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Department of the Treasury  
Internal Revenue Service

## Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2003

Open to Public  
Inspection

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

## A For the 2003 calendar year, or tax year beginning

, and ending

## 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 Road

Room/suite

508

City or town

Buffalo

State or country

NY

ZIP + 4

14220

## D Employer identification number

22-2565278

## E Telephone number

716-828-3766

## F Accounting method:

☐ Cash☒ Accrual☐ Other (specify)• 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 Group Exemption Number

0928

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

G Website: www.chsbuffalo.org

## 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

52,894,892

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

SCANNED SEP 09 2004

1	Contributions, gifts, grants, and similar amounts received:			
a	Direct public support	1a		0
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		0
3	Membership dues and assessments	3		52,185,899
4	Interest on savings and temporary cash investments	4		212,878
5	Dividends and interest from securities	5		19,299
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		0
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other
b	Less: cost of other basis and sales expenses	8a	0	0
c	Gain or (loss) (attach schedule)	8b	0	0
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c	0	0
8d		8d		0
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
a	Gross revenue (not including contributions reported on line 1a) 0 of	9a		0
b	Less: direct expenses other than fundraising expenses	9b		0
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		476,816
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		52,894,892
13	Program services (from line 44, column (B))	13		52,894,892
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		52,894,892
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		-9,050,768
20	Other changes in net assets or fund balances (attach explanation)	20		-1,042,781
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		-10,093,549

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2003)

(HTA)

8

**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 22 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 \$ 0 noncash \$ 0)	22 0	0		
23	Specific assistance to individuals (attach schedule)	23 0			
24	Benefits paid to or for members (attach schedule)	24 0			
25	Compensation of officers, directors, etc	25 0			
26	Other salaries and wages	26 31,315,162	31,315,162		
27	Pension plan contributions	27 790,275	790,275		
28	Other employee benefits	28 5,091,223	5,091,223		
29	Payroll taxes	29 1,274,400	1,274,400		
30	Professional fundraising fees	30 0	0		
31	Accounting fees	31 526,599	526,599		
32	Legal fees	32 405,120	405,120		
33	Supplies	33 430,096	430,096		
34	Telephone	34 346,791	346,791		
35	Postage and shipping	35 17,455	17,455		
36	Occupancy	36 251,894	251,894		
37	Equipment rental and maintenance	37 107,606	107,606		
38	Printing and publications	38 123,105	123,105		
39	Travel	39 168,364	168,364		
40	Conferences, conventions, and meetings	40 88,211	88,211		
41	Interest	41 985,971	985,971		
42	Depreciation, depletion, etc (attach schedule)	42 1,221,473	1,221,473		
43	Other expenses not covered above (itemize) a Dues	43a 2,729,014	2,729,014		
	b Public Relations	43b 205,003	205,003		
	c Contracted Services	43c 4,724,431	4,724,431		
	d Consulting Fees	43d 703,480	703,480		
	e Miscellaneous Expenses	43e 1,389,219	1,389,219		
	f Bad Debt	43f 0			
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 52,894,892	52,894,892	0	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 \$ 0, (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 25 of the instructions.)

What is the organization's primary exempt purpose? ☒ Statement # 1

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 \$ )	52,894,892
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)	52,894,892

**Part IV** Balance Sheets (See page 25 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		1,088,632	45	1,312,773
	46	Savings and temporary cash investments		1,432,588	46	1,446,721
	47 a	Accounts receivable	47a 0			
	b	Less: allowance for doubtful accounts	47b 0	0	47c	0
	48 a	Pledges receivable	48a 0			
	b	Less: allowance for doubtful accounts	48b 0	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	0	51c	0
	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges		1,016,073	53	631,569
	54	Investments—securities (attach schedule) <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		2,327,476	54	2,346,775
	55 a	Investments—land, buildings, and equipment, basis	55a 0			
	b	Less: accumulated depreciation (attach schedule)	55b 0	0	55c	0
56	Investments—other (attach schedule)		0	56	0	
57 a	Land, buildings, and equipment: basis	57a 10,342,049				
b	Less: accumulated depreciation (attach schedule)	57b 7,829,017	3,458,202	57c	2,513,032	
58	Other assets (describe <input type="checkbox"/> See attached worksheet )		10,099,017	58	13,331,383	
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)		19,421,988	59	21,582,253	
Liabilities	60	Accounts payable and accrued expenses		8,695,517	60	13,398,695
	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)		17,786,949	64b	14,639,132
	65	Other liabilities (describe <input type="checkbox"/> Accrued Pension )		1,990,290	65	3,637,975
66	<b>Total liabilities</b> (add lines 60 through 65)		28,472,756	66	31,675,802	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.					
	67	Unrestricted		-9,050,768	67	-10,093,549
	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	<b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19, column (B) must equal line 21)		-9,050,768	73	-10,093,549
	74	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)		19,421,988	74	21,582,253

