CitizenAudit.org

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93490311000048

Form **990**

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)

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

OMB No 1545-0047

2007

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning 01-01-2007 and ending 12-31-2007

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 Instructions.

C Name of organization
Catholic Health System Inc

Number and street (or P O box if mail is not delivered to street address) | Room/suite
515 Abbott Road No 508

City or town, state or country, and ZIP + 4
Buffalo, NY 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).**

G Web site: ▶ 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 is not a 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than 25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 64,981,985

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)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances *(See the instructions.)*

Revenue	1	Contributions, gifts, grants, and similar amounts received			
	a	Contributions to donor advised funds	1a		
	b	Direct public support (not included on line 1a)	1b		
	c	Indirect public support (not included on line 1a)	1c		
	d	Government contributions (grants) (not included on line 1a)	1d		
	e	**Total** (add lines 1a through 1d) (cash $ _____ noncash $ _____)		1e	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)		2	64,407,498
	3	Membership dues and assessments		3	
	4	Interest on savings and temporary cash investments		4	235,656
	5	Dividends and interest from securities		5	121,389
	6a	Gross rents	6a		
	b	Less rental expenses	6b		
	c	Net rental income or (loss) subtract line 6b from line 6a		6c	
	7	Other investment income (describe ▶)		7	
	8a	Gross amount from sales of assets other than inventory — **(A)** Securities	8a	**(B)** Other	
	b	Less cost or other basis and sales expenses	8b		
	c	Gain or (loss) (attach schedule)	8c		
	d	Net gain or (loss) Combine line 8c, columns (A) and (B)		8d	
	9	Special events and activities (attach schedule) If any amount is from **gaming**, check here ▶ ☐			
	a	Gross revenue (not including $ _____ of contributions reported on line 1b)	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	
	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	
	11	Other revenue (from Part VII, line 103)		11	217,442
	12	**Total revenue** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11		12	64,981,985
Expenses	13	Program services (from line 44, column (B))		13	57,564,586
	14	Management and general (from line 44, column (C))		14	7,417,399
	15	Fundraising (from line 44, column (D))		15	
	16	Payments to affiliates (attach schedule)		16	
	17	**Total expenses** Add lines 16 and 44, column (A)		17	64,981,985
Net Assets	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	-8,893,739
	20	Other changes in net assets or fund balances (attach explanation)		20	7,452,225
	21	Net assets or fund balances at end of year Combine lines 18, 19, and 20		21	-1,441,514

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 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
22a	Grants paid from donor advised funds (attach Schedule) (cash $_____ noncash $_____) If this amount includes foreign grants, check here ▶ ☐	22a				
22b	Other grants and allocations (attach schedule) (cash $_____ noncash $_____) If this amount includes foreign grants, check here ▶ ☐	22b				
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25a	Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule)	25a	2,825,185	1,829,844	995,341	
b	Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule)	25b				
c	Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c				
26	Salaries and wages of employees not included on lines 25a, b and c	26	30,270,790	29,963,812	306,978	
27	Pension plan contributions not included on lines 25a, b and c	27	1,653,937	1,612,771	41,166	
28	Employee benefits not included on lines 25a - 27	28	4,236,861	3,964,004	272,857	
29	Payroll taxes	29	2,403,832	2,364,904	38,928	
30	Professional fundraising fees	30				
31	Accounting fees	31	650,004	650,004		
32	Legal fees	32	1,346,173	594,083	752,090	
33	Supplies	33	830,883	815,457	15,426	
34	Telephone	34	194,923	185,274	9,649	
35	Postage and shipping	35	72,485	45,271	27,214	
36	Occupancy	36	1,197,792	1,051,400	146,392	
37	Equipment rental and maintenance	37	121,492	121,492		
38	Printing and publications	38	198,388	196,096	2,292	
39	Travel	39	373,795	329,533	44,262	
40	Conferences, conventions, and meetings . .	40	212,847	143,279	69,568	
41	Interest	41	623,092	623,092		
42	Depreciation, depletion, etc (attach schedule)	42	1,357,198	1,213,495	143,703	
43	Other expenses not covered above (itemize)					
a	See Additional Data Table	43a				
b		43b				
c		43c				
d		43d				
e		43e				
f		43f				
g		43g				
44	**Total functional expenses.** Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13—15)	44	64,981,985	57,564,586	7,417,399	0

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

Are any joint costs from a combined educational campaign and fundraising solicitation reported in **(B)** Program services? ▶ ☐ **Yes** ☐ **No**

If "Yes," enter **(i)** the aggregate amount of these joint costs $_____, **(ii)** the amount allocated to Program services $_____, **(iii)** the amount allocated to Management and general $, and **(iv)** the amount allocated to Fundraising $

