

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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

**A For the 2019 calendar year, or tax year beginning 07-01-2019, and ending 06-30-2020**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization: Dignity Health Foundation  
 Doing business as: \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: 185 BERRY STREET 200  
 City or town, state or province, country, and ZIP or foreign postal code: SAN FRANCISCO, CA 94107

**D** Employer identification number: 46-2037641  
**E** Telephone number: (415) 438-5500  
**G** Gross receipts \$ 11,345,779

**F** Name and address of principal officer:  
 FRED NAJJAR  
 185 BERRY STREET 200  
 SAN FRANCISCO, CA 94107

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)  
**H(c)** Group exemption number ▶ \_\_\_\_\_

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ WWW.DIGNITYHEALTHFOUNDATION.ORG

**K** Form of organization:  Corporation  Trust  Association  Other ▶ \_\_\_\_\_  
**L** Year of formation: 2013 **M** State of legal domicile: CA

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities:  
 TO PROVIDE FINANCIAL ASSISTANCE AND SUPPORTING SERVICES FOR DIGNITY HEALTH.

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.

|  |           |    |
|--|-----------|----|
| <b>3</b> Number of voting members of the governing body (Part VI, line 1a)             | <b>3</b>  | 12 |
| <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) | <b>4</b>  | 10 |
| <b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)  | <b>5</b>  | 0  |
| <b>6</b> Total number of volunteers (estimate if necessary)                            | <b>6</b>  | 12 |
| <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12         | <b>7a</b> | 0  |
| <b>7b</b> Net unrelated business taxable income from Form 990-T, line 39               | <b>7b</b> | 0  |

|   | Prior Year | Current Year |
|---|------------|--------------|
| <b>8</b> Contributions and grants (Part VIII, line 1h)                                      | 5,821,943  | 11,070,500   |
| <b>9</b> Program service revenue (Part VIII, line 2g)                                       | 0          | 0            |
| <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)                     | 93,941     | 117,201      |
| <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)          | -738,070   | 13,102       |
| <b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 5,177,814  | 11,200,803   |
| <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)                  | 1,582,116  | 2,258,829    |
| <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)                     | 0          | 0            |
| <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 0          | 0            |
| <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)                    | 0          | 0            |
| <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 436,531                |            |              |
| <b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)                      | 1,028,910  | 940,672      |
| <b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)         | 2,611,026  | 3,199,501    |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12                              | 2,566,788  | 8,001,302    |

|  | Beginning of Current Year | End of Year |
|--|---------------------------|-------------|
| <b>20</b> Total assets (Part X, line 16)                             | 8,086,254                 | 16,061,445  |
| <b>21</b> Total liabilities (Part X, line 26)                        | 140,288                   | 116,432     |
| <b>22</b> Net assets or fund balances. Subtract line 21 from line 20 | 7,945,966                 | 15,945,013  |

**Part II Signature Block**

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.

**Sign Here**

Signature of officer: \*\*\*\*\* Date: 2021-05-11  
 Fred Najjar Treasurer Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: \_\_\_\_\_ Preparer's signature: \_\_\_\_\_ Date: 2021-05-05  
 Check  if self-employed PTIN: P01051055  
 Firm's name ▶ COMMONSPIRIT HEALTH Firm's EIN ▶ 47-0617373  
 Firm's address ▶ 198 INVERNESS DRIVE WEST Phone no. (303) 298-9100  
 ENGLEWOOD, CO 80112

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III

**1** Briefly describe the organization's mission:

DIGNITY HEALTH FOUNDATION SERVES AS A SUPPORTING ORGANIZATION TO DIGNITY HEALTH, A CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATION RECOGNIZED AS A TAX-EXEMPT CHARITABLE ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE "CODE"). THE FOUNDATION PROVIDES FUNDRAISING SUPPORT AND SERVICES SYSTEM-WIDE TO DIGNITY HEALTH AND ITS NETWORK OF HOSPITALS AND THE MEDICAL FOUNDATION, WHILE STREAMLINING ADMINISTRATIVE COSTS THROUGH INCREASED OPERATIONAL EFFICIENCY. THE FOUNDATION PROVIDES FOCUSED PHILANTHROPIC SUPPORT TO DRIVE INNOVATION AT DIGNITY HEALTH, IMPROVE CLINICAL OUTCOMES, GROW ACCESS TO CARE, AND ENABLE DIGNITY HEALTH TO SERVE MORE PEOPLE.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 2,258,829 including grants of \$ 2,258,829 ) (Revenue \$ 0 )  
See Additional Data

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ▶ 2,258,829

**Part IV Checklist of Required Schedules**

|            |   | Yes | No |
|------------|---|-----|----|
| <b>1</b>   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A   | Yes |    |
| <b>2</b>   | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?   | Yes |    |
| <b>3</b>   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I  |     | No |
| <b>4</b>   | <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II   |     | No |
| <b>5</b>   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III   |     |    |
| <b>6</b>   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I  |     | No |
| <b>7</b>   | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  |     | No |
| <b>8</b>   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III   |     | No |
| <b>9</b>   | Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV             |     | No |
| <b>10</b>  | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V  | Yes |    |
| <b>11</b>  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.   |     |    |
| <b>a</b>   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.  |     | No |
| <b>b</b>   | Did the organization report an amount for investments—other securities—in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII   |     | No |
| <b>c</b>   | Did the organization report an amount for investments—program related—in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII   |     | No |
| <b>d</b>   | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX  |     | No |
| <b>e</b>   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   | Yes |    |
| <b>f</b>   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  | Yes |    |
| <b>12a</b> | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII  |     | No |
| <b>b</b>   | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional   | Yes |    |
| <b>13</b>  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   |     | No |
| <b>14a</b> | Did the organization maintain an office, employees, or agents outside of the United States?   |     | No |
| <b>b</b>   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV |     | No |
| <b>15</b>  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV  |     | No |
| <b>16</b>  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  |     | No |
| <b>17</b>  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)   |     | No |
| <b>18</b>  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  | Yes |    |
| <b>19</b>  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  |     | No |
| <b>20a</b> | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   |     | No |
| <b>b</b>   | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  |     |    |
| <b>21</b>  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II   | Yes |    |

**Part IV Checklist of Required Schedules (continued)**

|            |  | Yes | No |
|------------|--|-----|----|
| <b>22</b>  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>   |     | No |
| <b>23</b>  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . . .</i>  | Yes |    |
| <b>24a</b> | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i>  |     | No |
| <b>b</b>   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .  |     |    |
| <b>c</b>   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .   |     |    |
| <b>d</b>   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .  |     |    |
| <b>25a</b> | <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>   |     | No |
| <b>b</b>   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . . .</i>   |     | No |
| <b>26</b>  | Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II . . . . .</i>   |     | No |
| <b>27</b>  | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . . . .</i> |     | No |
| <b>28</b>  | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  |     |    |
| <b>a</b>   | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>  |     | No |
| <b>b</b>   | A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>   |     | No |
| <b>c</b>   | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>   |     | No |
| <b>29</b>  | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>  | Yes |    |
| <b>30</b>  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>  |     | No |
| <b>31</b>  | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>  |     | No |
| <b>32</b>  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>  |     | No |
| <b>33</b>  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>  |     | No |
| <b>34</b>  | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>  | Yes |    |
| <b>35a</b> | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  |     | No |
| <b>b</b>   | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>   |     |    |
| <b>36</b>  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>   |     | No |
| <b>37</b>  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>   |     | No |
| <b>38</b>  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .   | Yes |    |

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V

|           |  | Yes | No |
|-----------|--|-----|----|
| <b>1a</b> | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .   |     |    |
| <b>b</b>  | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .  |     |    |
| <b>c</b>  | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . . |     |    |

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 0
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 2b
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a No
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b
4a 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)? 4a No
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b
7 Organizations that may receive deductible contributions under section 170(c).
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a Yes
b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Yes
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c No
d If "Yes," indicate the number of Forms 8282 filed during the year 7d
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8
9 Sponsoring organizations maintaining donor advised funds.
a Did the sponsoring organization make any taxable distributions under section 4966? 9a
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b
10 Section 501(c)(7) organizations. Enter:
a Initiation fees and capital contributions included on Part VIII, line 12 10a
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b
11 Section 501(c)(12) organizations. Enter:
a Gross income from members or shareholders 11a
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b
13 Section 501(c)(29) qualified nonprofit health insurance issuers.
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 13a
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b
c Enter the amount of reserves on hand 13c
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 15 No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. 16 No

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  
 Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

|           |  | Yes | No |
|-----------|--|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year<br>If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. |     |    |
| <b>1b</b> | Enter the number of voting members included in line 1a, above, who are independent   |     |    |
| <b>2</b>  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  |     | No |
| <b>3</b>  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?  |     | No |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   |     | No |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets?   |     | No |
| <b>6</b>  | Did the organization have members or stockholders?   | Yes |    |
| <b>7a</b> | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?   | Yes |    |
| <b>7b</b> | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  | Yes |    |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |     |    |
| <b>8a</b> | The governing body?  | Yes |    |
| <b>8b</b> | Each committee with authority to act on behalf of the governing body?  | Yes |    |
| <b>9</b>  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O   |     | No |

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

|            |  | Yes | No |
|------------|--|-----|----|
| <b>10a</b> | Did the organization have local chapters, branches, or affiliates?   |     | No |
| <b>10b</b> | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?   |     |    |
| <b>11a</b> | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | Yes |    |
| <b>11b</b> | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  |     |    |
| <b>12a</b> | Did the organization have a written conflict of interest policy? If "No," go to line 13  | Yes |    |
| <b>12b</b> | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | Yes |    |
| <b>12c</b> | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done   | Yes |    |
| <b>13</b>  | Did the organization have a written whistleblower policy?  | Yes |    |
| <b>14</b>  | Did the organization have a written document retention and destruction policy?   | Yes |    |
| <b>15</b>  | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   |     |    |
| <b>15a</b> | The organization's CEO, Executive Director, or top management official   |     | No |
| <b>15b</b> | Other officers or key employees of the organization  |     | No |
|            | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  |     |    |
| <b>16a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  |     | No |
| <b>16b</b> | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? |     |    |

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records:  
 ▶Lara Gray 3033 North 3rd Ave Phoenix, AZ 85013 (602) 307-2520

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A)<br>Name and title                    | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) Fred Najjar<br>Treasurer             | 4.0<br>.....<br>50.0   | X   |                       | X       |              |                              |        | 0  | 1,031,943   | 133,563   |
| (2) Jed York<br>Chairman                 | 2.0<br>.....<br>0  | X   |                       | X       |              |                              |        | 0  | 0   | 0   |
| (3) Lloyd H Dean<br>President            | 1.0<br>.....<br>50.0   | X   |                       | X       |              |                              |        | 0  | 13,327,537  | 3,417,690   |
| (4) Amir Mashkoori<br>Board Member       | 1.0<br>.....<br>0  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (5) Geetha Vallabheneeni<br>Board Member | 1.0<br>.....<br>0  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (6) Janet Reilly<br>Board Member         | 1.0<br>.....<br>0  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (7) John de Souza<br>Board Member        | 1.0<br>.....<br>0  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (8) Lisa Suennen<br>Board Member         | 1.0<br>.....<br>0  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (9) Melissa Dyr Dahl<br>Board Member     | 1.0<br>.....<br>0  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (10) Michael Covarrubias<br>Board Member | 1.0<br>.....<br>0  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (11) Oliver W Wesson Jr<br>Board Member  | 1.0<br>.....<br>0  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (12) Willie Brown Jr<br>Board Member     | 1.0<br>.....<br>0  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |

| Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i> |  |   |                       |         |              |                              |        |  |   |   |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| (A)<br>Name and title   | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|   |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
|   |  |   |                       |         |              |                              |        |  |   |   |
|   |  |   |                       |         |              |                              |        |  |   |   |
|   |  |   |                       |         |              |                              |        |  |   |   |
|   |  |   |                       |         |              |                              |        |  |   |   |
|   |  |   |                       |         |              |                              |        |  |   |   |
|   |  |   |                       |         |              |                              |        |  |   |   |
|   |  |   |                       |         |              |                              |        |  |   |   |
|   |  |   |                       |         |              |                              |        |  |   |   |
| <b>1b Sub-Total</b>   |  |   |                       |         |              |                              |        |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b>  |  |   |                       |         |              |                              |        |  |   |   |
| <b>d Total (add lines 1b and 1c)</b>  |  |   |                       |         |              |                              | 0      | 14,359,479   | 3,551,253   |   |

**1b Sub-Total** . . . . . ▶

**c Total from continuation sheets to Part VII, Section A** . . . . . ▶

**d Total (add lines 1b and 1c)** . . . . . ▶

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ **0**

|          |   | Yes | No |
|----------|---|-----|----|
| <b>3</b> | Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .  |     | No |
| <b>4</b> | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . | Yes |    |
| <b>5</b> | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       |     | No |

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ **0**



Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a-1g for Federated campaigns, membership dues, fundraising events, related organizations, government grants, and other contributions, totaling 11,070,500.

Table for Program Service Revenue with 5 columns (A-D). Rows include 2a-2f for Business Code and other program service revenue, totaling 0.

Table for Other Revenue with 5 columns (A-D). Rows include 3-11 for investment income, rental income, gain from sales of assets, fundraising events, gaming activities, and sales of inventory, totaling 11,200,803.

