues	2,316,837	2,316,837		
	b Public Relations	276,279	276,279		
	c Contracted Services	5,165,586	5,165,586		
	d Consulting Fees	764,498	764,498		
	e Miscellaneous Expenses	1,994,677	1,994,677		
	f	0			
44	TOTAL FUNCTIONAL EXPENSES (add lines 22 through 43). ORGANIZATIONS COMPLETING COLUMNS (B)-(D) CARRY THESE TOTALS TO LINES 13-15	50,617,121	50,617,121	0	0

JOINT COSTS Check ☐ if you are following SOP 98-2Are 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 page 24 of the instructions.)
Program Service Expenses
 Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts but optional for others.
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.)

a	To provide administrative and management assistance to related tax-exempt organizations		
	(Grants and allocations \$ _____)		50,617,121
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)		50,617,121

Part IV Balance Sheets (See page 24 of the instructions)

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	774,175	45	1,088,632
	46 Savings and temporary cash investments	1,413,429	46	1,432,588
	47 a Accounts receivable	47a 0		
	b Less allowance for doubtful accounts	47b 0	47c 0	
	48 a Pledges receivable	48a 0		
	b Less allowance for doubtful accounts	48b 0	48c 0	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)	0	50	0
	51 a Other notes and loans receivable (attach schedule)	51a 0		
	b Less allowance for doubtful accounts	51b 0	51c 0	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	849,253	53	1,016,073
	54 Investments - securities (attach schedule) Stmt #3 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	3,154,407	54	2,327,476
	55 a Investments - land, buildings, and equipment basis	55a 0		
	b Less accumulated depreciation (attach schedule)	55b 0	55c 0	
	56 Investments - other (attach schedule)		56	0
	57 a Land, buildings, and equipment basis	57a 10,065,747		
	b Less accumulated depreciation (attach schedule) Statement #4	57b -6,607,545	3,369,730	57c 3,458,202
58 Other assets (describe ▶ Statement #5)	15,243,502	58	10,099,017	
59 TOTAL ASSETS (add lines 45 through 58) (must equal line 74)	24,804,496	59	19,421,988	
Liabilities	60 Accounts payable and accrued expenses	11,962,726	60	8,695,517
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)	0	63	0
	64 a Tax-exempt bond liabilities (attach schedule)	0	64a	0
	b Mortgages and other notes payable (attach schedule) Statement #6	20,202,319	64b	17,786,949
	65 Other liabilities (describe ▶ Accrued Pension)	0	65	1,990,290
66 TOTAL LIABILITIES (add lines 60 through 65)	32,165,045	66	28,472,756	
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	-7,360,549	67	-9,050,768
	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, building, 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, column (B) MUST equal line 21)	-7,360,549	73	-9,050,768
	74 TOTAL LIABILITIES AND NET ASSETS / FUND BALANCES (add lines 66 and 73)	24,804,496	74	19,421,988

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 A **Reconciliation of Revenue per Audited
Financial Statements with Revenue per
Return (See page 26 of the instructions)**

a	Total revenue, gains, and other support per audited financial statements	a	50,617,121
b	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify)		
	\$		
	Add amounts on lines (1) through (4)	b	0
c	Line a minus line b	c	50,617,121
d	Amounts included on line 12, 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 revenue per line 12, Form 990 (line c plus line d)	e	50,617,121

Part IV-B	Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
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a	Total expenses and losses per audited financial statements	a	50,617,121
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) through (4)	b	0
c	Line a minus line b	c	50,617,121
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	50,617,121

Part V List of Officers, Directors, Trustees, and Key Employees
page 26 of the instructions)

[illegible]

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations of which more than \$10,000 was provided by the related organizations? ☐ Yes

▶ ☐ Yes ☒ No

If "Yes," attach schedule-see page 26 of the instructions

Part VI Other Information (See page 27 of the instructions)

		Yes	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	X
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	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
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	X
80 a	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	X
b	If "Yes," enter the name of the organization Statement #8 _____ and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt		
81 a	Enter direct or indirect political expenditures. See line 81 instructions	81a	None
b	Did the organization file FORM 1120-POL for this year?	81b	
82 a	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	X
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	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
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	X
89 a	501(c)(3) organizations. Enter Amount of tax imposed on the organization 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	89b	X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization		
90 a	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, 2002 (See instructions)	90b	525
91	The books are in care of K. David Crone, Senior Vice President, CFO Telephone no 716-828-2750 Located at 515 Abbott Road Buffalo, New York ZIP + 4 14220		
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 page 31 of the instructions)**Note** 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					46,583,864
95 Interest on savings and temporary cash investments			14	207,014	
96 Dividends and interest from securities			14	42,129	
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 Revenue					3,784,114
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0		249,143	50,367,978
105 TOTAL (add line 104, columns (B), (D), and (E))					50,617,121

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 page 32 of the instructions)

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 facilities
103 (A)	Miscellaneous Income and reduction of expenses due to intercompany relationships and settlement of over-accrued service contract