Part III Statement of Program Service Accomplishments *(See the instructions.)*

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

What is the organization's primary exempt purpose? ▶ Health Care Programs, General/Other Catholic Health System is a full-service health care delivery system dedicated to providing superior medical care to the community at each stage of life Committed to a common mission, WNY Catholic health providers continue the healing ministry of Jesus Seeking to improve the health of individuals and communities, we provide high quality service that is holistic, compassionate and respectful of human digity Central to this endeavor is ervice to those who are poor and disadvantaged For more detailed information,the 2007 Catholic Health System Community Service Report can be found at www CHSBUFFALO org	**Program Service Expenses** (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)

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	Health Care Programs, General/Other Catholic Health System is a full-service health care delivery system dedicated to providing superior medical care to the community at each stage of life Committed to a common mission, WNY Catholic health providers continue the healing ministry of Jesus Seeking to improve the health of individuals and communities, we provide high quality service that is holistic, compassionate and respectful of human digity Central to this endeavor is service to those who are poor and disadvantaged For more detailed information the 2007 Catholic Health System Community Service Report can be found at www CHSBUFFALO org (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	57,564,586
b	(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
c	(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
d	(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
e	Other program services (attach schedule) (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
f	**Total of Program Service Expenses** (should equal line 44, column (B), Program services) . . . . ▶	57,564,586

Part IV Balance Sheets *(See 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	416,324	45	874,329
	46	Savings and temporary cash investments	1,754,854	46	6,606,137
	47a	Accounts receivable 47a			
	b	Less allowance for doubtful accounts 47b		47c	
	48a	Pledges receivable 48a			
	b	Less allowance for doubtful accounts 48b		48c	
	49	Grants receivable		49	
	50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b	Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule)		50b	
	51a	Other notes and loans receivable (attach schedule) 51a			
	b	Less allowance for doubtful accounts 51b		51c	
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges	1,826,330	53	1,677,015
	54a	Investments—publicly-traded securities ▶ ☐ Cost ☐ FMV		54a	
	b	Investments—other securities (attach schedule) ▶ ☐ Cost ☑ FMV	2,563,116	54b	2,684,505
	55a	Investments—land, buildings, and equipment basis 55a 13,253,593			
	b	Less accumulated depreciation (attach schedule) 55b 2,360,523	10,044,729	55c	10,893,070
	56	Investments—other (attach schedule)		56	
	57a	Land, buildings, and equipment basis 57a			
	b	Less accumulated depreciation (attach schedule) 57b		57c	
	58	Other assets, including program-related investments (describe ▶ _____)	24,056,172	58	25,465,356
	59	**Total assets** (must equal line 74) Add lines 45 through 58	40,661,525	59	48,200,412
Liabilities	60	Accounts payable and accrued expenses	32,767,770	60	32,350,931
	61	Grants payable		61	
	62	Deferred revenue		62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a	Tax-exempt bond liabilities (attach schedule)		64a	
	b	Mortgages and other notes payable (attach schedule)	8,941,867	64b	9,362,881
	65	Other liabilities (describe ▶ _____)	7,845,627	65	7,928,114
	66	**Total liabilities** Add lines 60 through 65	49,555,264	66	49,641,926
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here** ▶ ☑ and complete lines 67 through 69 and lines 73 and 74			
	67	Unrestricted	-8,893,739	67	-1,441,514
	68	Temporarily restricted		68	
	69	Permanently restricted		69	
		Organizations that do not follow SFAS 117, check here ▶ ☐ 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 and column (B) **must** equal line 21)	-8,893,739	73	-1,441,514
	74	**Total liabilities and net assets / fund balances** Add lines 66 and 73	40,661,525	74	48,200,412

Part IV-A **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** *(See the instructions.)*

a	Total revenue, gains, and other support per audited financial statements			**a**	64,981,985
b	Amounts included on line **a** but not on Part I, line 12				
1	Net unrealized gains on investments	**b1**			
2	Donated services and use of facilities	**b2**			
3	Recoveries of prior year grants	**b3**			
4	Other (specify) _____	**b4**			
	Add lines **b1** through **b4**			**b**	
c	Subtract line **b** from line **a**			**c**	64,981,985
d	Amounts included on Part I, line 12, but not on line **a**				
1	Investment expenses not included on Part I, line 6b	**d1**			
2	Other (specify) _____	**d2**			
	Add lines **d1** and **d2**			**d**	
e	**Total revenue** (Part I, line 12) Add lines **c** and **d** ▶			**e**	64,981,985