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>   | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service expenses | <b>(C)</b><br>Management and general expenses | <b>(D)</b><br>Fundraising expenses |
|---|------------------------------|--|---|------------------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .   | 2,258,829                    | 2,258,829                              |   |                                    |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .  | 0                            | 0                                      |   |                                    |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .  | 0                            | 0                                      |   |                                    |
| <b>4</b> Benefits paid to or for members . . . . .  | 0                            | 0                                      |   |                                    |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .   | 0                            | 0                                      | 0   | 0                                  |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .  | 0                            | 0                                      | 0   | 0                                  |
| <b>7</b> Other salaries and wages . . . . .   | 0                            | 0                                      | 0   | 0                                  |
| <b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .  | 0                            | 0                                      | 0   | 0                                  |
| <b>9</b> Other employee benefits . . . . .  | 0                            | 0                                      | 0   | 0                                  |
| <b>10</b> Payroll taxes . . . . .   | 0                            | 0                                      | 0   | 0                                  |
| <b>11</b> Fees for services (non-employees):  |                              |  |   |                                    |
| <b>a</b> Management . . . . .   | 0                            | 0                                      | 0   | 0                                  |
| <b>b</b> Legal . . . . .  | 0                            | 0                                      | 0   | 0                                  |
| <b>c</b> Accounting . . . . .   | 0                            | 0                                      | 0   | 0                                  |
| <b>d</b> Lobbying . . . . .   | 0                            | 0                                      | 0   | 0                                  |
| <b>e</b> Professional fundraising services. See Part IV, line 17  | 0                            |  |   | 0                                  |
| <b>f</b> Investment management fees . . . . .   | 290                          |  | 290   |                                    |
| <b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)   | 912,797                      | 0                                      | 488,706                                       | 424,091                            |
| <b>12</b> Advertising and promotion . . . . .   | 7,900                        |  |   | 7,900                              |
| <b>13</b> Office expenses . . . . .   | 1,998                        |  | 1,842   | 156                                |
| <b>14</b> Information technology . . . . .  |                              |  |   |                                    |
| <b>15</b> Royalties . . . . .   |                              |  |   |                                    |
| <b>16</b> Occupancy . . . . .   |                              |  |   |                                    |
| <b>17</b> Travel . . . . .  | 11,414                       |  | 8,996   | 2,418                              |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .  |                              |  |   |                                    |
| <b>19</b> Conferences, conventions, and meetings . . . . .  | 2,807                        |  | 2,807   |                                    |
| <b>20</b> Interest . . . . .  |                              |  |   |                                    |
| <b>21</b> Payments to affiliates . . . . .  |                              |  |   |                                    |
| <b>22</b> Depreciation, depletion, and amortization . . . . .   |                              |  |   |                                    |
| <b>23</b> Insurance . . . . .   |                              |  |   |                                    |
| <b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)                                       |                              |  |   |                                    |
| <b>a</b> Licenses and Taxes   | 1,024                        |  | 1,024   |                                    |
| <b>b</b> Dues and Subscriptions   | 2,151                        |  | 364   | 1,787                              |
| <b>c</b> Other Expenses   | 291                          |  | 112   | 179                                |
| <b>d</b>  |                              |  |   |                                    |
| <b>e</b> All other expenses   | 0                            | 0                                      | 0   | 0                                  |
| <b>25</b> Total functional expenses. Add lines 1 through 24e  | 3,199,501                    | 2,258,829                              | 504,141                                       | 436,531                            |
| <b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). |                              |  |   |                                    |

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part IX

|   |  | (A)<br>Beginning of year |            | (B)<br>End of year |
|---|--|--------------------------|------------|--------------------|
| <b>Assets</b>   | <b>1</b> Cash—non-interest-bearing . . . . .   | 0                        | <b>1</b>   | 0                  |
|   | <b>2</b> Savings and temporary cash investments . . . . .  | 7,588,273                | <b>2</b>   | 15,598,935         |
|   | <b>3</b> Pledges and grants receivable, net . . . . .  | 254,731                  | <b>3</b>   | 158,467            |
|   | <b>4</b> Accounts receivable, net . . . . .  | 0                        | <b>4</b>   | 0                  |
|   | <b>5</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .  | 0                        | <b>5</b>   | 0                  |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .   | 0                        | <b>6</b>   | 0                  |
|   | <b>7</b> Notes and loans receivable, net . . . . .   | 0                        | <b>7</b>   | 0                  |
|   | <b>8</b> Inventories for sale or use . . . . .   | 0                        | <b>8</b>   | 0                  |
|   | <b>9</b> Prepaid expenses and deferred charges . . . . .   | 115,487                  | <b>9</b>   | 168,621            |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | <b>10a</b> 0             |            |                    |
|   | <b>b</b> Less: accumulated depreciation  | <b>10b</b> 0             | <b>10c</b> | 0                  |
|   | <b>11</b> Investments—publicly traded securities . . . . .   | 56,919                   | <b>11</b>  | 64,628             |
|   | <b>12</b> Investments—other securities. See Part IV, line 11 . . . . .   | 70,844                   | <b>12</b>  | 70,794             |
|   | <b>13</b> Investments—program-related. See Part IV, line 11 . . . . .  | 0                        | <b>13</b>  |                    |
|   | <b>14</b> Intangible assets . . . . .  | 0                        | <b>14</b>  | 0                  |
|   | <b>15</b> Other assets. See Part IV, line 11 . . . . .   | 0                        | <b>15</b>  | 0                  |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . . | 8,086,254  | <b>16</b>                | 16,061,445 |                    |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses . . . . .  | 50,559                   | <b>17</b>  | 0                  |
|   | <b>18</b> Grants payable . . . . .   | 0                        | <b>18</b>  | 0                  |
|   | <b>19</b> Deferred revenue . . . . .   | 0                        | <b>19</b>  | 0                  |
|   | <b>20</b> Tax-exempt bond liabilities . . . . .  | 0                        | <b>20</b>  | 0                  |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D  | 0                        | <b>21</b>  | 0                  |
|   | <b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . . | 0                        | <b>22</b>  | 0                  |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .   | 0                        | <b>23</b>  | 0                  |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .   | 0                        | <b>24</b>  | 0                  |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D  | 89,729                   | <b>25</b>  | 116,432            |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .   | 140,288                  | <b>26</b>  | 116,432            |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>   |                          |            |                    |
|   | <b>27</b> Net assets without donor restrictions . . . . .  | 2,136,619                | <b>27</b>  | 2,340,708          |
|   | <b>28</b> Net assets with donor restrictions . . . . .   | 5,809,347                | <b>28</b>  | 13,604,305         |
|   | <b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>  |                          |            |                    |
|   | <b>29</b> Capital stock or trust principal, or current funds . . . . .   | 0                        | <b>29</b>  | 0                  |
|   | <b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .  | 0                        | <b>30</b>  | 0                  |
|   | <b>31</b> Retained earnings, endowment, accumulated income, or other funds   | 0                        | <b>31</b>  | 0                  |
| <b>32</b> Total net assets or fund balances . . . . .                         | 7,945,966  | <b>32</b>                | 15,945,013 |                    |
| <b>33</b> Total liabilities and net assets/fund balances . . . . .            | 8,086,254  | <b>33</b>                | 16,061,445 |                    |

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

|           |  |           |            |
|-----------|--|-----------|------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 11,200,803 |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 3,199,501  |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | 8,001,302  |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | <b>4</b>  | 7,945,966  |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  | -2,255     |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  | 0          |
| <b>7</b>  | Investment expenses  | <b>7</b>  | 0          |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  | 0          |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)   | <b>9</b>  | 0          |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 15,945,013 |

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

|           | Yes | No |
|-----------|-----|----|
| <b>2a</b> |     | No |
| <b>2b</b> | Yes |    |
| <b>2c</b> | Yes |    |
| <b>3a</b> | Yes |    |
| <b>3b</b> | Yes |    |

## Additional Data

**Software ID:** 19010655

**Software Version:** 2019v5.0

**EIN:** 46-2037641

**Name:** Dignity Health Foundation

Form 990 (2019)

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### **Form 990, Part III, Line 4a:**

DIGNITY HEALTH FOUNDATION IS AN IRC SEC 509(A)3 SUPPORTING ORGANIZATION TO DIGNITY HEALTH. AS A SUPPORTING ORGANIZATION, THE FOUNDATION OPERATES EXCLUSIVELY FOR THE BENEFIT OF, TO PERFORM THE FUNCTION OF, OR TO CARRY OUT THE EXEMPT PURPOSES OF DIGNITY HEALTH. THE FOUNDATION PROVIDES SUPPORT TO DIGNITY HEALTH BY CARRYING OUT DIGNITY HEALTH'S EXEMPT PURPOSE OF ADVANCING HEALTHCARE BY SEEKING PHILANTHROPIC GRANTS AND CONTRIBUTIONS FROM ORGANIZATIONS AND INDIVIDUALS THAT ADVANCE HEALTHCARE SYSTEM-WIDE TO DIGNITY HEALTH.

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**SCHEDULE A**  
(Form 990 or 990-EZ)

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service  
Name of the organization  
Dignity Health Foundation

Employer identification number  
46-2037641

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10  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 exempt 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)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations . . . . . 1
- g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN  | (iii) Type of organization (described on lines 1- 10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|-----------|--|---|----|---|---|
|                                    |           |  | Yes   | No |   |   |
| (A) Dignity Health                 | 941196203 | 3  | Yes   |    | 2,258,829   | 940,672   |
| <b>Total</b>                       | <b>1</b>  |  |   |    | <b>2,258,829</b>                                  | <b>940,672</b>                                  |

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year<br>(or fiscal year beginning in) ▶  | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .  |          |          |          |          |          |           |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .   |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge..  |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3   |          |          |          |          |          |           |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . |          |          |          |          |          |           |
| <b>6 Public support.</b> Subtract line 5 from line 4.   |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year<br>(or fiscal year beginning in) ▶  | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019  | (f) Total |
|---|----------|----------|----------|----------|-----------|-----------|
| <b>7</b> Amounts from line 4. . .   |          |          |          |          |           |           |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .  |          |          |          |          |           |           |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on. . .  |          |          |          |          |           |           |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .  |          |          |          |          |           |           |
| <b>11 Total support.</b> Add lines 7 through 10   |          |          |          |          |           |           |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .   |          |          |          |          | <b>12</b> |           |
| <b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/> |          |          |          |          |           |           |

**Section C. Computation of Public Support Percentage**

|   |           |  |
|---|-----------|--|
| <b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .  | <b>14</b> |  |
| <b>15</b> Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .   | <b>15</b> |  |
| <b>16a 33 1/3% support test—2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>   |           |  |
| <b>b 33 1/3% support test—2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>  |           |  |
| <b>17a 10%-facts-and-circumstances test—2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>    |           |  |
| <b>b 10%-facts-and-circumstances test—2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/> |           |  |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . <input type="checkbox"/>   |           |  |

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year<br>(or fiscal year beginning in) ▶ |  | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b>   | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .   |          |          |          |          |          |           |
| <b>2</b>   | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |          |          |          |          |          |           |
| <b>3</b>   | Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .   |          |          |          |          |          |           |
| <b>4</b>   | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .   |          |          |          |          |          |           |
| <b>5</b>   | The value of services or facilities furnished by a governmental unit to the organization without charge  |          |          |          |          |          |           |
| <b>6</b>   | <b>Total.</b> Add lines 1 through 5  |          |          |          |          |          |           |
| <b>7a</b>  | Amounts included on lines 1, 2, and 3 received from disqualified persons   |          |          |          |          |          |           |
| <b>b</b>   | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.          |          |          |          |          |          |           |
| <b>c</b>   | Add lines 7a and 7b. . . . .   |          |          |          |          |          |           |
| <b>8</b>   | <b>Public support.</b> (Subtract line 7c from line 6.)   |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year<br>(or fiscal year beginning in) ▶ |   | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b>   | Amounts from line 6. . . . .  |          |          |          |          |          |           |
| <b>10a</b>                                       | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . |          |          |          |          |          |           |
| <b>b</b>   | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.                            |          |          |          |          |          |           |
| <b>c</b>   | Add lines 10a and 10b.  |          |          |          |          |          |           |
| <b>11</b>  | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.        |          |          |          |          |          |           |
| <b>12</b>  | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .                           |          |          |          |          |          |           |
| <b>13</b>  | <b>Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .   |          |          |          |          |          |           |

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.** . . . . .

**Section C. Computation of Public Support Percentage**

|           |  |           |  |
|-----------|--|-----------|--|
| <b>15</b> | Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) . . . . . | <b>15</b> |  |
| <b>16</b> | Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .                      | <b>16</b> |  |

**Section D. Computation of Investment Income Percentage**

|           |  |           |  |
|-----------|--|-----------|--|
| <b>17</b> | Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f)) . . . . . | <b>17</b> |  |
| <b>18</b> | Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .                        | <b>18</b> |  |

**19a 33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**b 33 1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . .