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 of the instructions)

(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 page 33 of the instructions)(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 <i>K. David Crone</i>		Date 11/12/03	
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)Department of the Treasury
Internal Revenue Service**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**Supplementary Information - (See separate instructions)****MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2002

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
Dale S St Arnold	CEO			
515 Abbott Road Buffalo, New York 14220	January - June 2002 37 5	363,406	11,000	
Matthew Hamp				
515 Abbott Road Buffalo, New York 14220	SVP, Corp Services 37 5	135,271	11,151	
Kathryn McGuire	VP, Senior Services			
515 Abbott Road Buffalo, New York 14220	37 5	134,379	11,670	
Christian Lyons				
515 Abbott Road Buffalo, New York 14220	Director, Corporate Compliance 37 5	127,552	195	
Mana Foti				
515 Abbott Road Buffalo, New York 14220	VP, Marketing 37 5	121,577	63	
Total number of other employees paid over \$50,000	26			

**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
Siemens Medical Solutions Malvern, PA 19355	Information Systems	2,435,852
PricewaterhouseCoopers, LLP Syracuse, NY 13202	Auditing/Consulting Services	706,754
Best Practice Associates Skaneateles, NY 13152	Collection Services	628,407
Phillips, Lytle, Hitchcock Buffalo, NY 14203	Legal Services	277,099
Healthcare Association of New York State New York, NY 10087	Healthcare Education Services	253,443
Total number of others receiving over \$50,000 for professional services	7	

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 \$ 0 (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)

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?

b Lending of money or other extension of credit?

c Furnishing of goods, services, or facilities?

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

e Transfer of any part of its income or assets?

- 3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See NOTE below.)

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

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 5 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.)
- 11 a ☐ 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.)
- 11 b ☐ 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 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) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)					0
16 Membership fees received	46,950,134	36,234,353	13,874,942	6,340,662	103,400,091
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	354,443	523,910	469,302	507,382	1,855,037
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.	3,186,780	1,777,247	2,053,361	1,129,682	8,147,070
23 Total of lines 15 through 22	50,491,357	38,535,510	16,397,605	7,977,726	113,402,198
24 Line 23 minus line 17	50,491,357	38,535,510	16,397,605	7,977,726	113,402,198
25 Enter 1% of line 23	504,914	385,355	163,976	79,777	
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 1998 through 2001 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					26d 0
22 0 26b 0					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," 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:					
(2001) (2000) (1999) (1998)					
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:					
(2001) (2000) (1999) (1998)					
c Add: Amounts from column (e) for lines 15 0 16 103,400,091					27c 103,400,091
17 0 20 0 21 0					27d 0
d Add: Line 27a total 0 and line 27b total 0					27e 103,400,091
e Public support (line 27c total minus line 27d total)					27f 113,402,198
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e).					27g 91.18%
g PUBLIC SUPPORT PERCENTAGE (LINE 27E (NUMERATOR) DIVIDED BY LINE 27F (DENOMINATOR))					27h 1.64%
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 1998 through 2001, 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)

	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.)		
34 a 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)

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 -	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	41	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, 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) 2002	(b) 2001	(c) 2000	(d) 1999	(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 11 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

(See page 12 of the instructions)

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

Schedule A (Form 990 or 990-EZ) 2002

Statement #1

Catholic Health System
Form 990
As of December 31, 2002

22-2565278

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

Change in Pension Accumulated Benefit Obligation	(1,690,215)
Miscellaneous Adjustment	<u>(4)</u>
	<u><u>\$ (1,690,219)</u></u>

Statement # 2

Catholic Health System
Form 990
As of December 31, 2002

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, The Franciscan Sisters of St Joseph, and the Diocese of Buffalo.

CATHOLIC HEALTH SYSTEM

Statement #3

22-2565278

FORM 990, PART IV - INVESTMENTS - OTHER***As of December 31, 2002***

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>
JOINT VENTURE IN MCAULEY SETON	279,500	0
LT INVESTMENT - MCAULEY MERCY	181,767	0
INVESTMENT - BANKERS TRUST	2,413,021	0
INVESTMENT - M&T SECURITIES, INC	0	2,327,476
LT INVESTMENT - FLEET	280,118	0
TOTALS	<u>3,154,406</u>	<u>2,327,476</u>

CATHOLIC HEALTH SYSTEM

22-2565278

FORM 990, PART IV - LINE 57 - FIXED ASSETS
As of December 31, 2002

	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
EQUIPMENT	8,070,794	9,153,559
LEASEHOLD IMPROVEMENTS	36,010	36,010
CAPITAL LEASES	0	571,700
CONSTRUCTION IN PROGRESS	<u>532,421</u>	<u>304,478</u>
	8,639,225	10,065,747
ACCUMULATED DEPRECIATION	<u>(5,269,496)</u>	<u>(6,607,545)</u>
NET BOOK VALUE	<u><u>3,369,729</u></u>	<u><u>3,458,202</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 - OTHER ASSETS
As of December 31, 2002