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

a	Total expenses and losses per audited financial statements			**a**	64,981,985
b	Amounts included on line **a** but not on Part I, line 17				
1	Donated services and use of facilities	**b1**			
2	Prior year adjustments reported on Part I, line 20	**b2**			
3	Losses reported on Part I, line 20	**b3**			
4	Other (specify) _____	**b4**			
	Add lines **b1** through **b4**			**b**	
c	Subtract line **b** from line **a**			**c**	64,981,985
d	Amounts included on Part I, line 17, but not on line **a:**				
1	Investment expenses not included on Part I, line 6b	**d1**			
2	Other (specify) _____	**d2**			
	Add lines **d1** and **d2**			**d**	
e	**Total expenses** (Part I, line 17) Add lines **c** and **d** ▶			**e**	64,981,985

Part V-A **Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) *(See 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 plans	**(E)** Expense account and other allowances
See Additional Data Table				

Part V-A Current Officers, Directors, Trustees, and Key Employees *(continued)*

			Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 24			
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	**75b**	Yes	
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization" ▶	**75c**	Yes	
	If "Yes," attach a statement that includes the information described in the instructions			
d	Does the organization have a written conflict of interest policy?	**75d**	Yes	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	**(B)** Loans and Advances	**(C)** Compensation (If not paid enter -0-)	**(D)** Contributions to employee benefit plans and deferred compensation plans	**(E)** Expense account and other allowances

Part VI Other Information *(See the instructions.)*

			Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	**76**		No
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	**77**		No
78a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	**78a**		No
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	**78b**		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	**79**		No
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc , to any other exempt or nonexempt organization?	**80a**	Yes	
b	If "Yes," enter the name of the organization ▶ See Additional Data Table and check whether it is ☐ exempt **or** ☐ nonexempt			
81a	Enter direct or indirect political expenditures (See line 81 instructions) **81a**			
b	Did the organization file **Form 1120-POL** for this year?	**81b**		No

Part VI Other Information *(continued)*

			Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		No
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III) 82b			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Yes	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b		
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85	*501(c)(4), (5), or (6) organizations.* **a** Were substantially all dues nondeductible by members?	85a		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	85b		
	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 the prior year			
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			
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			
88a	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	88a		No
b	At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If yes complete Part XI	88b		No
89a	*501(c)(3) organizations* Enter Amount of tax imposed on the organization during the year under section 4911 ▶ 0, section 4912 ▶ 0, section 4955 ▶ 0			
b	*501(c)(3) and 501(c)(4) orgs.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		No
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization ▶			
e	*All organizations.* At any time during the tax year was the organization a party to a prohibited tax shelter transaction?	89e		No
f	*All organizations.* Did the organization acquire direct or indirect interest in any applicable insurance contract?	89f		No
g	*For supporting organizations and sponsoring organizations maintaining donor advised funds.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		No
90a	List the states with which a copy of this return is filed ▶			
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions)	90b	767	
91a	The books are in care of ▶ David P Macholz Telephone no ▶ (716) 828-2974			
	Located at ▶ 515 Abbott Raod Buffalo, NY ZIP + 4 ▶ 14220			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b		No
	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**, Report of Foreign Bank and Financial Accounts			

Part VI Other Information *(continued)*

		Yes	No
c At any time during the calendar year, did the organization maintain an office outside of the United States?	91c		No

If "Yes," enter the name of the foreign country ▶

92 *Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of* ***Form 1041***—Check here . . . . . ▶ ☐
and enter the amount of tax-exempt interest received or accrued during the tax year . . . . ▶ 92

Part VII Analysis of Income-Producing Activities ***(See the instructions.)***

Note: *Enter gross amounts unless otherwise indicated.*

	Unrelated business income		Excluded by section 512, 513, or 514		(E)
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function income
93 Program service revenue					
a AdminClinical Svc-Related Facilities					64,407,498
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments . . .					
95 Interest on savings and temporary cash investments			14	235,656	
96 Dividends and interest from securities . . .			14	121,389	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b non 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 Community Education Programs					117,622
b Stop Loss Refund					22,633
c Purchasing Rebates					9,865
d Physican Fees			03	48,942	
e Staff Education			03	18,380	
104 Subtotal (add columns (B), (D), and (E)) . .				424,367	64,557,618
105 **Total** (add line 104, columns (B), (D), and (E)) . . . . . ▶					64,981,985

Note: *Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.*

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes ***(See 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)
	See Additional Data Table

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities ***(See 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 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).*

Part XI **Information Regarding Transfers To and From Controlled Entities** *Complete only if the organization is a controlling organization as defined in section 512(b)(13)*

		Yes	No
106	Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity		

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

		Yes	No
107	Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity		

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

		Yes	No
108	Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?		