**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

|            |   | Yes | No |
|------------|---|-----|----|
| <b>1</b>   | Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>   |     |    |
| <b>1</b>   |   | Yes |    |
| <b>2</b>   | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>  |     | No |
| <b>2</b>   |   |     | No |
| <b>3a</b>  | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>  |     | No |
| <b>3a</b>  |   |     | No |
| <b>b</b>   | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>  |     |    |
| <b>3b</b>  |   |     |    |
| <b>c</b>   | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>   |     |    |
| <b>3c</b>  |   |     |    |
| <b>4a</b>  | Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>  |     | No |
| <b>4a</b>  |   |     | No |
| <b>b</b>   | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>   |     |    |
| <b>4b</b>  |   |     |    |
| <b>c</b>   | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>  |     |    |
| <b>4c</b>  |   |     |    |
| <b>5a</b>  | Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b>, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> |     | No |
| <b>5a</b>  |   |     | No |
| <b>b</b>   | <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?  |     |    |
| <b>5b</b>  |   |     |    |
| <b>c</b>   | <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?   |     |    |
| <b>5c</b>  |   |     |    |
| <b>6</b>   | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in <b>Part VI</b>.</i>   |     | No |
| <b>6</b>   |   |     | No |
| <b>7</b>   | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>  |     | No |
| <b>7</b>   |   |     | No |
| <b>8</b>   | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>  |     | No |
| <b>8</b>   |   |     | No |
| <b>9a</b>  | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>  |     | No |
| <b>9a</b>  |   |     | No |
| <b>b</b>   | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>   |     | No |
| <b>9b</b>  |   |     | No |
| <b>c</b>   | Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>  |     | No |
| <b>9c</b>  |   |     | No |
| <b>10a</b> | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>  |     | No |
| <b>10a</b> |   |     | No |
| <b>b</b>   | Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>   |     |    |
| <b>10b</b> |   |     |    |

**Part IV Supporting Organizations** (continued)

|           |   | Yes        | No |
|-----------|---|------------|----|
| <b>11</b> | Has the organization accepted a gift or contribution from any of the following persons?   |            |    |
| <b>a</b>  | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? |            |    |
| <b>b</b>  | A family member of a person described in (a) above?   |            |    |
| <b>c</b>  | A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>  |            |    |
|           |   | <b>11a</b> | No |
|           |   | <b>11b</b> | No |
|           |   | <b>11c</b> | No |

**Section B. Type I Supporting Organizations**

|          |  | Yes      | No  |
|----------|--|----------|-----|
| <b>1</b> | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> |          |     |
| <b>2</b> | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>  |          |     |
|          |  | <b>1</b> | Yes |
|          |  | <b>2</b> | No  |

**Section C. Type II Supporting Organizations**

|          |   | Yes      | No |
|----------|---|----------|----|
| <b>1</b> | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> |          |    |
|          |   | <b>1</b> |    |

**Section D. All Type III Supporting Organizations**

|          |  | Yes      | No |
|----------|--|----------|----|
| <b>1</b> | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? |          |    |
| <b>2</b> | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>  |          |    |
| <b>3</b> | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>  |          |    |
|          |  | <b>1</b> |    |
|          |  | <b>2</b> |    |
|          |  | <b>3</b> |    |

**Section E. Type III Functionally-Integrated Supporting Organizations**

|          |  |           |  |
|----------|--|-----------|--|
| <b>1</b> | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):   |           |  |
| <b>a</b> | <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.   |           |  |
| <b>b</b> | <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.  |           |  |
| <b>c</b> | <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)   |           |  |
| <b>2</b> | Activities Test. <b>Answer (a) and (b) below.</b>  |           |  |
| <b>a</b> | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> |           |  |
| <b>b</b> | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>  |           |  |
| <b>3</b> | Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>  |           |  |
| <b>a</b> | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>  |           |  |
| <b>b</b> | Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>  |           |  |
|          |  | <b>2a</b> |  |
|          |  | <b>2b</b> |  |
|          |  | <b>3a</b> |  |
|          |  | <b>3b</b> |  |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| <b>Section A - Adjusted Net Income</b>  |  | (A) Prior Year | (B) Current Year<br>(optional) |
|---|--|----------------|--------------------------------|
| <b>1</b>                                | Net short-term capital gain  | <b>1</b>       |                                |
| <b>2</b>                                | Recoveries of prior-year distributions   | <b>2</b>       |                                |
| <b>3</b>                                | Other gross income (see instructions)  | <b>3</b>       |                                |
| <b>4</b>                                | Add lines 1 through 3  | <b>4</b>       |                                |
| <b>5</b>                                | Depreciation and depletion   | <b>5</b>       |                                |
| <b>6</b>                                | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | <b>6</b>       |                                |
| <b>7</b>                                | Other expenses (see instructions)  | <b>7</b>       |                                |
| <b>8</b>                                | <b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)   | <b>8</b>       |                                |
| <b>Section B - Minimum Asset Amount</b> |  | (A) Prior Year | (B) Current Year<br>(optional) |
| <b>1</b>                                | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):  | <b>1</b>       |                                |
| <b>a</b>                                | Average monthly value of securities  | <b>1a</b>      |                                |
| <b>b</b>                                | Average monthly cash balances  | <b>1b</b>      |                                |
| <b>c</b>                                | Fair market value of other non-exempt-use assets   | <b>1c</b>      |                                |
| <b>d</b>                                | <b>Total</b> (add lines 1a, 1b, and 1c)  | <b>1d</b>      |                                |
| <b>e</b>                                | <b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):  |                |                                |
| <b>2</b>                                | Acquisition indebtedness applicable to non-exempt use assets   | <b>2</b>       |                                |
| <b>3</b>                                | Subtract line 2 from line 1d   | <b>3</b>       |                                |
| <b>4</b>                                | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).  | <b>4</b>       |                                |
| <b>5</b>                                | Net value of non-exempt-use assets (subtract line 4 from line 3)   | <b>5</b>       |                                |
| <b>6</b>                                | Multiply line 5 by .035  | <b>6</b>       |                                |
| <b>7</b>                                | Recoveries of prior-year distributions   | <b>7</b>       |                                |
| <b>8</b>                                | <b>Minimum Asset Amount</b> (add line 7 to line 6)   | <b>8</b>       |                                |
| <b>Section C - Distributable Amount</b> |  |                | Current Year                   |
| <b>1</b>                                | Adjusted net income for prior year (from Section A, line 8, Column A)  | <b>1</b>       |                                |
| <b>2</b>                                | Enter 85% of line 1  | <b>2</b>       |                                |
| <b>3</b>                                | Minimum asset amount for prior year (from Section B, line 8, Column A)   | <b>3</b>       |                                |
| <b>4</b>                                | Enter greater of line 2 or line 3  | <b>4</b>       |                                |
| <b>5</b>                                | Income tax imposed in prior year   | <b>5</b>       |                                |
| <b>6</b>                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)   | <b>6</b>       |                                |
| <b>7</b>                                | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)                                 |                |                                |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

| <b>Section D - Distributions</b>   | <b>Current Year</b> |
|--|---------------------|
| <b>1</b> Amounts paid to supported organizations to accomplish exempt purposes   |                     |
| <b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity             |                     |
| <b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations   |                     |
| <b>4</b> Amounts paid to acquire exempt-use assets   |                     |
| <b>5</b> Qualified set-aside amounts (prior IRS approval required)   |                     |
| <b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions   |                     |
| <b>7 Total annual distributions.</b> Add lines 1 through 6.  |                     |
| <b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions |                     |
| <b>9</b> Distributable amount for 2019 from Section C, line 6  |                     |
| <b>10</b> Line 8 amount divided by Line 9 amount   |                     |

| <b>Section E - Distribution Allocations</b><br>(see instructions)  | <b>(i)</b><br><b>Excess Distributions</b> | <b>(ii)</b><br><b>Underdistributions</b><br><b>Pre-2019</b> | <b>(iii)</b><br><b>Distributable</b><br><b>Amount for 2019</b> |
|--|---|---|--|
| <b>1</b> Distributable amount for 2019 from Section C, line 6  |   |   |  |
| <b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.   |   |   |  |
| <b>3</b> Excess distributions carryover, if any, to 2019:  |   |   |  |
| <b>a</b> From 2014. . . . .  |   |   |  |
| <b>b</b> From 2015. . . . .  |   |   |  |
| <b>c</b> From 2016. . . . .  |   |   |  |
| <b>d</b> From 2017. . . . .  |   |   |  |
| <b>e</b> From 2018. . . . .  |   |   |  |
| <b>f Total</b> of lines 3a through e   |   |   |  |
| <b>g</b> Applied to underdistributions of prior years  |   |   |  |
| <b>h</b> Applied to 2019 distributable amount  |   |   |  |
| <b>i</b> Carryover from 2014 not applied (see instructions)  |   |   |  |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.   |   |   |  |
| <b>4</b> Distributions for 2019 from Section D, line 7:  |   |   |  |
| \$   |   |   |  |
| <b>a</b> Applied to underdistributions of prior years  |   |   |  |
| <b>b</b> Applied to 2019 distributable amount  |   |   |  |
| <b>c</b> Remainder. Subtract lines 4a and 4b from 4.   |   |   |  |
| <b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions. |   |   |  |
| <b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.                        |   |   |  |
| <b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.  |   |   |  |
| <b>8</b> Breakdown of line 7:  |   |   |  |
| <b>a</b> Excess from 2015. . . . .   |   |   |  |
| <b>b</b> Excess from 2016. . . . .   |   |   |  |
| <b>c</b> Excess from 2017. . . . .   |   |   |  |
| <b>d</b> Excess from 2018. . . . .   |   |   |  |
| <b>e</b> Excess from 2019. . . . .   |   |   |  |

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

|                                     |
|-------------------------------------|
| <b>Facts And Circumstances Test</b> |
|-------------------------------------|

**990 Schedule A, Supplemental Information**

| Return Reference                                  | Explanation  |
|---|--|
| Schedule A, Part I, Line 12g<br>Amount of support | THE FOUNDATION PROVIDED OR PURCHASED FOR THE BENEFIT OF DIGNITY HEALTH, VARIOUS SERVICES, FACILITIES AND GOODS. SEE FORM 990, PART IX FOR FURTHER DETAILS. |

**SCHEDULE D**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

# Supplemental Financial Statements

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Name of the organization**  
Dignity Health Foundation

**Employer identification number**  
46-2037641

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

|   | (a) Donor advised funds | (b) Funds and other accounts |
|---|-------------------------|------------------------------|
| 1 Total number at end of year . . . . .             |                         |                              |
| 2 Aggregate value of contributions to (during year) |                         |                              |
| 3 Aggregate value of grants from (during year)      |                         |                              |
| 4 Aggregate value at end of year . . . . .          |                         |                              |

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .  Yes  No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .  Yes  No

**Part II Conservation Easements.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

|  | Held at the End of the Year |
|--|-----------------------------|
| a Total number of conservation easements . . . . .   | 2a                          |
| b Total acreage restricted by conservation easements . . . . .   | 2b                          |
| c Number of conservation easements on a certified historic structure included in (a) . . . . .   | 2c                          |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . . | 2d                          |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .  Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .  **Yes**  **No**

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |   | Amount |
|---|--------|
| <b>1c</b> Beginning balance . . . . .             |        |
| <b>1d</b> Additions during the year . . . . .     |        |
| <b>1e</b> Distributions during the year . . . . . |        |
| <b>1f</b> Ending balance . . . . .                |        |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . .

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

|   | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance . . . . .                     | 256,566          | 248,862        | 247,338            | 127,572              | 124,916             |
| <b>b</b> Contributions . . . . .                                  | 2,000,777        | 1,154          | 1,524              | 115,260              | 3,845               |
| <b>c</b> Net investment earnings, gains, and losses               | 1,541            | 6,550          |                    | 7,077                | -1,189              |
| <b>d</b> Grants or scholarships . . . . .                         |                  |                |                    |                      |                     |
| <b>e</b> Other expenditures for facilities and programs . . . . . |                  |                |                    |                      |                     |
| <b>f</b> Administrative expenses . . . . .                        |                  |                |                    | 2,571                |                     |
| <b>g</b> End of year balance . . . . .                            | 2,258,884        | 256,566        | 248,862            | 247,338              | 127,572             |

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 0 %
  - b** Permanent endowment ▶ 100 %
  - c** Temporarily restricted endowment ▶ 0 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes           | No |
|--|---------------|----|
| <b>(i)</b> unrelated organizations . . . . .   | <b>3a(i)</b>  | No |
| <b>(ii)</b> related organizations . . . . .  | <b>3a(ii)</b> | No |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property         | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land . . . . .        |                                      |                                 |                              |                |
| <b>b</b> Buildings . . . . .    |                                      |                                 |                              |                |
| <b>c</b> Leasehold improvements |                                      |                                 |                              |                |
| <b>d</b> Equipment . . . . .    |                                      |                                 |                              |                |
| <b>e</b> Other . . . . .        |                                      |                                 |                              |                |

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security)   | (b)<br>Book<br>value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------------|--|
| (1) Financial derivatives . . . . .                                       |                      |  |
| (2) Closely-held equity interests . . . . .                               |                      |  |
| (3) Other _____   |                      |  |
| (A)   |                      |  |
| (B)   |                      |  |
| (C)   |                      |  |
| (D)   |                      |  |
| (E)   |                      |  |
| (F)   |                      |  |
| (G)   |                      |  |
| (H)   |                      |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) |                      |  |

**Part VIII Investments—Program Related.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment  | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market<br>value |
|--|----------------|---|
| (1)  |                |   |
| (2)  |                |   |
| (3)  |                |   |
| (4)  |                |   |
| (5)  |                |   |
| (6)  |                |   |
| (7)  |                |   |
| (8)  |                |   |
| (9)  |                |   |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 13.) |                |   |

**Part IX Other Assets.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description  | (b) Book value |
|--|----------------|
| (1)  |                |
| (2)  |                |
| (3)  |                |
| (4)  |                |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.) |                |