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 27 of the instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>	52,894,892
<b>b</b>	Amounts included on line <b>a</b> 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>b</b>	0
<b>c</b>	Line <b>a</b> minus line <b>b</b>	<b>c</b>	52,894,892
<b>d</b>	Amounts included on line 12, Form 990 but not on line <b>a</b> :		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify) \$		
	----- \$		
	Add amounts on lines (1) and (2)	<b>d</b>	0
<b>e</b>	Total revenue per line 12, Form 990 (line <b>c</b> plus line <b>d</b> )	<b>e</b>	52,894,892

**Part IV-B** Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	52,894,892
<b>b</b>	Amounts included on line <b>a</b> 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>b</b>	0
<b>c</b>	Line <b>a</b> minus line <b>b</b>	<b>c</b>	52,894,892
<b>d</b>	Amounts included on line 17, Form 990 but not on line <b>a</b> :		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify) \$		
	----- \$		
	Add amounts on lines (1) and (2)	<b>d</b>	0
<b>e</b>	Total expenses per line 17, Form 990 (line <b>c</b> plus line <b>d</b> )	<b>e</b>	52,894,892

**Part V** List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see page 27 of the instructions)

(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
Name See Statement #2, Str Attached	Title			
City ST ZIP	Hr/WK	0	0	0
Name Str	Title			
City ST ZIP	Hr/WK			
Name Str	Title			
City ST ZIP	Hr/WK			
Name Str	Title			
City ST ZIP	Hr/WK			
Name Str	Title			
City ST ZIP	Hr/WK			
Name Str	Title			
City ST ZIP	Hr/WK			
Name Str	Title			
City ST ZIP	Hr/WK			
Name Str	Title			
City ST ZIP	Hr/WK			
Name Str	Title			
City Amherst ST ZIP	Hr/WK			

**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? If "Yes," attach schedule—see page 28 of the instructions

Yes ☐ No ☒

**Part VI Other Information** (See page 28 of the instructions.)

	Yes	No
<b>76</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	<b>76</b>	X
<b>77</b> 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	<b>77</b>	X
<b>78 a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	<b>78a</b>	X
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	<b>78b</b> N/A	
<b>79</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	<b>79</b>	X
<b>80 a</b> 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?	<b>80a</b> X	
<b>b</b> If "Yes," enter the name of the organization <b>See Statement #3</b> and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
<b>81 a</b> Enter direct and indirect political expenditures See line 81 instructions	<b>81a</b> None	
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?	<b>81b</b>	
<b>82 a</b> 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?	<b>82a</b>	X
<b>b</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.)	<b>82b</b> N/A	
<b>83 a</b> Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>83a</b> X	
<b>b</b> Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<b>83b</b> X	
<b>84 a</b> Did the organization solicit any contributions or gifts that were not tax deductible?	<b>84a</b>	X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>84b</b> N/A	
<b>85 501(c)(4), (5), or (6) organizations.</b> <b>a</b> Were substantially all dues nondeductible by members?	<b>85a</b>	
<b>b</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.	<b>85b</b>	
<b>c</b> Dues, assessments, and similar amounts from members	<b>85c</b>	
<b>d</b> Section 162(e) lobbying and political expenditures	<b>85d</b>	
<b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	<b>85e</b>	
<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e)	<b>85f</b> 0	
<b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	<b>85g</b>	
<b>h</b> 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?	<b>85h</b>	
<b>86 501(c)(7) orgs.</b> Enter <b>a</b> Initiation fees and capital contributions included on line 12	<b>86a</b>	
<b>b</b> Gross receipts, included on line 12, for public use of club facilities	<b>86b</b>	
<b>87 501(c)(12) orgs.</b> Enter <b>a</b> Gross income from members or shareholders	<b>87a</b>	
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>87b</b>	
<b>88</b> 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	<b>88</b>	X
<b>89 a 501(c)(3) organizations.</b> Enter: Amount of tax imposed on the organization during the year under section 4911 <b>N/A</b> ; section 4912 <b>N/A</b> ; section 4955 <b>N/A</b>		
<b>b 501(c)(3) and 501(c)(4) orgs.</b> 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	<b>89b</b>	X
<b>c</b> Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <b>None</b>		
<b>d</b> Enter: Amount of tax on line 89c, above, reimbursed by the organization <b>None</b>		
<b>90 a</b> List the states with which a copy of this return is filed		
<b>b</b> Number of employees employed in the pay period that includes March 12, 2003 (See instructions.)	<b>90b</b> 521	
<b>91</b> The books are in care of <b>Name K. David Crone, SVP, CFO</b> Telephone no <b>716-828-3766</b> Located at <b>515 Abbott Road</b> City <b>Buffalo</b> ST <b>NY</b> Zip + 4 <b>14220</b>		
<b>92</b> 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 <b>92</b> N/A		