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

****** 2008-11-05

Signature of officer Date

David P Macholz VP Finance/Corporate Controller

Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-empolyed ▶ ☐	Preparer's SSN or PTIN (See Gen Inst W)
Firm's name (or yours if self-employed), address, and ZIP + 4			EIN ▶
			Phone no ▶

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93490311000048

SCHEDULE A (Form 990 or 990EZ)

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 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

2007

Name of the organization
Catholic Health System Inc

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
Lee Guterman MD C/O CHS-2121 Main St Suite 300 Buffalo, NY 14214	MD Neurosciences 37 50	250,280	32,583	0
James Dunlop Jr CPA C/O CHS-2121 Main St Suite 300 Buffalo, NY 14214	VP FinanceControlle 37 50	238,542	32,413	0
Christine Kluckhohn C/O CHS-2121 Main St Suite 300 Buffalo, NY 14214	CEO-Continuing Care 37 50	231,742	32,314	0
Lisa Cilano C/O CHS-2121 Main St Suite 300 Buffalo, NY 14214	VP FinanceRevenue 37 50	196,086	31,110	0
Shae Peters C/O CHS-2121 Main St Suite 300 Buffalo, NY 14214	VP Strategic Develop 37 50	189,380	30,217	0
Total number of other employees paid over $50,000 ▶	194			

Part II-A **Compensation of the Five Highest Paid Independent Contractors for Professional Services**
(See page 2 of the instructions. List each one (whether individual 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
Phillips Lytle LLP 3400 HSBC Center Buffalo, NY 14203	Legal	995,647
Pricewaterhouse Coopers LLP 3600 HSBC Center Buffalo, NY 14203	AuditingConsulting	719,698
Lee Guterman MD 660 Leburn Road Amherst, NY 14226	Neuroscience Services	323,540
Pershing Yoakley Associates One Perkins Place 525 Portland Street Knoxville, TN 37919	Consulting	224,533
Freed Maxick Battaglia PC 800 Liberty Bldg Buffalo, NY 14202	AuditingConsulting	195,708
Total number of others receiving over $50,000 for professional services ▶	15	

Part II-B **Compensation of the Five Highest Paid Independent Contractors for Other Services**
(List each contractor who performed services other than professional services, whether individual or firms. If there are none, enter "None". See page 2 for instructions.)

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
Siemens Medical Solutions Department AT 40065 Atlanta, GA 31192	Information Systems SupportConsultingMaintenance	3,563,145
GE Medical Systems PO Box 640944 Pittsburg, PA 15264	Clinical Equipment Maintenace	2,316,725
Eastern Great Lakes Pathology PO Box 440 Niagara Falls, NY 14304	Pathology Services	859,500
ComDoc Inc 10 John James Audubon Pky Amherst, NY 14228	copyFax Equipment Maintenance	411,294
Sentillion 40 Shattuck Road Suite 200 Andover, MA 01810	Information Systems Support	279,634
Total number of other contractors receiving over $50,000 for other services ▶	19	

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, include 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 ▶$ 239,117 (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)	1	Yes	
	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 property?	2a		No
b	Lending of money or other extension of credit?	2b		No
c	Furnishing of goods, services, or facilities?	2c		No
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)?	2d	Yes	
e	Transfer of any part of its income or assets?	2e		No
3a	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)	3a		No
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	Yes	
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement	3c		No
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		No
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4a		No
b	Did the organization make any taxable distributions under section 4966?	4b		
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		
d	Enter the total number of donor advised funds owned at the end of the tax year ▶			
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶			
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶0			
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶0			

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box)

5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)

6 ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V)

7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)

8 ☐ A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)

9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state** ▶ _____

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)

11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

11b ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

12 ☑ An organization that normally receives **(1) more than 331/3%** 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 331/3%** 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 otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization

☐ Type I ☐ Type II ☐ Type III - Functionally Integrated ☐ Type III - Other

Provide the following information about the supported organizations. (see page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents? Yes	(d) No	(e) Amount of support?
Total				▶	

14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)					0
16 Membership fees received	50,785,043	45,969,624	42,193,351	52,185,899	191,133,917
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	177,371	207,862	208,401	232,177	825,811
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	374,588	397,133	1,295,521	476,816	2,544,058
23 Total of lines 15 through 22	51,337,002	46,574,619	43,697,273	52,894,892	194,503,786
24 Line 23 minus line 17	51,337,002	46,574,619	43,697,273	52,894,892	194,503,786
25 Enter 1% of line 23	513,370	465,746	436,973	528,949	