**Part X Other Liabilities.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability  | (b)<br>Book<br>value |
|--|----------------------|
| (1) Federal income taxes   |                      |
| (2) Due to Related Parties   | 116,432              |
| (3)  |                      |
| (4)  |                      |
| (5)  |                      |
| (6)  |                      |
| (7)  |                      |
| (8)  |                      |
| (9)  |                      |
| (10)   |                      |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.) | 116,432              |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

|          |  |           |           |  |
|----------|--|-----------|-----------|--|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements . . . . .                       |           | <b>1</b>  |  |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                                      |           |           |  |
| <b>a</b> | Net unrealized gains (losses) on investments . . . . .   | <b>2a</b> |           |  |
| <b>b</b> | Donated services and use of facilities . . . . .   | <b>2b</b> |           |  |
| <b>c</b> | Recoveries of prior year grants . . . . .  | <b>2c</b> |           |  |
| <b>d</b> | Other (Describe in Part XIII.) . . . . .   | <b>2d</b> |           |  |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .  |           | <b>2e</b> |  |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .   |           | <b>3</b>  |  |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                                     |           |           |  |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                               | <b>4a</b> |           |  |
| <b>b</b> | Other (Describe in Part XIII.) . . . . .   | <b>4b</b> |           |  |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .  |           | <b>4c</b> |  |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . . |           | <b>5</b>  |  |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

|          |   |           |           |  |
|----------|---|-----------|-----------|--|
| <b>1</b> | Total expenses and losses per audited financial statements . . . . .                                      |           | <b>1</b>  |  |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:   |           |           |  |
| <b>a</b> | Donated services and use of facilities . . . . .  | <b>2a</b> |           |  |
| <b>b</b> | Prior year adjustments . . . . .  | <b>2b</b> |           |  |
| <b>c</b> | Other losses . . . . .  | <b>2c</b> |           |  |
| <b>d</b> | Other (Describe in Part XIII.) . . . . .  | <b>2d</b> |           |  |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .   |           | <b>2e</b> |  |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .  |           | <b>3</b>  |  |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:  |           |           |  |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                                | <b>4a</b> |           |  |
| <b>b</b> | Other (Describe in Part XIII.) . . . . .  | <b>4b</b> |           |  |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .   |           | <b>4c</b> |  |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . . |           | <b>5</b>  |  |

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

| Return Reference          | Explanation |
|---------------------------|-------------|
| See Additional Data Table |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |

**Part XIII** Supplemental Information *(continued)*

| Return Reference | Explanation |
|------------------|-------------|
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |

## Additional Data

**Software ID:** 19010655

**Software Version:** 2019v5.0

**EIN:** 46-2037641

**Name:** Dignity Health Foundation

## Supplemental Information

| Return Reference   | Explanation   |
|--|---|
| Schedule D, Part V, Line 4<br>Intended uses of endowment funds | TO FUND STUDENT SCHOLARSHIPS FOR UNIVERSITY OF CALIFORNIA STUDENTS WORKING AS RESIDENTS OR INTERNS WITHIN THE DIGNITY HEALTH SYSTEM, AND TO SUPPORT COMMUNITY HEALTH PROGRAMS IN UNDERSERVED COMMUNITIES. |

## Supplemental Information

| Return Reference  | Explanation  |
|---|--|
| Schedule D, Part X, Line 2 FIN<br>48 (ASC 740) footnote | THE ORGANIZATION REVIEWS ITS TAX POSITIONS QUARTERLY AND HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS. |

**SCHEDULE G**  
(Form 990 or 990-EZ)  
  
Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
  
**2019**  
**Open to Public Inspection**

Name of the organization  
Dignity Health Foundation

**Employer identification number**  
46-2037641

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a**  Mail solicitations
  - b**  Internet and email solicitations
  - c**  Phone solicitations
  - d**  In-person solicitations
  - e**  Solicitation of non-government grants
  - f**  Solicitation of government grants
  - g**  Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|---|---|
|   |               | Yes  | No |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
| <b>Total</b>  |               |  |    |                                   |   |   |

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|                        |  | (a) Event #1                     | (b) Event #2                     | (c) Other events           | (d) Total events                |
|------------------------|--|----------------------------------|----------------------------------|----------------------------|---------------------------------|
|                        |  | <b>2020 Gala</b><br>(event type) | <b>2019 Gala</b><br>(event type) | <b>1</b><br>(total number) | (add col. (a) through col. (c)) |
| <b>Revenue</b>         | <b>1</b> Gross receipts . . . . .  | 834,357                          | 324,585                          |                            | 1,158,942                       |
|                        | <b>2</b> Less: Contributions . . . . .   | 807,377                          | 315,085                          |                            | 1,122,462                       |
|                        | <b>3</b> Gross income (line 1 minus line 2) . . . . .                              | 26,980                           | 9,500                            | 0                          | 36,480                          |
| <b>Direct Expenses</b> | <b>4</b> Cash prizes . . . . .   |                                  |                                  |                            |                                 |
|                        | <b>5</b> Noncash prizes . . . . .  |                                  |                                  |                            |                                 |
|                        | <b>6</b> Rent/facility costs . . . . .   |                                  | 878                              |                            | 878                             |
|                        | <b>7</b> Food and beverages . . . . .  |                                  |                                  |                            |                                 |
|                        | <b>8</b> Entertainment . . . . .   |                                  | 22,500                           |                            | 22,500                          |
|                        | <b>9</b> Other direct expenses . . . . .   |                                  |                                  |                            |                                 |
|                        | <b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶  |                                  |                                  |                            | 23,378                          |
|                        | <b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶ |                                  |                                  |                            | 13,102                          |

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|                        |   | (a) Bingo   | (b) Pull tabs/Instant bingo/progressive bingo                       | (c) Other gaming  | (d) Total gaming (add col.(a) through col.(c)) |
|------------------------|---|---|---|---|--|
|                        |   | <b>1</b> Gross revenue . . . . .                                    |   |   |  |
| <b>Direct Expenses</b> | <b>2</b> Cash prizes . . . . .  |   |   |   |  |
|                        | <b>3</b> Noncash prizes . . . . .   |   |   |   |  |
|                        | <b>4</b> Rent/facility costs . . . . .  |   |   |   |  |
|                        | <b>5</b> Other direct expenses . . . . .  |   |   |   |  |
|                        | <b>6</b> Volunteer labor . . . . .  | <input type="checkbox"/> Yes ..... %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes ..... %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes ..... %<br><input type="checkbox"/> No |  |
|                        | <b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶        |   |   |   |  |
|                        | <b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶ |   |   |   |  |

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states? . . . . .  Yes  No

**b** If "No," explain: \_\_\_\_\_

---

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .  Yes  No

**b** If "Yes," explain: \_\_\_\_\_

---

- 11** Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13** Indicate the percentage of gaming activity conducted in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ .....

Address ▶ .....

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

**b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.

**c** If "Yes," enter name and address of the third party:

Name ▶ .....

Address ▶ .....

**16** Gaming manager information:

Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

- Director/officer                       Employee                       Independent contractor

**17** Mandatory distributions:

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

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

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

Name of the organization Dignity Health Foundation

Employer identification number

46-2037641

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.
3 Enter total number of other organizations listed in the line 1 table.



**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| (1)                             |                          |                          |                                  |   |                                       |
| (2)                             |                          |                          |                                  |   |                                       |
| (3)                             |                          |                          |                                  |   |                                       |
| (4)                             |                          |                          |                                  |   |                                       |
| (5)                             |                          |                          |                                  |   |                                       |
| (6)                             |                          |                          |                                  |   |                                       |
| (7)                             |                          |                          |                                  |   |                                       |

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

| Return Reference  | Explanation  |
|---|--|
| Schedule I, Part I, Line 2<br>Procedures for monitoring use of grant funds. | AS A SEC. 509(A)(3) SUPPORTING ORGANIZATION, THE FOUNDATION OPERATES EXCLUSIVELY FOR THE BENEFIT OF, TO PERFORM THE FUNCTION OF, OR TO CARRY OUT THE EXEMPT PURPOSES OF THE GRANTEE LISTED IN PART II, ITEM 1 (DIGNITY HEALTH), WHICH INCLUDES MAKING PAYMENTS DIRECTLY TO THE BENEFICIARY ORGANIZATION. |

**Additional Data**

**Software ID:** 19010655  
**Software Version:** 2019v5.0  
**EIN:** 46-2037641  
**Name:** Dignity Health Foundation

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government                       | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Dignity Health<br>185 Berry Street Suite 200<br>San Francisco, CA 94107         | 94-1196203     | 501(c)(3)                            | 1,786,022                       | 0  | N/A  | N/A   | Hospital Support                          |
| Dignity Community Care<br>185 Berry Street Suite 200<br>San Francisco, CA 94107 | 81-5009488     | 501(c)(3)                            | 311,200                         | 0  | N/A  | N/A   | Hospital Support                          |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government                        | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Dignity Health Medical Foundation<br>3400 Data Drive<br>Rancho Cordova, CA 95670 | 68-0220314     | 501(c)(3)                            | 161,057                         | 0  | N/A  | N/A   | Medical Fnd Support                       |

**Schedule J**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization  
Dignity Health Foundation

Employer identification number  
46-2037641

**Part I Questions Regarding Compensation**

|  | Yes       | No  |
|--|-----------|-----|
| <b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.  |           |     |
| <input type="checkbox"/> First-class or charter travel<br><input type="checkbox"/> Travel for companions<br><input type="checkbox"/> Tax idemnification and gross-up payments<br><input type="checkbox"/> Discretionary spending account   |           |     |
| <input type="checkbox"/> Housing allowance or residence for personal use<br><input type="checkbox"/> Payments for business use of personal residence<br><input type="checkbox"/> Health or social club dues or initiation fees<br><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)                           |           |     |
| <b>b</b> If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain  | <b>1b</b> |     |
| <b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?  | <b>2</b>  |     |
| <b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. |           |     |
| <input type="checkbox"/> Compensation committee<br><input type="checkbox"/> Independent compensation consultant<br><input type="checkbox"/> Form 990 of other organizations  |           |     |
| <input type="checkbox"/> Written employment contract<br><input type="checkbox"/> Compensation survey or study<br><input type="checkbox"/> Approval by the board or compensation committee  |           |     |
| <b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:  |           |     |
| <b>a</b> Receive a severance payment or change-of-control payment?   | <b>4a</b> | No  |
| <b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?   | <b>4b</b> | Yes |
| <b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?  | <b>4c</b> | No  |
| If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  |           |     |
| <b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>  |           |     |
| <b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  |           |     |
| <b>a</b> The organization?   | <b>5a</b> | No  |
| <b>b</b> Any related organization?   | <b>5b</b> | No  |
| If "Yes," on line 5a or 5b, describe in Part III.  |           |     |
| <b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  |           |     |
| <b>a</b> The organization?   | <b>6a</b> | No  |
| <b>b</b> Any related organization?   | <b>6b</b> | No  |
| If "Yes," on line 6a or 6b, describe in Part III.  |           |     |
| <b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.  | <b>7</b>  | No  |
| <b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.  | <b>8</b>  | No  |
| <b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?  | <b>9</b>  |     |

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title |              | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--------------------|--------------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|                    |              | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| <b>1</b>           | Lloyd H Dean | (i) 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|                    | President    | -----<br>1,942,477                                 | -----<br>8,157,579                  | -----<br>3,227,481                  | -----<br>3,302,242                             | -----<br>115,448        | -----<br>16,745,227             | -----<br>3,042,693  |
| <b>2</b>           | Fred Najjar  | (i) 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|                    | Treasurer    | -----<br>469,894                                   | -----<br>515,901                    | -----<br>46,147                     | -----<br>95,737                                | -----<br>37,826         | -----<br>1,165,506              | -----<br>0  |
|                    |              |  |                                     |                                     |  |                         |                                 |   |
|                    |              |  |                                     |                                     |  |                         |                                 |   |
|                    |              |  |                                     |                                     |  |                         |                                 |   |
|                    |              |  |                                     |                                     |  |                         |                                 |   |
|                    |              |  |                                     |                                     |  |                         |                                 |   |
|                    |              |  |                                     |                                     |  |                         |                                 |   |
|                    |              |  |                                     |                                     |  |                         |                                 |   |
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|                    |              |  |                                     |                                     |  |                         |                                 |   |
|                    |              |  |                                     |                                     |  |                         |                                 |   |
|                    |              |  |                                     |                                     |  |                         |                                 |   |
|                    |              |  |                                     |                                     |  |                         |                                 |   |
|                    |              |  |                                     |                                     |  |                         |                                 |   |
|                    |              |  |                                     |                                     |  |                         |                                 |   |
|                    |              |  |                                     |                                     |  |                         |                                 |   |
|                    |              |  |                                     |                                     |  |                         |                                 |   |
|                    |              |  |                                     |                                     |  |                         |                                 |   |
|                    |              |  |                                     |                                     |  |                         |                                 |   |
|                    |              |  |                                     |                                     |  |                         |                                 |   |
|                    |              |  |                                     |                                     |  |                         |                                 |   |