**Part VII Analysis of Income-Producing Activities** (See page 33 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	
<b>93</b> Program service revenue					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments					52,185,899
<b>95</b> Interest on savings and temporary cash investments			14	212,878	
<b>96</b> Dividends and interest from securities			14	19,299	
<b>97</b> Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events					
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue    a Other Revenue					476,816
b					
c					
d					
e					
<b>104</b> Subtotal (add columns (B), (D), and (E))		0		232,177	52,662,715
<b>105</b> Total (add line 104, columns (B), (D), and (E))					52,894,892

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 34 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 contracts

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 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
N/A	%		0	0
	%		0	0
	%		0	0
	%		0	0

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 34 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 8/11/04	
Paid Preparer's Use Only	Preparer's signature		Date 8/05/04	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4		EIN	Preparer's SSN or PTIN (See Gen Inst W)
			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  
**Supplementary Information—(See separate instructions.)**

OMB No 1545-0047

**2003**Department of the Treasury  
Internal Revenue Service**MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

Catholic Health System

Employer identification number

22-2565278

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

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

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name Kerry A. Garrigan Str 8595 Waterford Village Court City Clemmens ST NC Zip 27012 Country	Title V.P. HR Avg hr/wk 75	342,724	5,000	606
Name Matthew Hamp Str 301 Selkirk Dr City n. Tonawanda ST NY Zip Country	Title Sr. V.P. Corp Svcs Avg hr/wk 75	144,682	24,000	
Name Christian Lyons Str P O Box 1238 City Buffalo ST NY Zip 14215 Country	Title V P. Compliance Avg hr/wk 75	141,386		
Name Aimee Brace Str 6446 Kevington City Boston ST NY Zip 14025 Country	Title V.P. Strategic Rec Avg hr/wk 75	116,927		
Name Constance Bauer Str 207 Euclid Ave. City Hamburg ST NY Zip 14075 Country	Title V P Lab Svcs Avg hr/wk 75	99,942		
Total number of other employees paid over \$50,000	60			

**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
Name Siemens Medical Solutions Check here if a business <input checked="" type="checkbox"/> Str 51 Valley Stream Parkway City Malvern ST PA ZIP 19355 Country	Information Systems	2,319,138
Name Pricewaterhouse Coopers, LLP Check here if a business <input checked="" type="checkbox"/> Str City Syracuse ST NY ZIP 13152 Country	Auditing/Consulting Services	828,069
Name Healthcare Assoc Of NYS Check here if a business <input checked="" type="checkbox"/> Str One Empire Drive City Renesslear ST NY ZIP 12144 Country	Healthcare Education Services	430,544
Name Phillips Lytle Hitchcock Check here if a business <input checked="" type="checkbox"/> Str 3400 HSBC Center City Buffalo ST NY ZIP 14203 Country	Legal Services	361,776
Name Pershing Yoakley & Assoc Check here if a business <input checked="" type="checkbox"/> Str PO Box 11746 City Knoxville ST TN ZIP 37939 Country	Consulting Services	218,830
Total number of others receiving over \$50,000 for professional services	8	

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

Schedule A (Form 990 or 990-EZ) 2003

(HTA)

**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 ► \$ <u>0</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)		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?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? See Part V, Form 990	X	
e Transfer of any part of its income or assets?		X
3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)		X
b Do you have a section 403(b) annuity plan for your employees?	X	
4 Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	X	