26 Organizations described on lines 10 or 11: **a** Enter 2% of amount in column (e), line 24 ▶ **26a**

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 2002 through 2005 exceeded the amount shown in line 26a **Do not file this list with your return.** Enter the total of all these excess amounts ▶ **26b** 0

c Total support for section 509(a)(1) test Enter line 24, column (e) ▶ **26c**

d Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____ ▶ **26d**

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

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

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

(2006) _____ (2005) _____ (2004) _____ (2003) _____

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 11b, 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

(2006) _____ (2005) _____ (2004) _____ (2003) _____

c Add Amounts from column (e) for lines 15 0 16 191,133,917 17 0 20 0 21 0 ▶ **27c** 191,133,917

d Add Line 27a total _____ and line 27b total _____ ▶ **27d**

e Public support (line 27c total minus line 27d total) ▶ **27e** 191,133,917

f Total support for section 509(a)(2) test Enter amount from line 23, column (e) ▶ **27f** 194,503,786

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ **27g** 9826 75 %

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ **27h** 42 46 %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, 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?	29		
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?	30		
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?	31		
	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?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	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?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	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	35		

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**		
39 Other exempt purpose expenditures	**39**		
40 Total exempt purpose expenditures (add lines 38 and 39)	**40**		
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**		
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**		
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	**43**		
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	**44**		

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)** 2007	**(b)** 2006	**(c)** 2005	**(d)** 2004	**(e)** Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

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	Yes	No	Amount
a Volunteers		No	
b Paid staff or management (Include compensation in expenses reported on lines **c** through **h.**)		No	
c Media advertisements		No	0
d Mailings to members, legislators, or the public		No	0
e Publications, or published or broadcast statements		No	0
f Grants to other organizations for lobbying purposes		No	0
g Direct contact with legislators, their staffs, government officials, or a legislative body	Yes		239,117
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		No	0
i Total lobbying expenditures (Add lines **c** through **h.**)			239,117

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

Part VII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 12 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of			
(i) Cash	**51a(i)**		No
(ii) Other assets	**a(ii)**		No
b Other transactions			
(i) Sales or exchanges of assets with a noncharitable exempt organization	**b(i)**		No
(ii) Purchases of assets from a noncharitable exempt organization	**b(ii)**		No
(iii) Rental of facilities, equipment, or other assets	**b(iii)**		No
(iv) Reimbursement arrangements	**b(iv)**		No
(v) Loans or loan guarantees	**b(v)**		No
(vi) Performance of services or membership or fundraising solicitations	**b(vi)**		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	**c**		No

d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☑ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93490311000048

Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2007

Attachment Sequence No **67**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
Catholic Health System Inc	Form 990 Page 2	22-2565278

Part I **Election To Expense Certain Property Under Section 179**

Note: *If you have any listed property, complete Part V before you complete Part I.*

1 Maximum amount See the instructions for a higher limit for certain businesses	1	125,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	500,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6		

7 Listed property Enter the amount from line 29	7		
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7		8	
9 Tentative deduction Enter the **smaller** of line 5 or line 8		9	
10 Carryover of disallowed deduction from line 13 of your 2006 Form 4562		10	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)		11	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11		12	
13 Carryover of disallowed deduction to 2008 Add lines 9 and 10, less line 12 ▶	13		

Note: *Do not use Part II or Part III below for listed property. Instead, use Part V.*

Part II **Special Depreciation Allowance and Other Depreciation (Do not** include listed property **)** (See instructions)

14 Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) and cellulosic biomass ethanol plant property placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	1,357,198

Part III **MACRS Depreciation (Do not** include listed property.**)** (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2007	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶		

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV **Summary** (see instructions)

21 Listed property Enter amount from line 28	21	
22 **Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instr	22	1,357,198
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V **Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete* ***only*** *24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

Section A—Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles.***)**

24a Do you have evidence to support the business/investment use claimed? ☐ **Yes** ☐ **No** | **24b** If "Yes," is the evidence written? ☐ **Yes** ☐ **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25 Special allowance for qualified New York Liberty or Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						**25**		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						**28**		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							**29**	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

	Yes	**No**
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2007 tax year (see instructions)					
43 Amortization of costs that began before your 2007 tax year				**43**	
44 Total. Add amounts in column (f) See the instructions for where to report				**44**	

Additional Data

Software ID:
Software Version:
EIN: 22-2565278
Name: Catholic Health System Inc

Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

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
a DuesCost Allocation from Catholic Health East	**43a**	3,458,859		3,458,859	
b Public Relations	**43b**	392,481	392,481		
c Contracted Services	**43c**	8,733,909	8,590,399	143,510	
d Recruiting	**43d**	278,323	278,323		
e Consulting	**43e**	1,213,030	688,937	524,093	
f Miscellaneous	**43f**	1,288,303	1,089,491	198,812	
g Insurance	**43g**	301,833	301,833		
h Internal Auditor	**43h**	242,074	242,074		
i Collection Fees	**43i**	198,090	198,090		
j Bank Fees	**43j**	63,443	63,443		
k Dues To Professional Organizations	**43k**	241,963	15,704	226,259	