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

| Return Reference  | Explanation   |
|---|---|
| Schedule J, Part I, Line 3 Supplemental Disclosures                   | THE ORGANIZATION DOES NOT DIRECTLY EMPLOY ANY PERSONNEL, HOWEVER, THE SUPPORTED ORGANIZATION'S EXECUTIVE COMPENSATION PHILOSOPHY IS DESIGNED TO ASSIST THE ORGANIZATION IN ATTRACTING AND RETAINING THE CALIBER OF EXECUTIVES REQUIRED TO ENABLE TO FULFILL ITS MISSION OF PROVIDING HIGH QUALITY HEALTHCARE FOR ALL PERSONS REGARDLESS OF THEIR ABILITY TO PAY FOR SERVICES, IMPROVING THE QUALITY OF LIFE IN THE COMMUNITIES IT SERVES, PROMOTING PATIENT AND EMPLOYEE SATISFACTION, AND ENSURING FINANCIAL STABILITY. A SUBSTANTIAL PORTION OF EXECUTIVE COMPENSATION IS PERFORMANCE BASED AND IS LINKED TO ORGANIZATIONAL GOALS APPROVED IN ADVANCE BY THE HUMAN RESOURCES AND COMPENSATION COMMITTEE. THESE GOALS INCLUDE ATTAINMENT OF ANNUAL AND LONG-TERM FINANCIAL PERFORMANCE, CERTAIN HEALTHCARE QUALITY STANDARDS AND THE ORGANIZATION'S COMMITMENT TO SERVING THE POOR AND DISENFRANCHISED IN THE COMMUNITIES IT SERVES. TOTAL COMPENSATION, WHICH INCLUDES BASE SALARY, ANNUAL AND LONG-TERM INCENTIVE COMPENSATION, IS ESTABLISHED TO APPROXIMATE THE PREVAILING MARKET CONDITIONS FOR EXECUTIVES OF COMPANIES OF SIMILAR SIZE, REVENUES AND COMPLEXITY. PAYMENTS PURSUANT TO A LONG-TERM FINANCIAL PERFORMANCE GOAL WERE PAID IN CALENDAR YEAR 2019.  |
| Schedule J, Part I, Line 4a severance                                 | CERTAIN LISTED PERSONS PARTICIPATE IN A SEVERANCE PLAN ESTABLISHED BY ITS SUPPORTED ORGANIZATION. THE PLAN PROVIDES MARKET-STANDARD COMPENSATION, RANGING FROM PAYMENTS OF 6 MONTHS TO 2 YEARS OF BASE COMPENSATION, DEPENDING ON THE EXECUTIVE'S POSITION, IN THE EVENT OF A POSITION ELIMINATION OR OTHER INVOLUNTARY TERMINATION, IN ACCORDANCE WITH THE GUIDELINES OF THE PLAN. NO PAYMENTS OCCURRED DURING 2019 PURSUANT TO THE PLAN.  |
| Schedule J, Part I, Line 3  | THE ORGANIZATION RELIED ON A RELATED ORGANIZATION, DIGNITY HEALTH, THAT USED ONE OR MORE OF THE METHODS DESCRIBED IN SCHEDULE J, PART I, LINE 3, TO ESTABLISH THE ORGANIZATION'S TOP MANAGEMENT OFFICIAL'S COMPENSATION. SEE SCHEDULE O DISCLOSURE FOR FORM 990, PART VI, SECTION B, LINE 15 FOR ADDITIONAL INFORMATION.  |
| Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan | ONE LISTED PERSON PARTICIPATES IN THE DIGNITY HEALTH EXCESS BENEFIT PLAN, A NONQUALIFIED SUPPLEMENTAL BENEFIT PLAN LIMITED TO PARTICIPANTS IN THE DIGNITY HEALTH RETIREMENT PLAN WHOSE BENEFITS ARE AFFECTED BY THE LIMITATIONS IMPOSED BY SECTIONS 401(A)(17) AND 415 OF THE INTERNAL REVENUE CODE. BENEFIT SERVICE UNDER THIS PLAN WAS FROZEN AS OF JANUARY 1, 2008. NO PAYMENTS PURSUANT TO THE PLAN OCCURRED DURING 2019. ONE LISTED PERSON IS ELIGIBLE TO PARTICIPATE IN NON-QUALIFIED 457(F) PLANS THAT ARE SUBJECT TO SUBSTANTIAL RISK OF FORFEITURE, AS REQUIRED BY THE IRS. THE 2007 EXECUTIVE DEFERRED COMPENSATION PLAN IS FOR EXECUTIVES HIRED PRIOR TO JUNE 30, 2006. THE BENEFIT IS INTENDED TO BRIDGE THE DIFFERENCE, IF ANY, BETWEEN THE BENEFIT PROVIDED UNDER THE DIGNITY HEALTH EXCESS BENEFIT PLAN HAD BENEFIT SERVICE NOT BEEN FROZEN AT JANUARY 1, 2008, AND THE BENEFITS PROVIDED FROM ALL OTHER QUALIFIED AND NON-QUALIFIED PLANS. BENEFITS VEST UNDER THIS 457(F) PLAN AT THE LATER OF THE DATE THE PARTICIPANT ATTAINS AGE 62 OR IS CREDITED WITH 15 YEARS OF SERVICE. THE 2010 EXECUTIVE DEFERRED COMPENSATION PLAN IS FOR CERTAIN OFFICERS AND KEY EMPLOYEES, PRIMARILY THOSE WHO ARE NOT ELIGIBLE TO PARTICIPATE IN THE DIGNITY HEALTH EXCESS BENEFIT PLAN OR THE 2007 EXECUTIVE DEFERRED COMPENSATION PLAN DESCRIBED ABOVE. THIS BENEFIT PROVIDES AN ANNUAL ACCRUAL OF 10% OF TOTAL COMPENSATION AND IS PAYABLE ANNUALLY ON JULY 1 ONCE VESTED, WHICH IS AGE 62 WITH 5 YEARS OF SERVICE; THE PLAN ALSO ALLOWS FOR SPECIAL AWARDS. PAYMENTS PURSUANT TO THE PLAN ARRANGEMENTS DURING 2019 INCLUDE L. DEAN, \$3,042,693. ONE LISTED PERSON PARTICIPATES IN THE DIGNITY HEALTH SUPPLEMENTAL EXECUTIVE RETENTION/RETIREMENT PLAN, A NONQUALIFIED SUPPLEMENTAL BENEFIT PLAN WHICH IN 2002 WAS OFFERED TO MEMBERS OF THE EXECUTIVE MANAGEMENT TEAM BY THE DIGNITY HEALTH BOARD OF DIRECTORS AND WOULD BE PAID ONLY IF THE EXECUTIVES STAYED WITH THE ORGANIZATION FOR A SPECIFIED NUMBER OF YEARS AS THE PRIMARY PURPOSE OF THIS PLAN IS TO PROVIDE FOR THE RETENTION AND RETIREMENT OF THE PARTICIPANTS. THE EXECUTIVE MANAGEMENT TEAM IS RECRUITED FROM STABLE CAREERS IN ORGANIZATIONS FROM ACROSS THE COUNTRY AND FROM VARIOUS INDUSTRIES. DUTIES ARE BOTH EXTENSIVE AND COMPLEX AND REQUIRE SUBSTANTIAL AND DIVERSE EXPERIENCE AND SKILL SETS TO EXECUTE SUCCESSFULLY. THE CALCULATION FOR THE PAYMENTS TO EACH EXECUTIVE IS BASED ON THE VALUE OF A FINAL AVERAGE PAY ANNUITY BENEFIT BASED ON RETIREMENT AGE AND SERVICE YEARS TO THE ORGANIZATION. DISTRIBUTION OCCURS EACH JULY 1 IF THE PLAN FORMULA WARRANTS A PAYMENT. NO PAYMENTS OCCURRED DURING 2019 PURSUANT TO THE PLAN. COMPENSATION AMOUNTS FOR THE SUPPLEMENTAL NONQUALIFIED RETIREMENT PLANS DISCUSSED ABOVE ARE REPORTED AS DEFERRED COMPENSATION IN THE YEAR ACCRUED (SCHEDULE J, PART II, COLUMN C) AND ARE REFLECTED AGAIN AS REPORTABLE COMPENSATION IN THE YEAR PAID (SCHEDULE J, PART II, COLUMN B(III)). |

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
 ▶ **Attach to Form 990.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Dignity Health Foundation

Employer identification number  
46-2037641

**Part I Types of Property**

|  | (a)<br>Check if applicable | (b)<br>Number of contributions or items contributed | (c)<br>Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d)<br>Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art—Works of art . . . . .   |                            |   |  |   |
| 2 Art—Historical treasures . . . . .                                 |                            |   |  |   |
| 3 Art—Fractional interests . . . . .                                 |                            |   |  |   |
| 4 Books and publications . . . . .                                   |                            |   |  |   |
| 5 Clothing and household goods . . . . .                             |                            |   |  |   |
| 6 Cars and other vehicles . . . . .                                  |                            |   |  |   |
| 7 Boats and planes . . . . .   |                            |   |  |   |
| 8 Intellectual property . . . . .                                    |                            |   |  |   |
| 9 Securities—Publicly traded . . . . .                               | X                          | 2   | 118,858  | Market value  |
| 10 Securities—Closely held stock . . . . .                           |                            |   |  |   |
| 11 Securities—Partnership, LLC, or trust interests . . . . .         |                            |   |  |   |
| 12 Securities—Miscellaneous . . . . .                                |                            |   |  |   |
| 13 Qualified conservation contribution—Historic structures . . . . . |                            |   |  |   |
| 14 Qualified conservation contribution—Other . . . . .               |                            |   |  |   |
| 15 Real estate—Residential . . . . .                                 |                            |   |  |   |
| 16 Real estate—Commercial . . . . .                                  |                            |   |  |   |
| 17 Real estate—Other . . . . .                                       |                            |   |  |   |
| 18 Collectibles . . . . .  |                            |   |  |   |
| 19 Food inventory . . . . .  |                            |   |  |   |
| 20 Drugs and medical supplies . . . . .                              |                            |   |  |   |
| 21 Taxidermy . . . . .   |                            |   |  |   |
| 22 Historical artifacts . . . . .                                    |                            |   |  |   |
| 23 Scientific specimens . . . . .                                    |                            |   |  |   |
| 24 Archeological artifacts . . . . .                                 |                            |   |  |   |
| 25 Other ▶ ( <u>Medical Equipment</u> )                              | X                          | 21  | 49,441   | Other - Resale Value                                      |
| 26 Other ▶ ( <u>Tractor</u> )  | X                          | 1   | 10,501   | Other - Resale Value                                      |
| 27 Other ▶ ( _____ )   |                            |   |  |   |
| 28 Other ▶ ( _____ )   |                            |   |  |   |

**29** Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

|  | Yes | No |
|--|-----|----|
| <b>30a</b> During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . . |     | No |
| <b>b</b> If "Yes," describe the arrangement in Part II.  |     |    |
| <b>31</b> Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?   | Yes |    |
| <b>32a</b> Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .  | Yes |    |
| <b>b</b> If "Yes," describe in Part II.  |     |    |
| <b>33</b> If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.   |     |    |

**Part III Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

| Return Reference   | Explanation   |
|--|---|
| Schedule M, Part I, Line 32b Third parties used to solicit, process, or sell noncash contributions | DIGNITY HEALTH FOUNDATION USES THE RELATED ORGANIZATION TO PROCESS TANGIBLE PROPERTIES THAT COULD BE USED FOR SALE.   |
| Schedule M, Part I Explanations of reporting method for number of contributions                    | Securities - Publicly traded - SECURITIES - PUBLICLY TRADED - THE FOUNDATION IS REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED. Other - Medical Equipment MEDICAL EQUIPMENT - THE FOUNDATION IS REPORTING THE NUMBER OF ITEMS RECEIVED. Other - Tractor TRACTOR - THE FOUNDATION IS REPORTING THE NUMBER OF ITEMS RECEIVED. |