**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 ► \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Country \_\_\_\_\_
- 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 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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)					0
<b>16</b> Membership fees received	46,583,864	46,950,134	36,234,353	13,874,942	143,643,293
<b>17</b> 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
<b>18</b> 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	249,143	354,443	523,910	469,302	1,596,798
<b>19</b> Net income from unrelated business activities not included in line 18					0
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
<b>21</b> 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
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	3,784,117	3,186,780	1,777,247	2,053,361	10,801,505
<b>23</b> Total of lines 15 through 22	50,617,124	50,491,357	38,535,510	16,397,605	156,041,596
<b>24</b> Line 23 minus line 17	50,617,124	50,491,357	38,535,510	16,397,605	156,041,596
<b>25</b> Enter 1% of line 23	506,171	504,914	385,355	163,976	
<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24					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 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					
c Total support for section 509(a)(1) test: Enter line 24, column (e)					0
d Add: Amounts from column (e) for lines:					
18 0	0	0			
22 0	0	0			
e Public support (line 26c minus line 26d total)					0
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					0.00%
<b>27 Organizations described on line 12:</b> 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:					
(2002) (2001) (2000) (1999)					
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:					
(2002) (2001) (2000) (1999)					
c Add Amounts from column (e) for lines:					
15 0	0	143,643,293			
17 0	0	0			
d Add Line 27a total and line 27b total	0	0			
e Public support (line 27c total minus line 27d total)					143,643,293
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)			156,041,596		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					92.05%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					1.02%

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, 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
<b>29</b> 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? . . . . .	<b>29</b>	
<b>30</b> 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? . . . . .	<b>30</b>	
<b>31</b> 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.) ..... ..... .....	<b>31</b>	
<b>32</b> Does the organization maintain the following:		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .	<b>32a</b>	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .	<b>32b</b>	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .	<b>32c</b>	
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .	<b>32d</b>	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) ..... .....		
<b>33</b> Does the organization discriminate by race in any way with respect to:		
<b>a</b> Students' rights or privileges? . . . . .	<b>33a</b>	
<b>b</b> Admissions policies? . . . . .	<b>33b</b>	
<b>c</b> Employment of faculty or administrative staff? . . . . .	<b>33c</b>	
<b>d</b> Scholarships or other financial assistance? . . . . .	<b>33d</b>	
<b>e</b> Educational policies? . . . . .	<b>33e</b>	
<b>f</b> Use of facilities? . . . . .	<b>33f</b>	
<b>g</b> Athletic programs? . . . . .	<b>33g</b>	
<b>h</b> Other extracurricular activities? . . . . .	<b>33h</b>	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ..... .....		
<b>34 a</b> Does the organization receive any financial aid or assistance from a governmental agency? . . . . .	<b>34a</b>	
<b>b</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.	<b>34b</b>	
<b>35</b> 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 . . . . .	<b>35</b>	

**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
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	0
41	Lobbying nontaxable amount Enter the amount from the following table— If the amount on line 40 is— Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000 The lobbying nontaxable amount is— 20% of the amount on line 40 \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000 \$1,000,000	41	0
42	Grassroots nontaxable amount (enter 25% of line 41)	42	0
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	0
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	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.)

		Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶		(a) 2003	(b) 2002	(c) 2001	(d) 2000	(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:

	Yes	No	Amount
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.)			0

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



**Line 20 (990) - Other changes in net assets or fund balances**

1	Pension Accumulated Benefit Obligation	1	-1,047,295
2	Equipment for TANF Grants	2	4,514
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10	Total	10	-1,042,781

**Line 54 (990) - Investments - Securities**

Check one box below to indicate how securities are report

☐ Cost☒ End of year market value (FMV)

		Number of shares/ face value	Value at time of donation	Beginning balance book value FMV	Ending balance book value FMV
Securities at end of year					
1 M&T Securities, Inc.				2,327,476	2,346,775
2					0
3					0
4					0
5					0
6					0
7					0
8					0
9					0
10					0
11					0
12					0
13					0
14					0
15					0
16					0
17					0
18					0
19					0
20					0
21 Totals	21	0	0	2,327,476	2,346,775

**Line 57 (990) - Land, buildings, and equipment**

Land (net of any amortization)		Land (net of any amortization)	
		Beginning	End
1 Land	1	0	0
2	2		
3	3		
4	4		
5	5		
6 Total land (net of any amortization)	6	0	0

  

Buildings and equipment		Buildings and equipment		Accumulated depreciation	
		Beginning	End	Beginning	End
7 Equipment	7	9,153,559	9,221,328	6,476,252	7,583,384
8 Leasehold Improvements	8	36,010	36,010	36,010	36,010
9 Capital Leases	9	571,700	571,700	95,283	209,623
10 Construction in Progress	10	304,478	513,011	0	0
11	11				
12	12				
13	13				
14	14				
15	15				
16	16				
17 Total buildings and equipment	17	10,065,747	10,342,049	6,607,545	7,829,017
18 Buildings and equipment (less accumulated depreciation)	18			3,458,202	2,513,032
19 Total land, buildings and equipment	19			3,458,202	2,513,032