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(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 plans	(E) Expense account and other allowances
K David Crone C/O CHS-Seton Bldg 2121 Main Street Suite 300 Buffalo, NY 14214	Sr VPCFO 37 50	397,308	62,671	0
Brian D'Arcy MD C/O CHS-Seton Bldg 2121 Main Street Suite 300 Buffalo, NY 14214	Sr VP Medical Affairs 37 50	342,037	279,338	0
Michael Moley C/O CHS-Seton Bldg 2121 Main Street Suite 300 Buffalo, NY 14214	Sr VP Human Resources 37 50	277,910	68,194	0
Maria Foti C/O CHS-Seton Bldg 2121 Main Street Suite 300 Buffalo, NY 14214	Sr VP Planning 37 50	205,281	30,791	0
Bartholomew Rodriques C/O CHS-Seton Bldg 2121 Main Street Suite 300 Buffalo, NY 14214	Sr VP mission Integration 37 50	205,170	17,532	0
Mark Sullivan C/O CHS-Seton Bldg 2121 Main Street Suite 300 Buffalo, NY 14214	Exec VPCOO 37 50	141,097	26,336	0
John Stravos C/O CHS-Seton Bldg 2121 Main Street Suite 300 Buffalo, NY 14214	Sr VP MarketingPublic Relations 37 50	10,335	1,329	0
John Davanzo C/O CHS-Seton Bldg 2121 Main Street Suite 300 Buffalo, NY 14214	Sr VPPres Regional Development 37 50	88,604	51,869	0
Philip Aliotta MD C/O CHS-Seton Bldg 2121 Main Street Suite 300 Buffalo, NY 14214	Board Member 1 00	0	0	0
Joseph Anain MD C/O CHS-Seton Bldg 2121 Main Street Suite 300 Buffalo, NY 14214	Board Member 1 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(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 plans	(E) Expense account and other allowances
Paul Bauer C/O CHS-Seton Bldg 2121 Main Street Suite 300 Buffalo, NY 14214	Board Member 1.00	0	0	0
Hilary Davis DC Sister C/O CHS-Seton Bldg 2121 Main Street Suite 300 Buffalo, NY 14214	Board Member 1.00	0	0	0
Dennis Domek C/O CHS-Seton Bldg 2121 Main Street Suite 300 Buffalo, NY 14214	Board Member 1.00	0	0	0
Shelley C Drake C/O CHS-Seton Bldg 2121 Main Street Suite 300 Buffalo, NY 14214	Board Member 1.00	0	0	0
David Durante MD C/O CHS-Seton Bldg 2121 Main Street Suite 300 Buffalo, NY 14214	Board Member 1.00	0	0	0
John Elmore C/O CHS-Seton Bldg 2121 Main Street Suite 300 Buffalo, NY 14214	Board Member 1.00	0	0	0
Marguerite Hambleton C/O CHS-Seton Bldg 2121 Main Street Suite 300 Buffalo, NY 14214	Board Member 1.00	0	0	0
Nancy Hoff Sr RSM C/O CHS-Seton Bldg 2121 Main Street Suite 300 Buffalo, NY 14214	Board Member 1.00	0	0	0
Li Lin C/O CHS-Seton Bldg 2121 Main Street Suite 300 Buffalo, NY 14214	Board Member 1.00	0	0	0
Ramesh Luther MD c/O CHS-Seton Bldg 2121 Main Street Suite 300 Buffalo, NY 14214	Board Member 1.00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(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 plans	(E) Expense account and other allowances
Ralph Macey Jr C/O CHS-Seton Bldg 2121 Main Street Suite 300 Buffalo, NY 14214	Board Member 1 00	0	0	0
Joseph McDonald C/O CHS-Seton Bldg 2121 Main Street Suite 300 Buffalo, NY 14214	PresidentCEO Board Member 37 50	765,639	235,818	0
Carl J Montante C/O CHS-Seton Bldg 2121 Main Street Suite 300 Buffalo, NY 14214	Chairman of the Board 1 00	0	0	0
Kathleen Natwin Sr C/O CHS-Seton Bldg 2121 Main Street Suite 300 Buffalo, NY 14214	Board Member 1 00	0	0	0
Linus Ormsby C/O CHS-Seton Bldg 2121 Main Street Suite 300 Buffalo, NY 14214	Board Member 1 00	0	0	0
Marcus Romanowski C/O CHS-Seton Bldg 2121 Main Street Suite 300 Buffalo, NY 14214	Board Member 1 00	0	0	0
Richard Ruh MD C/O CHS-Seton Bldg 2121 Main Street Suite 300 Buffalo, NY 14214	Board Member 1 00	0	0	0
Arthur Russ Jr C/O CHS-Seton Bldg 2121 Main Street Suite 300 Buffalo, NY 14214	Board Member 1 00	0	0	0
Judith Elaine Salzman C/O CHS-Seton Bldg 2121 Main Street Suite 300 Buffalo, NY 14214	Board Secretary 1 00	0	0	0
Hugh Scott Judge C/O CHS-Seton Bldg 2121 Main Street Suite 300 Buffalo, NY 14214	Board Member 1 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(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 plans	(E) Expense account and other allowances
Cary Vastola MD C/O CHS-Seton Bldg 2121 Main Street Suite 300 Buffalo, NY 14214	Board Member 1 00	0	0	0
Robert E Zapfel Monsignor C/O CHS-Seton Bldg 2121 Main Street Suite 300 Buffalo, NY 14214	Board Member 1 00	0	0	0