**SCHEDULE O**  
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019****Open to Public Inspection**

Department of the Treasury

Name of the organization

Dignity Health Foundation

Employer identification number

46-2037641

**990 Schedule O, Supplemental Information**

| Return Reference                              | Explanation   |
|---|---|
| Form 990, Part V, Line 2a Number of employees | THE FOUNDATION DOES NOT HAVE EMPLOYEES. AS A SUPPORTING ORGANIZATION, THE FOUNDATION OPERATES FOR THE BENEFIT OF DIGNITY HEALTH AND UTILIZES THE EMPLOYEES OF DIGNITY HEALTH. THE PROPORTIONATE SALARIES AND BENEFITS FOR THESE INDIVIDUALS ARE ALLOCATED TO THE FOUNDATION. THE SALARIES OF THESE EMPLOYEES ARE INCLUDED IN THE DIGNITY HEALTH ENTITY'S FORM W-3 AND FEDERAL EMPLOYMENT TAX RETURNS. |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>   | <b>Explanation</b>  |
|---|---|
| Form 990,<br>Part VI, Line<br>15<br>Determination<br>of<br>compensation | FOR 2019, COMPENSATION IS DETERMINED IN ACCORDANCE WITH AN ANNUAL REVIEW PROCESS AND AGREED UPON GOALS AND DIGNITY HEALTH COMPENSATION POLICIES FOR INCENTIVE PAY. THE SUPPORTED ORGANIZATION'S HUMAN RESOURCES AND COMPENSATION COMMITTEE APPROVES, CONSISTENT WITH THE ORGANIZATION'S PHILOSOPHY AND PRINCIPLES, THE ANNUAL PERFORMANCE GOALS AND CRITERIA TO BE USED IN DETERMINING MERIT INCREASES AND VARIABLE COMPENSATION CRITERIA FOR OFFICERS AND KEY EMPLOYEES. THE HUMAN RESOURCES AND COMPENSATION COMMITTEE ALSO ENGAGES OUTSIDE LEGAL COUNSEL AS NECESSARY AND QUALIFIED INDEPENDENT COMPENSATION AND BENEFITS SPECIALISTS (INDEPENDENT EXPERTS) TO REVIEW, ANALYZE AND PROVIDE BENCHMARKING DATA FOR THE TOTAL COMPENSATION AND BENEFITS PACKAGES OF OFFICERS AND KEY EXECUTIVES. APPROPRIATE COMPARABLE DATA IS OBTAINED FROM THE INDEPENDENT EXPERTS, (E.G., TOTAL ECONOMIC BENEFITS PAID BY SIMILARLY SITUATED ORGANIZATIONS, BOTH TAXABLE AND TAX-EXEMPT, FOR SIMILAR JOB RESPONSIBILITIES). KEY DELIBERATIONS OF THE COMMITTEE ARE DOCUMENTED IN MEETING MINUTES WHICH ARE APPROVED AT THE NEXT COMMITTEE MEETING AND PROVIDED TO THE BOARD OF DIRECTORS. THE DOCUMENTATION OF THE DELIBERATIONS INCLUDES (A) THE TERMS OF THE AGREEMENT APPROVED AND THE DATE APPROVED; (B) THE MEMBERS OF THE COMMITTEE WHO WERE PRESENT DURING DISCUSSION OF THE APPROVED AGREEMENT AND THOSE WHO VOTED ON IT; AND (C) THE COMPARABILITY DATA OBTAINED AND RELIED UPON BY THE COMMITTEE AND HOW THE DATA WAS OBTAINED. |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>                                      | <b>Explanation</b>   |
|--|--|
| Form 990, Part VI, Line 6 Classes of members or stockholders | THE FOUNDATION HAS A SOLE CORPORATE MEMBER, DIGNITY HEALTH, A 501(C)(3) EXEMPT ORGANIZATION. ON FEBRUARY 1, 2019, DIGNITY HEALTH AND CATHOLIC HEALTH INITIATIVES ("CHI"), A COLORADO NONPROFIT CORPORATION, EFFECTED A BUSINESS COMBINATION. ON THAT DATE, CHI CHANGED ITS NAME TO COMMONSPIRIT HEALTH AND BECAME THE SOLE CORPORATE MEMBER OF DIGNITY HEALTH. COMMONSPIRIT HEALTH IS A CATHOLIC HEALTHCARE SYSTEM SPONSORED BY THE PUBLIC JURIDIC PERSON, CATHOLIC HEALTH CARE FEDERATION ("CHCF"). |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>   | <b>Explanation</b>   |
|---|--|
| Form 990,<br>Part VI, Line<br>7a Members<br>or<br>stockholders<br>electing<br>members of<br>governing<br>body | DIGNITY HEALTH, AS THE SOLE MEMBER, RATIFIES THE SELECTION OF MEMBERS AND THE DIGNITY HEALTH BOARD APPROVES NEW BOARD MEMBERS, AND MAY APPOINT AND REMOVE ANY BOARD MEMBERS OF THE FOUNDATION. |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>  | <b>Explanation</b>  |
|--|---|
| Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders | RESERVED RIGHTS OF THE SOLE MEMBER INCLUDE ADOPTION OF MISSION AND PHILOSOPHY STATEMENTS, AMENDMENT OR RESTATEMENT OF ARTICLES OF INCORPORATION AND BYLAWS, DISSOLUTION OF THE CORPORATION, ACQUISITION OF ANOTHER CORPORATION, CREATION OF A NEW SUBSIDIARY, MERGER OR CONSOLIDATION WITH ANOTHER CORPORATION, PARTICIPATION AS A GENERAL OR LIMITED PARTNER IN ANY VENTURE, INCURRING LONG-TERM INDEBTEDNESS IN EXCESS OF NORMAL OPERATING REQUIREMENTS, RATIFICATION OF BOARD MEMBER APPOINTMENTS AND DISMISSALS, SELECTION AND REMOVAL OF INDEPENDENT AUDITORS, AND TRANSACTIONS OUTSIDE THE ORDINARY COURSE OF BUSINESS. |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>  | <b>Explanation</b>  |
|--|---|
| Form 990, Part VI, Line 11b Review of form 990 by governing body | THE FOUNDATION'S FINANCE AND OPERATIONS STAFF REVIEWED THE FORM 990. IN ADDITION, COMMONSP IRIT HEALTH'S TAX DEPARTMENT WORKED CLOSELY WITH THE CORPORATE ACCOUNTING DIRECTOR TO REVI EW THE RETURN. THE FORM 990, IN ITS ENTIRETY, WAS PROVIDED BY THE FOUNDATION'S BOARD PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE. |

## 990 Schedule O, Organizational Information

| Return Reference  | Explanation   |
|---|---|
| Form 990, Part VI, Line 12c Conflict of interest policy | <p>THE FOUNDATION HAS ADOPTED DIGNITY HEALTH'S POLICIES FOR THE DISCLOSURE AND MANAGEMENT OF CONFLICTS OF INTEREST. DURING THE PERIOD JULY 1, 2019 - JUNE 30, 2020, DIGNITY HEALTH WAS SUBJECT TO WRITTEN CONFLICT OF INTEREST POLICIES (THE "COI POLICIES."). THESE POLICIES, PROVIDE FOR THE DISCLOSURE AND SUBSEQUENT REVIEW AND MANAGEMENT OF CONFLICTS OF INTEREST THAT MAY EXIST FOR MEMBERS OF DIGNITY HEALTH'S GOVERNING BODIES, INCLUDING ITS BOARD OF DIRECTORS AND BOARD COMMITTEES, AS WELL AS DIGNITY HEALTH'S OFFICERS AND EXECUTIVE LEADERS, KEY EMPLOYEES, MANAGEMENT PERSONNEL AT THE VICE PRESIDENT LEVEL AND ABOVE, AND ANY OTHER DESIGNATED PERSONNEL ("COVERED PERSONS"). ALL COVERED PERSONS ARE REQUIRED TO DISCLOSE ACTUAL OR POTENTIAL CONFLICTS ARISING FROM THE BUSINESS, OWNERSHIP, FINANCIAL AND PERSONAL INTERESTS HELD BY SUCH COVERED PERSONS OR THEIR FAMILY MEMBERS. COVERED PERSONS ARE REQUIRED TO DISCLOSE TO THEIR SUPERVISORS OR RELEVANT DECISION MAKERS ANY INTEREST THAT MAY PRESENT A CONFLICT OF INTEREST, OR THE APPEARANCE OF A CONFLICT OF INTEREST. SUCH DISCLOSURE IS REQUIRED ON A TRANSACTIONAL BASIS AT THE TIME SUCH CONFLICTS ARISE, WHEN AN INDIVIDUAL BECOMES A COVERED PERSON (E.G. UPON HIRING OR UPON PROMOTION), AND ANNUALLY THEREAFTER. AS PART OF THE ANNUAL DISCLOSURE SURVEY CONDUCTED PURSUANT TO THE COI POLICIES, EACH COVERED PERSON IS REQUIRED TO CERTIFY THAT HE/SHE: (1) HAS RECEIVED A COPY OF THE COI POLICY OR COI POLICIES APPLICABLE TO HIS/HER POSITION; (2) HAS READ THE COI POLICY AND UNDERSTANDS SAID POLICY; AND (3) AGREES TO COMPLY WITH ALL REQUIREMENTS OF THE COI POLICY, INCLUDING COMPLETING THE CONFLICTS OF INTEREST DISCLOSURE SURVEY AS REQUIRED BY THE COI POLICIES. THE INFORMATION FROM THE ANNUAL DISCLOSURE SURVEY IS USED TO MONITOR AND MANAGE DISCLOSED CONFLICTS OF INTEREST AND ASSURE DECISIONS ARE MADE IN THE ORGANIZATION'S BEST INTERESTS. THE PROCEDURES FOR ADDRESSING A CONFLICT OF INTEREST RELATED TO A PROPOSED TRANSACTION IN THE CASE OF GOVERNING BODIES REQUIRE THAT THE BOARD SHALL CAREFULLY SCRUTINIZE AND MUST IN GOOD FAITH EITHER APPROVE OR DISAPPROVE ANY TRANSACTION IN WHICH DIGNITY HEALTH OR A DIGNITY HEALTH ENTITY IS A PARTY AND IN WHICH THE DIRECTOR EITHER: HAS A MATERIAL FINANCIAL INTEREST OR IS A DIRECTOR OR CORPORATE OFFICER OF THE OTHER PARTY (OTHER THAN A DIGNITY HEALTH-AFFILIATED ORGANIZATION). THE BOARD MUST APPROVE THE TRANSACTION BY MAJORITY OF THE DIRECTORS ON THE BOARD, WITHOUT COUNTING THE VOTE OF ANY INDIVIDUAL WHO HAS AN INTEREST IN THE TRANSACTION. IN REVIEWING SUCH TRANSACTIONS BETWEEN DIGNITY HEALTH OR DIGNITY HEALTH ENTITIES AND VENDORS OR OTHER CONTRACTORS WHO ARE, OR ARE AFFILIATED WITH, DIRECTORS, THE BOARD SHALL ACT NO MORE OR LESS FAVORABLY THAN IT WOULD IN REVIEWING TRANSACTIONS WITH UNRELATED THIRD PARTIES. THE TRANSACTION WILL NOT BE APPROVED UNLESS THE BOARD DETERMINES THAT THE TRANSACTION IS FAIR TO DIGNITY HEALTH OR THE DIGNITY HEALTH ENTITY.</p> |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>   | <b>Explanation</b>  |
|---|---|
| Form 990, Part VI, Line 19 Required documents available to the public | FEDERAL TAX LAWS DO NOT MANDATE THAT THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS BE MADE AVAILABLE FOR PUBLIC INSPECTION. THE ORGANIZATION IS INCLUDED IN COMMONSPIRITS HEALTHS' CONSOLIDATED FINANCIAL STATEMENTS WHICH ARE AVAILABLE ON BOTH COMMONSPIRIT HEALTH'S AND DIGNITY HEALTH'S WEBSITES AND UPON REQUEST. |



**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>                       | <b>Explanation</b>   |
|---|--|
| Form 990, Part VII, Section A<br>COMPENSATION | ALL COMPENSATION AND BENEFITS REPORTED FOR DIRECTORS AND OFFICERS REPRESENT COMPENSATION AS AN EMPLOYEE OF THE SUPPORTED ORGANIZATION. |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>                | <b>Explanation</b>   |
|--|--|
| Form 990, Part IX, Line 11g Other Fees | Admin Services - Total Expense: 821022, Program Service Expense: , Management and General Expenses: 488567, Fundraising Expenses: 332455; Event Indirect Expense - Total Expense: 91515, Program Service Expense: , Management and General Expenses: , Fundraising Expenses: 91515; Other Purchased Services - Total Expense: 260, Program Service Expense: , Management and General Expenses: 139, Fundraising Expenses: 121; |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>  | <b>Explanation</b>   |
|--|--|
| Form 990, Part XII, Line 2c Change of oversight process or selection process | THE ORGANIZATION'S FEDERAL AWARDS WERE INCLUDED IN COMMONSPIRIT'S CONSOLIDATED UNIFORM GUIDANCE AUDITED SCHEDULE OF FEDERAL EXPENDITURES FOR THE PERIOD OF JULY 1, 2019, TO JUNE 30, 2020. |

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Dignity Health Foundation

**Employer identification number**

46-2037641

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a)<br>Name, address, and EIN (if applicable) of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

See Additional Data Table

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|---|-------------------------|--|----------------------------|---|----------------------------------|--|----|
|   |                         |  |                            |   |                                  | Yes  | No |
|   |                         |  |                            |   |                                  |  |    |
|   |                         |  |                            |   |                                  |  |    |
|   |                         |  |                            |   |                                  |  |    |
|   |                         |  |                            |   |                                  |  |    |
|   |                         |  |                            |   |                                  |  |    |
|   |                         |  |                            |   |                                  |  |    |

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

See Additional Data Table

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Predominant income(related, unrelated, excluded from tax under sections 512-514) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|---|-------------------------|--|----------------------------------|---|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|   |                         |  |                                  |   |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
|   |                         |  |                                  |   |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |                                  |   |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |                                  |   |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |                                  |   |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |                                  |   |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |                                  |   |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |                                  |   |                              |                                    |                                      |    |  |                                     |    |                             |

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

See Additional Data Table

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Type of entity (C corp, S corp, or trust) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Percentage ownership | (i)<br>Section 512(b)(13) controlled entity? |    |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|----|
|   |                         |  |                                  |  |                              |                                    |                             | Yes  | No |
|   |                         |  |                                  |  |                              |                                    |                             |  |    |
|   |                         |  |                                  |  |                              |                                    |                             |  |    |
|   |                         |  |                                  |  |                              |                                    |                             |  |    |
|   |                         |  |                                  |  |                              |                                    |                             |  |    |
|   |                         |  |                                  |  |                              |                                    |                             |  |    |
|   |                         |  |                                  |  |                              |                                    |                             |  |    |
|   |                         |  |                                  |  |                              |                                    |                             |  |    |
|   |                         |  |                                  |  |                              |                                    |                             |  |    |

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

|  | Yes | No |
|--|-----|----|
| <b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? |     |    |
| <b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .               |     | No |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .   | Yes |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .   | Yes |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .  |     | No |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .   |     | No |
| <b>f</b> Dividends from related organization(s) . . . . .  |     | No |
| <b>g</b> Sale of assets to related organization(s) . . . . .   |     | No |
| <b>h</b> Purchase of assets from related organization(s) . . . . .   |     | No |
| <b>i</b> Exchange of assets with related organization(s) . . . . .   |     | No |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .  |     | No |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .  |     | No |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .  | Yes |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .   |     | No |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .   |     | No |
| <b>o</b> Sharing of paid employees with related organization(s) . . . . .  |     | No |
| <b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .  |     | No |
| <b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .  |     | No |
| <b>r</b> Other transfer of cash or property to related organization(s) . . . . .   |     | No |
| <b>s</b> Other transfer of cash or property from related organization(s) . . . . .   |     | No |

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| (a)<br>Name of related organization | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
|                                     |                               |                        |  |
|                                     |                               |                        |  |
|                                     |                               |                        |  |
|                                     |                               |                        |  |
|                                     |                               |                        |  |