Category or Item	Cost/Other Basis	Accumulated Depreciation	Book Value
1 Equipment	1		
2 Leasehold Improvements	2		0
3 Capital Leases	3		
4 Construction In Progress	4		
5	5		
6	6		
7	7		
8	8		
9	9		
10	10		
11 Total	11	0	0

**Line 58 (990) - Other assets**

	Beginning	End
1 Due From Facilities	1	10,099,017
2 Pension Valuation	2	0
3	3	
4	4	
5	5	
6	6	
7	7	
8	8	
9	9	
10	10	
11 Total other assets	11	10,099,017

**Line 64b (990) - Mortgages and other notes payable**

	Lender's name	Check if lender is a business	Original amount	Balance due beginning of year	Balance due end of year
1	M&T Bank	<input checked="" type="checkbox"/>	20,000,000	13,996,041	13,648,227
2	Kronos	<input checked="" type="checkbox"/>	571,700	244,774	34,970
3	Fleet Healthcare	<input checked="" type="checkbox"/>	11,900,000	3,546,134	955,935
19	Totals	19	32,471,700	17,786,949	14,639,132

	Security provided	Date of note	Maturity date	Repayment terms	Interest rate
1	Facility Related	Various	Various	Various	4 25%
2	Leased Equipment				3 04%
3	Equipment				Various

	Purpose of loan	Description of consideration	FMV of consideration
1	Provide working capital		
2	Provide funding for equipment		
3	Provide funding for equipment		

**Line 65 (990) - Other liabilities**

		Beginning	End
1	Accrued Pension	1,990,290	3,637,975
2			
3			
4			
5			
6			
7			
8			
9			
10			
11	Total other liabilities	1,990,290	3,637,975

Statement # 1

***Catholic Health System  
Form 990  
As of December 31, 2003***

**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**  
**Form 990**  
**As of December 31, 2003**

22-2565278  
Statement # 2

**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/Treasurer 6/03 As needed	None	None	None
James E Biddle Mader Construction 970 Bullis Road Elma, New York 14059	Treasurer/Director 6/03 As needed	None	None	None
Joseph J Castiglia 210 South Grove Street, Suite 290 East Aurora, New York 14052	Chairman (resigned 6/03) 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
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

**Catholic Health System**  
**Form 990**  
**As of December 31, 2003**

22-2565278  
Statement # 2

**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>
James P. Giambrone Associated Physicians of WNY 1616 Kensington Avenue Buffalo, New York 14215	Director As needed	None	None	None
Sr. Nancy Hoff, RSM Sisters of Mercy of the Americas 625 Abbott Road Buffalo, New York 14220	Secretary/Director 6/03 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
Ralph E. Macey The Chase Manhattan Bank 2300 Main Place Tower Buffalo, New York 14202	Director/Chairman 6/03 As needed	None	None	None
Sr. 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, Heffernan & Gregg, P.C. 2100 Main Place Tower Buffalo, New York 14202	Director As needed	None	None	None

**Catholic Health System  
Form 990  
As of December 31, 2003**

**22-2565278**  
Statement # 2

**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>
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	\$ 182,549	\$ 6,645	None
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/Vice Chairman 6/03 As needed	None	None	None
Sr. Paulette Tirone, FSSJ Franciscan Sisters of St Joseph 5286 South Park Ave Hamburg, NY 14075	Secretary As needed	None	None	None
Joseph McDonald Catholic Health System 515 Abbott Road, Suite 508 Buffalo, New York 14220	CEO Full Time	\$ 451,429	\$ 29,035	None
Sr. Sally Maloney Catholic Health System 515 Abbott Road, Suite 508 Buffalo, New York 14220	Sr VP - Mission Integration	None	None	None

**Catholic Health System  
Form 990  
As of December 31, 2003**

**22-2565278  
Statement # 2**

**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>
K David Crone Catholic Health System 515 Abbott Road, Suite 508 Buffalo, New York 14220	Sr VP - CFO	\$ 329,785	7,532	None
Brian J D'Arcy MD Catholic Health System 515 Abbott Road, Suite 508 Buffalo, New York 14220	Sr VP Medical Affairs	\$ 287,118	16,320	None
Thomas Brnody Catholic Health System 515 Abbott Road, Suite 508 Buffalo, New York 14220	Sr VP - Senior Services	\$ 208,691	22,261	None
<b>Grand Totals</b>		<b>\$ 1,459,571</b>	<b>\$ 81,793</b>	<b>None</b>

Note: The Board of Directors is 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, 2003**

Statement # 3  
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.