Form 990, Part VI, Line 80b - If "Yes", enter the name of the organization and whether it is exempt or nonexempt:

Name of the Organization	Exempt	Nonexempt
Mercy Hospital Of Buffalo	X	
Kenmore Mercy Hospital	X	
St Joseph Hospital	X	
Sisters Of Charity Hospital	X	
St Francis Of Williamsville	X	
St Francis Geriatric and Healthcare Services Inc	X	
WNY Catholic Long Term Care Inc	X	
St Elizabeth Home	X	
St Vincent Home For The Aged	X	
St Joseph Manor	X	
St Clare Manor	X	
St Luke Manor Of Batavia	X	
St Mary's Manor	X	
Nazareth Home Of The Franciscan Sisters Of The Immaculate Conception	X	
McAuley Seton Home Care	X	
Niagara Homemaker Services Inc	X	
OLV Renaissance Corporation	X	
Our Lady Of Victory Housing Development Corporation	X	
Catholic Health System Continuing Care Foundation	X	

Form 990, Part VIII - Relationship of Activities to the Accomplishment of Exempt Purposes:

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).
93a	Revenue generated from administrative and clinical services provided to
93a	related organizations These exempt related organizations provide
93a	acute inpatient,outpatient,long-term,home health,primary,and
93a	rehabiliative care
103a	Nominal fees-Community Health screening and Infor Sessions in Community
103b	Reimbursement on health coverage - Stop Loss Insurance Payment
103c	Revenue for rebates earned on volume purchases made in 2007

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2007 Compensation Schedule

Name: Catholic Health System Inc

EIN: 22-2565278

Name	Related Organization		Relationship	Compensation Amount	Benefit Plan Contributions	Expense Account	Compensation Description
	Name	EIN					
Mark Sullivan	McAuley Seton Home Care	16-1310062	Catholic Health System,Inc is parent organization of McAuley Seton Home Care	118,289	26,669		Mark Sullivan served as President/CEO of McAuley Seton Homecare until July 2007 His compensation of $118,289 and related employee benefit plan contribution of $26,669 was paid by McAuley Seton Home Care, an affiliate of the Catholic Health System, Inc Effective August, 2007 Sullivan became the Sr VP/COO for the Catholic Health System, Inc and served in that capacity for the remainder of 2007 Mr Sullivan's compensation and employee benefit plan contribution for his service as the Sr VP/COO of the Catholic Health System, Inc is disclosed in the supplemental schedule supporting Part V-A on this form 990
John Davanzo	Mercy Hospital Of Buffalo	16-0756336	Catholic Health System,Inc is parent organization of Mercy Hosp Of Buffalo	250,468	28,597		John Davanzo served as President/CEO of Mercy Hospital Of Buffalo until August, 2007 His compensation of $250,468 and related employee benefit plan contribution of $28,597 was paid by Mercy Hospital of Buffalo, an affiliate of the Catholic Health System, Inc Effective September , 2007, Davanzo became the Sr VP/President of Regional Development for the Catholic Health System, Inc and served in that capacity for the remainder of 2007 Mr Davanzo's compensation and employee benefit plan contribution for his service as the Sr VP/President of Regional Development of the Catholic Health System, Inc is disclosed in the supplemental schedule supporting Part V-A on this form 990