**Part VI Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a)<br>Name, address, and EIN of entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e)<br>Are all partners section 501(c)(3) organizations? |    | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|---|-------------------------|--|--|--|----|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|   |                         |  |  | Yes  | No |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |

**Part VII**    **Supplemental Information**

Provide additional information for responses to questions on Schedule R. (see instructions).

| <b>Return Reference</b> | <b>Explanation</b> |
|-------------------------|--------------------|
|                         |                    |



**Additional Data**

**Software ID:** 19010655  
**Software Version:** 2019v5.0  
**EIN:** 46-2037641  
**Name:** Dignity Health Foundation

**Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations**

| (a)<br>Name, address, and EIN of related organization               | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512 (b)(13) controlled entity? |    |
|---|-------------------------|--|----------------------------|---|----------------------------------|---|----|
|   |                         |  |                            |   |                                  | Yes   | No |
| 12809 W DODGE RD<br>OMAHA, NE 68154<br>47-0765154                   | HOSPITAL                | NE   | 501(c)(3)                  | 3   | ACH                              |   | No |
| 12809 W DODGE RD<br>OMAHA, NE 68154<br>47-0757164                   | HOSPITAL                | NE   | 501(c)(3)                  | 3   | CHI NEBRASKA                     |   | No |
| 7500 MERCY RD<br>OMAHA, NE 68124<br>47-0484764                      | HOSPITAL                | NE   | 501(c)(3)                  | 3   | CHI NEBRASKA                     |   | No |
| 6901 N 72ND ST<br>OMAHA, NE 68122<br>47-0376615                     | HOSPITAL                | NE   | 501(c)(3)                  | 3   | CHI NEBRASKA                     |   | No |
| 104 W 17TH ST<br>SCHUYLER, NE 68661<br>47-0399853                   | HOSPITAL                | NE   | 501(c)(3)                  | 3   | CHI NEBRASKA                     |   | No |
| PO BOX 368<br>CORNING, IA 50841<br>42-0782518                       | HOSPITAL                | IA   | 501(c)(3)                  | 3   | CHI NEBRASKA                     |   | No |
| 631 N 8TH ST<br>MISSOURI VALLEY, IA 51555<br>42-0776568             | HOSPITAL                | IA   | 501(c)(3)                  | 3   | CHI NEBRASKA                     |   | No |
| 300 SE 8TH AVE<br>LITTLE FALLS, MN 56345<br>41-1351177              | Long-TERM CARE          | MN   | 501(c)(3)                  | 10  | CSH                              |   | No |
| 601 OAK ST<br>BRECKENRIDGE, MN 56520<br>41-1850500                  | SENIOR LIVING           | MN   | 501(c)(3)                  | 10  | SFH                              |   | No |
| 345 S Halcyon Rd<br>Arroyo Grande, CA 93420<br>20-3256066           | FUNDRAISING FOUNDATION  | CA   | 501(c)(3)                  | Type I  | Dignity Health                   |   | No |
| 420 34TH Street<br>Bakersfield, CA 93301<br>95-1802779              | HOSPITAL                | CA   | 501(c)(3)                  | 3   | Dignity Community Care           |   | No |
| 13 CHURCH STREET<br>Nunney, ENGLAND BA114LW<br>UK 31-1724184        | Fundraising Foundation  |  | 501(c)(3)                  | Type III-O  | NA                               |   | No |
| 350 West Thomas Road<br>Phoenix, AZ 85013<br>86-0174371             | Fundraising Foundation  | AZ   | 501(c)(3)                  | 7   | Dignity Health                   |   | No |
| 17200 ST LUKES WAY STE 170<br>THE WOODLANDS, TX 77384<br>27-4499340 | PHYSICIANS              | TX   | 501(c)(3)                  | Type I  | SLCHS                            |   | No |
| 6624 FANNIN ST STE 1100<br>HOUSTON, TX 77030<br>76-0458535          | PHYSICIANS              | TX   | 501(c)(3)                  | 3   | SLHS                             |   | No |
| 198 INVERNESS DRIVE WEST<br>ENGLEWOOD, CO 80112<br>23-2187242       | HEALTHCARE              | PA   | 501(c)(3)                  | Type I  | CSH                              |   | No |
| 1 West Way Ct<br>LAKE JACKSON, TX 77566<br>76-0080110               | FUNDRAISING FOUNDATION  | TX   | 501(c)(3)                  | Type I  | BRHS                             |   | No |
| 100 MEDICAL DRIVE<br>LAKE JACKSON, TX 77566<br>80-0240261           | PHYSICIANS              | TX   | 501(c)(3)                  | 3   | BRHS                             |   | No |
| 2801 FRANCISCAN DRIVE<br>BRYAN, TX 77802<br>74-2759890              | HOSPITAL                | TX   | 501(c)(3)                  | 3   | SJSC                             |   | No |
| 2801 FRANCISCAN DRIVE<br>BRYAN, TX 77802<br>74-2913931              | HEALTHCARE              | TX   | 501(c)(3)                  | 10  | SJSC                             |   | No |

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations |                         |  |                            |   |                                  |   |    |  |
|--|-------------------------|--|----------------------------|---|----------------------------------|---|----|--|
| (a)<br>Name, address, and EIN of related organization                              | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512 (b)(13) controlled entity? |    |  |
|  |                         |  |                            |   |                                  | Yes   | No |  |
| 1401 South Grand Avenue<br>Los Angeles, CA 90015<br>95-4000909                     | FUNDRAISING FOUNDATION  | CA   | 501(c)(3)                  | Type I  | Dignity Community Care           |   | No |  |
| 800 N 4TH ST<br>CARRINGTON, ND 58421<br>45-0227311                                 | HOSPITAL                | ND   | 501(c)(3)                  | 3   | CSH                              |   | No |  |
| 9100 East Mineral Circle<br>Centennial, CO 80112<br>84-0405257                     | HOSPITAL                | CO   | 501(c)(3)                  | 3   | CSH                              |   | No |  |
| 1111 6TH AVE<br>DES MOINES, IA 50314<br>42-0680448                                 | HOSPITAL                | IA   | 501(c)(3)                  | 3   | CSH                              |   | No |  |
| 1150 Kelly Johnson Blvd 204<br>COLORADO SPRINGS, CO 80920<br>84-0902211            | FUNDRAISING FOUNDATION  | CO   | 501(c)(3)                  | 7   | CHIC                             |   | No |  |
| 1150 Kelly Johnson Blvd 204<br>COLORADO SPRINGS, CO 80920<br>27-0930004            | HEALTHCARE              | CO   | 501(c)(3)                  | Type I  | CSH                              |   | No |  |
| 198 INVERNESS DRIVE WEST<br>ENGLEWOOD, CO 80112<br>46-0992796                      | PHYSICIANS              | CO   | 501(c)(3)                  | Type I  | CHINS                            |   | No |  |
| 2700 STEWART PKWY<br>ROSEBURG, OR 97471<br>26-3946191                              | SURGERY CENTER          | OR   | 501(c)(3)                  | 10  | MMC                              |   | No |  |
| 300 OLD RIVER ROAD STE 200<br>BAKERSFIELD, CA 93311<br>84-4171789                  | CLINIC                  | CA   | 501(c)(3)                  | 3   | Dignity Community Care           |   | No |  |
| 3515 BROADWAY<br>GREAT BEND, KS 67530<br>48-0543724                                | HOSPITAL                | KS   | 501(c)(3)                  | 3   | CSH                              |   | No |  |
| 4816 AMBER VALLEY PKWY S<br>FARGO, ND 58104<br>27-1966847                          | HOME HEALTH             | MN   | 501(c)(3)                  | 10  | CSH                              |   | No |  |
| 12809 W DODGE RD<br>OMAHA, NE 68154<br>47-0648586                                  | FUNDRAISING FOUNDATION  | NE   | 501(c)(3)                  | 7   | ACH                              |   | No |  |
| 3900 OLYMPIC BLVD STE 400<br>ERLANGER, KY 41018<br>20-2741651                      | INVESTMENTS             | KY   | 501(c)(3)                  | Type I  | CSH                              |   | No |  |
| 5942 RENAISSANCE PLACE STE A<br>TOLEDO, OH 43623<br>34-1892096                     | SENIOR LIVING           | OH   | 501(c)(3)                  | Type I  | SFH                              |   | No |  |
| 100 GROSS CRESCENT CIRCLE<br>FORT OGLETHORPE, GA 30742<br>82-2748395               | HOSPITAL                | GA   | 501(c)(3)                  | 3   | MHCS                             |   | No |  |
| 198 INVERNESS DRIVE WEST<br>ENGLEWOOD, CO 80112<br>45-1261716                      | HEALTHCARE              | CO   | 501(c)(3)                  | 10  | CHI NS                           |   | No |  |
| 198 INVERNESS DRIVE WEST<br>ENGLEWOOD, CO 80112<br>45-2532084                      | HEALTHCARE              | CO   | 501(c)(3)                  | Type I  | CSH                              |   | No |  |
| 12809 West Dodge Road<br>Omaha, NE 68510<br>36-3233121                             | HEALTHCARE              | NE   | 501(c)(3)                  | Type I  | CSH                              |   | No |  |
| 1929 LINCOLN HWY E STE 150<br>LANCASTER, PA 17602<br>23-2342997                    | HEALTHCARE              | PA   | 501(c)(3)                  | Type I  | CSH                              |   | No |  |
| 1516 5TH ST NW<br>ALBUQUERQUE, NM 87102<br>71-0897107                              | COMMUNITY               | NM   | 501(c)(3)                  | Type I  | CSH                              |   | No |  |

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations |   |  |                            |   |                                  |   |    |  |
|--|---|--|----------------------------|---|----------------------------------|---|----|--|
| (a)<br>Name, address, and EIN of related organization                              | (b)<br>Primary activity                   | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512 (b)(13) controlled entity? |    |  |
|  |   |  |                            |   |                                  | Yes   | No |  |
| 300 WERNER ST<br>HOT SPRINGS, AR 71913<br>71-0236913                               | HOSPITAL                                  | AR   | 501(c)(3)                  | 3   | CHISVHS                          |   | No |  |
| 300 WERNER ST<br>HOT SPRINGS, AR 71913<br>26-1125064                               | HOLDING CO                                | AR   | 501(c)(3)                  | Type II   | SVIMC                            |   | No |  |
| 300 WERNER ST<br>HOT SPRINGS, AR 71913<br>26-1125131                               | PHYSICIANS                                | AR   | 501(c)(3)                  | 3   | CHISVHS                          |   | No |  |
| 198 INVERNESS DRIVE WEST<br>ENGLEWOOD, CO 80112<br>47-0617373                      | HEALTHCARE                                | CO   | 501(c)(3)                  | Type I  | NA                               |   | No |  |
| 185 BERRY STREET STE 200<br>SAN FRANCISCO, CA 94107<br>85-0919176                  | INVESTMENTS                               | CA   | 501(c)(3)                  | Type I  | CSH                              |   | No |  |
| 198 INVERNESS DRIVE WEST<br>ENGLEWOOD, CO 80112<br>27-1050565                      | HEALTHCARE                                | CO   | 501(c)(3)                  | Type I  | CSH                              |   | No |  |
| 1805 Medical Center Drive<br>San Bernardino, CA 92411<br>95-1643373                | HOSPITAL                                  | CA   | 501(c)(3)                  | 3   | Dignity Community Care           |   | No |  |
| 625 Eden Park Drive 7th Floor<br>CINCINNATI, OH 45202<br>23-7419853                | HOLDING CO                                | OH   |                            |   | GSH                              |   | No |  |
| 631 N 8TH ST<br>MISSOURI VALLEY, IA 51555<br>42-1294399                            | FUNDRAISING FOUNDATION                    | IA   | 501(c)(3)                  | Type I  | AH-CMHMV                         |   | No |  |
| One Saint Joseph Drive<br>LEXINGTON, KY 40504<br>61-1400619                        | HOSPITAL                                  | KY   | 501(c)(3)                  | 3   | SJHS                             |   | No |  |
| 185 BERRY STREET STE 200<br>San Francisco, CA 94107<br>81-5009488                  | HOSPITAL                                  | CO   | 501(c)(3)                  | 3   | CSH                              |   | No |  |
| 185 BERRY STREET STE 200<br>SAN FRANCISCO, CA 94107<br>94-1196203                  | HOSPITAL                                  | CA   | 501(c)(3)                  | 3   | CSH                              |   | No |  |
| 200 Mercy Oaks Drive<br>Redding, CA 96003<br>23-7115371                            | Senior Center Services                    | CA   | 501(c)(3)                  | 7   | Dignity Health                   |   | No |  |
| 2101 N Waterman Avenue<br>San Bernardino, CA 92404<br>23-7440086                   | FUNDRAISING FOUNDATION                    | CA   | 501(c)(3)                  | Type I  | Dignity Health                   |   | No |  |
| 475 South Dobson Road<br>Chandler, AZ 85224<br>74-2418514                          | FUNDRAISING FOUNDATION                    | AZ   | 501(c)(3)                  | Type I  | Dignity Health                   |   | No |  |
| 185 BERRY STREET STE 200<br>San Francisco, CA 94107<br>94-3006034                  | Self Insurance                            | CA   | 501(c)(3)                  | Type I  | Dignity Health                   |   | No |  |
| 185 BERRY STREET STE 200<br>San Francisco, NV 94107<br>81-3800752                  | Self Insurance                            | NV   | 501(c)(3)                  | Type I  | Dignity Health                   |   | No |  |
| 3400 Data Drive<br>Rancho Cordova, CA 95670<br>68-0220314                          | MULTI-SPECIALTY OUTPATIENT MEDICAL CLINIC | CA   | 501(c)(3)                  | Type I  | Dignity Community Care           |   | No |  |
| 185 BERRY STREET STE 200<br>San Francisco, CA 94107<br>94-6612446                  | Self Insurance                            | CA   | 501(c)(3)                  | Type I  | Dignity Health                   |   | No |  |
| 1555 Soquel Drive<br>Santa Cruz, CA 95065<br>77-0056778                            | Community Health System                   | CA   | 501(c)(3)                  | Type I  | Dignity Health                   |   | No |  |