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>
Due from Affiliates	\$ 15,243,502	\$ 10,099,017
	<u>\$ 15,243,502</u>	<u>\$ 10,099,017</u>

CATHOLIC HEALTH SYSTEM

Statement #6

22-2565278

FORM 990, PART IV - MORTGAGES AND OTHER PAYABLE**As of December 31, 2002**

		<u>BEGINNING BALANCE DUE</u>	<u>ENDING BALANCE DUE</u>
LENDER	M&T BANK - LINE OF CREDIT		
INTEREST RATE	4 25%		
REPAYMENT TERMS	Various		
SECURITY PROVIDED	Assets of Organization		
PURPOSE OF LOAN	Provide working capital	13,996,041	13,996,041
LENDER	CAPITAL LEASE - KRONOS		
INTEREST RATE	3 04%		
REPAYMENT TERMS	Various		
SECURITY PROVIDED	Leased equipment		
PURPOSE OF LOAN	Provide working capital	0	244,774
LENDER	CAPITAL LEASE - GE		
REPAYMENT TERMS	Various		
SECURITY PROVIDED	Leased equipment		
PURPOSE OF LOAN	Provide working capital	174,885	0
LENDER	Fleet Healthcare (formerly Sanwa)		
REPAYMENT TERMS	Various		
SECURITY PROVIDED	Equipment		
PURPOSE OF LOAN	Provide working capital	6,031,393	3,546,134
		<u>20,202,319</u>	<u>17,786,949</u>

**Catholic Health System
Form 990
As of December 31, 2002**

**22-2565278
Statement # 7**

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>
Paul J Battaglia Freed, Maxsick & Battaglia One Evans Street Batavia, New York 14020	Director As needed	None	None	None
Paul D Bauer 60 Waterfront Circle Buffalo, NY 14202	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, 2002**

**22-2565278
Statement # 7**

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 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 Robert E Zapfel c/o St Leo the Great 885 Sweet Home Road Amherst, NY 14226	Director As needed	None	None	None

**Catholic Health System
Form 990
As of December 31, 2002**

**22-2565278
Statement # 7**

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 Kathleen Natwin, 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

***Catholic Health System
Form 990
As of December 31, 2002***

Statement # 8
22-2565278

Part VI - Other Information

line 80b

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

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ☒
- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form)

Note. Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time—Only submit original (no copies needed)

Note. Form 990-T corporations requesting an automatic 6-month extension—check this box and complete Part I only ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization Catholic Health System	Employer identification number 22 2565278
	Number, street, and room or suite no. If a P.O. box, see instructions 515 Abbott Road, Suite 508	
	City, town, or post office, state, and ZIP code. For a foreign address, see instructions Buffalo, NY 14220	

Check type of return to be filed (file a separate application for each return)

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

- 1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until **August 15**, 2003, to file the exempt organization return for the organization named above. The extension is for the organization's return for
- ☒ calendar year 2002 or
 - ☐ tax year beginning _____, 20____, and ending _____, 20____

- 2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

- 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ None

- b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ None

- c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ None

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ► K. Paulson Title ► Chief Financial Officer Date ► May 13, 2003

- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box ☒ **XX**
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time—Must File Original and One Copy

Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization Catholic Health System	Employer identification number 22 2565278
	Number, street, and room or suite no. If a P.O. box, see instructions 515 Abbott Road, Suite 300	For IRS use only
	City, town, or post office, state, and ZIP code. For a foreign address, see instructions Buffalo, New York 14220	

Check type of return to be filed (File a separate application for each return)

- ☒ Form 990 ☐ Form 990-EZ ☐ Form 990-T (sec. 401(a) or 408(a) trust) ☐ Form 1041-A ☐ Form 5227 ☐ Form 8870
☐ Form 990-BL ☐ Form 990-PF ☐ Form 990-T (trust other than above) ☐ Form 4720 ☐ Form 6069

STOP Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the **whole group**, check this box ☐ If it is for **part of the group**, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until **November 15**, 20 **03**
 5 For calendar year **2002**, or other tax year beginning _____, 20 ____ and ending _____, 20 ____
 6 If this tax year is for less than 12 months, check reason: ☐ initial return ☐ final return ☐ Change in accounting period
 7 State in detail why you need the extension: **Additional time is needed to complete an accurate return.**

- 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ **None**
 b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. \$ **None**
 c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ **None**

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete, and that I am authorized to prepare this form.

Signature *James A. Dink...* Title *Corporate Controller* Date *8/11/03*

Notice to Applicant—To Be Completed by the IRS

- ☐ We have approved this application. Please attach this form to the organization's return.
☐ We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
☐ We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
☐ We cannot consider this application because it was filed after the due date of the return for which an extension was requested.
☐ Other _____

Director _____ By _____ Date _____

Alternate Mailing Address — Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name
	Number and street (include suite, room, or apt. no.) Or a P.O. box number
	City or town, province or state, and country (including postal or ZIP code)