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93490311000048

TY 2007 Investments - Securities Schedule

Name: Catholic Health System Inc

EIN: 22-2565278

Description	Book Value	Cost/FMV
Brokerage Account	2,684,505	F

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93490311000048

TY 2007 Mortgages and Notes Payable Schedule

Name: Catholic Health System Inc
EIN: 22-2565278
Total Mortgage Amount: 0

Item No.	1
Lender's Name	HSBC
Lender's Title	Loan
Relationship to Insider	NA
Original Amount of Loan	8380467
Balance Due	8380467
Date of Note	2007-11
Maturity Date	2008-11
Repayment Terms	Other
Interest Rate	5.7500
Security Provided by Borrower	Real Property of Related Acute Care Subsidiaries
Purpose of Loan	Line Of Credit
Description of Lender Consideration	Line Of Credit
Consideration FMV	

Item No.	2
Lender's Name	First American Equipment
Lender's Title	Loan
Relationship to Insider	NA
Original Amount of Loan	571395
Balance Due	504991
Date of Note	2007-04
Maturity Date	2012-04
Repayment Terms	Monthly
Interest Rate	6.5940
Security Provided by Borrower	Equipment
Purpose of Loan	Equipment
Description of Lender Consideration	Equipment Leases
Consideration FMV	

Item No.	3
Lender's Name	Siemens Financial Services
Lender's Title	Loan
Relationship to Insider	NA
Original Amount of Loan	548829
Balance Due	470828
Date of Note	2006-12
Maturity Date	2011-12
Repayment Terms	Monthly
Interest Rate	7.4500
Security Provided by Borrower	Equipment
Purpose of Loan	Equipment
Description of Lender Consideration	Equipment Leases
Consideration FMV	

Item No.	4
Lender's Name	GMAC
Lender's Title	Loan
Relationship to Insider	NA
Original Amount of Loan	29361
Balance Due	6595
Date of Note	2004-02
Maturity Date	2009-01
Repayment Terms	Monthly
Interest Rate	0.0000
Security Provided by Borrower	Truck
Purpose of Loan	Truck
Description of Lender Consideration	Truck
Consideration FMV	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93490311000048

TY 2007 Other Assets Schedule

Name: Catholic Health System Inc

EIN: 22-2565278

Description	Beginning of Year Amount	End of Year Amount
Other Receivables	1,276,512	1,008,396
Due From Related Subsidiaries	22,779,660	24,456,960

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93490311000048

TY 2007 Other Changes in Net Assets Schedule

Name: Catholic Health System Inc

EIN: 22-2565278

Description	Amount
Net Equity Transfer Between CHS & Subsidiaries Relating to Soarian Capit	1,962,940
Equity Transfers to Parent for System Capital Expenditures	5,025,000
Minimum Pension Liability Adjustment	464,285

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93490311000048

TY 2007 Other Liabilities Schedule

Name: Catholic Health System Inc

EIN: 22-2565278

Description	Beginning of Year Amount	End of Year Amount
Accrued Pension	7,845,627	7,928,114

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93490311000048

TY 2007 Relationship Schedule

Name: Catholic Health System Inc

EIN: 22-2565278

Person Name / Business Name	Title or Role	Person Name 2 / Business Name 2	Title or Role 2	Relationship
Arthur Russ Jr Esq	Board Member	Lee Guterman MD	Contracted Physician	Authur Russ Jr is a member of the Catholic Health System,Inc Board The Catholic Health Sytem,Inc utilizes Phillips Lytle,LLP a legal firm at which Mr Russ is a partner Services are provided at fair market value Lee Guterman MD is a staff physician, additionally he is independently contracted for Neuroscience Services His salary and his contracted services rate are mutually exclusive

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93490311000048

TY 2007 Non Electing Public Charities Statement

Name: Catholic Health System Inc

EIN: 22-2565278

Statement: Catholic Health System,Inc. pays dues to organizations (American Hospital Association and Catholic Health Association) that utilize a portion of the dues payment for lobbying activities. In 2007,the lobbying component of these dues amounted to approximately $33,617. Additionally, CHS retains certain individuals to advocate on behalf of the Catholic Health System, Inc with New York State legislatures relating to issues that impact the system. Costs incurred in relation to such activities amounted to approximately $204,639 in 2007.

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93490311000048

TY 2007 Other Income Schedule

Name: Catholic Health System Inc

EIN: 22-2565278

Description	2006	2005	2004	2003	Total
Vendor Credits	210,935	135,564	366,363		712,862
Community Education	122,169	168,547	180,266	59,806	530,788
Expense Reimbursement		45,039	404,382	112,127	561,548
Miscellaneous		21,683	308,960	304,883	635,526
Physician Fees	41,484	26,300	35,550		103,334