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations |  |  |                            |   |                                  |   |    |  |
|--|--|--|----------------------------|---|----------------------------------|---|----|--|
| (a)<br>Name, address, and EIN of related organization                              | (b)<br>Primary activity  | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512 (b)(13) controlled entity? |    |  |
|  |  |  |                            |   |                                  | Yes   | No |  |
| 1555 Soquel Drive<br>Santa Cruz, CA 95065<br>94-2450442                            | FUNDRAISING FOUNDATION   | CA   | 501(c)(3)                  | Type I  | Dignity Health                   |   | No |  |
| 1555 Soquel Drive<br>Santa Cruz, CA 95065<br>77-0127719                            | Operation and management of housing complex to elderly persons | CA   | 501(c)(3)                  | 10  | DHS                              |   | No |  |
| 2801 VIA FORTUNA SUITE 500<br>AUSTIN, TX 78746<br>45-4736213                       | HEALTHCARE   | TX   | 501(c)(3)                  | Type I  | SLHS                             |   | No |  |
| 1455 BATTERSBY AVE<br>ENUMCLAW, WA 98022<br>91-0715805                             | HOSPITAL   | WA   | 501(c)(3)                  | 3   | FHS                              |   | No |  |
| 4305 NEW SHEPHERDSVILLE RD<br>BARDSTOWN, KY 40004<br>61-1345363                    | HOSPITAL   | KY   | 501(c)(3)                  | 3   | KOH                              |   | No |  |
| 4305 NEW SHEPHERDSVILLE RD<br>BARDSTOWN, KY 40004<br>56-2351341                    | FUNDRAISING FOUNDATION   | KY   | 501(c)(3)                  | Type I  | FH                               |   | No |  |
| 4111 N HOLLAND-SYLVANIA RD<br>TOLEDO, OH 43623<br>34-1931806                       | HEALTHCARE   | OH   | 501(c)(3)                  | 10  | CHILC                            |   | No |  |
| 1717 SOUTH J ST<br>TACOMA, WA 98405<br>91-1145592                                  | FUNDRAISING FOUNDATION   | WA   | 501(c)(3)                  | 10  | FHS                              |   | No |  |
| 1717 SOUTH J ST<br>TACOMA, WA 98405<br>91-0564491                                  | HOSPITAL   | WA   | 501(c)(3)                  | 3   | CSH                              |   | No |  |
| TACOMA FNC CTR BLDG 1145 BROADWAY<br>TACOMA, WA 98402<br>43-1882377                | PHYSICIANS   | MO   | 501(c)(3)                  | 10  | CSH                              |   | No |  |
| 1313 BROADWAY STE 200<br>TACOMA, WA 98402<br>91-1939739                            | HEALTHCARE   | WA   | 501(c)(3)                  | 10  | FHS                              |   | No |  |
| 3601 S CHICAGO AVE<br>SOUTH MILWAUKEE, WI 53172<br>39-1093829                      | HEALTHCARE   | WI   | 501(c)(3)                  | 10  | CSH                              |   | No |  |
| 1911 Johnson Avenue<br>San Luis Obispo, CA 93401<br>20-3256125                     | FUNDRAISING FOUNDATION   | CA   | 501(c)(3)                  | Type I  | Dignity Community Care           |   | No |  |
| 407 THIRD AVENUE SOUTHEAST<br>GARRISON, ND 58540<br>45-0227752                     | HOSPITAL   | ND   | 501(c)(3)                  | 3   | SAMC                             |   | No |  |
| 1420 South Central Avenue<br>Glendale, CA 91204<br>95-3625651                      | FUNDRAISING FOUNDATION   | CA   | 501(c)(3)                  | Type I  | Dignity Community Care           |   | No |  |
| 198 INVERNESS DRIVE WEST<br>ENGLEWOOD, CO 80112<br>20-1536108                      | MINISTRIES   | CO   | 501(c)(3)                  | Type I  | CSH                              |   | No |  |
| 625 Eden Park Drive 7th Floor<br>CINCINNATI, OH 45202<br>31-1778403                | EDUCATION  | OH   | 501(c)(3)                  | 2   | GSH                              |   | No |  |
| 625 Eden Park Drive 7th Floor<br>CINCINNATI, OH 45202<br>31-1206047                | FUNDRAISING FOUNDATION   | OH   | 501(c)(3)                  | Type I  | GSH                              |   | No |  |
| PO BOX 1990<br>KEARNEY, NE 68848<br>47-0379755                                     | HOSPITAL   | NE   | 501(c)(3)                  | 3   | CHI NEBRASKA                     |   | No |  |
| 111 W 31ST ST<br>KEARNEY, NE 68847<br>47-0659443                                   | FUNDRAISING FOUNDATION   | NE   | 501(c)(3)                  | 7   | GSH                              |   | No |  |

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations |                         |  |                            |   |                                  |   |    |  |
|--|-------------------------|--|----------------------------|---|----------------------------------|---|----|--|
| (a)<br>Name, address, and EIN of related organization                              | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512 (b)(13) controlled entity? |    |  |
|  |                         |  |                            |   |                                  | Yes   | No |  |
| 2520 CHERRY AVE<br>BREMERTON, WA 98310<br>91-0565546                               | HOSPITAL                | WA   | 501(c)(3)                  | 3   | FHS                              |   | No |  |
| 2520 CHERRY AVE<br>BREMERTON, WA 98310<br>91-1197626                               | FUNDRAISING FOUNDATION  | WA   | 501(c)(3)                  | 7   | HMC                              |   | No |  |
| 1451 HARRODSBURG RD STE D-308<br>LEXINGTON, KY 40504<br>83-2170324                 | FUNDRAISING FOUNDATION  | KY   | 501(c)(3)                  | Type II   | KOH                              |   | No |  |
| 2400 ST FRANCIS DR<br>BRECKENRIDGE, MN 56520<br>76-0761782                         | FUNDRAISING FOUNDATION  | MN   | 501(c)(3)                  | Type I  | SFMC                             |   | No |  |
| 16251 SYLVESTER RD SW<br>BURIEN, WA 98166<br>91-0712166                            | HOSPITAL                | WA   | 501(c)(3)                  | 3   | FHS                              |   | No |  |
| 1111 6TH AVE<br>DES MOINES, IA 50314<br>42-1323808                                 | SHELTER                 | IA   | 501(c)(3)                  | 7   | CHI-IA CORP                      |   | No |  |
| 250 E Liberty St Ste 500<br>LOUISVILLE, KY 40202<br>61-1029768                     | HOSPITAL                | KY   | 501(c)(3)                  | 3   | KOH                              |   | No |  |
| 200 ABRAHAM FLEXNER WAY<br>LOUISVILLE, KY 40202<br>61-1029769                      | HEALTHCARE              | KY   | 501(c)(3)                  | Type II   | CSH                              |   | No |  |
| 100 E Liberty St Ste 800<br>LOUISVILLE, KY 40202<br>61-1352729                     | HEALTHCARE              | KY   | 501(c)(3)                  | 10  | JHSMH                            |   | No |  |
| 600 MAIN AVE S<br>BAUDETTE, MN 56623<br>41-0758434                                 | HOSPITAL                | MN   | 501(c)(3)                  | 3   | CSH                              |   | No |  |
| 600 MAIN AVE S<br>BAUDETTE, MN 56623<br>41-1893795                                 | FUNDRAISING FOUNDATION  | ND   | 501(c)(3)                  | 7   | LHC                              |   | No |  |
| 905 MAIN ST<br>LISBON, ND 58054<br>82-0558836                                      | HOSPITAL                | ND   | 501(c)(3)                  | 3   | CSH                              |   | No |  |
| PO BOX 1447<br>LUFKIN, TX 75901<br>82-0563768                                      | PROPERTY MGMT           | TX   | 501(c)(3)                  | Type I  | MHSET                            |   | No |  |
| 2801 FRANCISCAN DRIVE<br>BRYAN, TX 77802<br>74-2761145                             | HOSPITAL                | TX   | 501(c)(3)                  | 3   | SJSC                             |   | No |  |
| 2344 AMSTERDAM ROAD<br>VILLA HILLS, KY 51017<br>61-0654635                         | LIVING ASSIST           | KY   | 501(c)(3)                  | 10  | CHILC                            |   | No |  |
| 1400 E Church Street<br>Santa Maria, CA 93454<br>95-3818027                        | FUNDRAISING FOUNDATION  | CA   | 501(c)(3)                  | Type I  | Dignity Health                   |   | No |  |
| 768 Mountain Ranch Road<br>San Andreas, CA 95249<br>68-0127677                     | HOSPITAL                | CA   | 501(c)(3)                  | 3   | Dignity Community Care           |   | No |  |
| 2525 DE SALES AVE<br>CHATTANOOGA, TN 37404<br>62-1839548                           | FUNDRAISING FOUNDATION  | TN   | 501(c)(3)                  | 7   | MHCS                             |   | No |  |
| 2525 DE SALES AVE<br>CHATTANOOGA, TN 37404<br>62-0532345                           | HOSPITAL                | TN   | 501(c)(3)                  | 3   | CSH                              |   | No |  |
| 5600 BRAINERD RD STE 500<br>CHATTANOOGA, TN 37411<br>03-0417049                    | HEALTHCARE              | TN   | 501(c)(3)                  | 10  | MHCS                             |   | No |  |

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations |   |  |                            |   |                                  |   |    |
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| (a)<br>Name, address, and EIN of related organization                              | (b)<br>Primary activity                               | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512 (b)(13) controlled entity? |    |
|  |   |  |                            |   |                                  | Yes   | No |
| PO BOX 1447<br>LUFKIN, TX 75902<br>75-0755367                                      | HOSPITAL  | TX   | 501(c)(3)                  | 3   | SLHS                             |   | No |
| PO BOX 1447<br>LUFKIN, TX 75902<br>76-0436439                                      | HOSPITAL  | TX   | 501(c)(3)                  | 3   | MHSET                            |   | No |
| PO BOX 1447<br>LUFKIN, TX 75902<br>75-2663904                                      | HOSPITAL  | TX   | 501(c)(3)                  | 3   | MHSET                            |   | No |
| 1201 FRANK AVE<br>LUFKIN, TX 95904<br>75-2721155                                   | PHYSICIANS  | TX   | 501(c)(3)                  | Type I  | MHSET                            |   | No |
| PO BOX 1447<br>LUFKIN, TX 95902<br>75-2492741                                      | HOSPITAL  | TX   | 501(c)(3)                  | 3   | MHSET                            |   | No |
| 1111 6TH AVE<br>DES MOINES, IA 50314<br>42-6076069                                 | AUXILIARY   | IA   | 501(c)(3)                  | Type I  | MF-DM IA                         |   | No |
| 1111 6TH AVE<br>DES MOINES, IA 50314<br>42-1193699                                 | PHYSICIANS  | IA   | 501(c)(3)                  | 10  | CHI-IA CORP                      |   | No |
| 1111 6TH AVE<br>DES MOINES, IA 50314<br>42-1511682                                 | EDUCATION   | IA   | 501(c)(3)                  | 2   | CHI-IA CORP                      |   | No |
| PO Box 119<br>Bakersfield, CA 93302<br>77-0201321                                  | FUNDRAISING FOUNDATION                                | CA   | 501(c)(3)                  | Type I  | Dignity Health                   |   | No |
| 2700 STEWART PKWY<br>ROSEBURG, OR 97471<br>93-6088946                              | FUNDRAISING FOUNDATION                                | OR   | 501(c)(3)                  | 7   | MMC                              |   | No |
| 2625 Edith Avenue Suite E<br>Redding, CA 96001<br>94-3136799                       | Fundraising Foundation                                | CA   | 501(c)(3)                  |   | NA                               |   | No |
| 1111 6TH AVE<br>DES MOINES, IA 50314<br>23-7358794                                 | FUNDRAISING FOUNDATION                                | IA   | 501(c)(3)                  | 7   | CHI-IA CORP                      |   | No |
| 3400 Data Drive 3rd Flr<br>Rancho Cordova, CA 95670<br>23-7072762                  | Fundraising Foundation                                | CA   | 501(c)(3)                  |   | NA                               |   | No |
| PO BOX 368<br>CORNING, IA 50841<br>42-1461064                                      | FUNDRAISING FOUNDATION                                | IA   | 501(c)(3)                  |   | AHMH-Corning                     |   | No |
| 570 CHAUTAUQUA BLVD<br>VALLEY CITY, ND 58072<br>45-0435338                         | FUNDRAISING FOUNDATION                                | ND   | 501(c)(3)                  |   | MHVC                             |   | No |
| 800 MERCY DR<br>COUNCIL BLUFFS, IA 51503<br>42-1178204                             | FUNDRAISING FOUNDATION                                | IA   | 501(c)(3)                  |   | AHBMHS                           |   | No |
| 1031 7TH ST NE<br>DEVILS LAKE, ND 58301<br>45-0227012                              | HOSPITAL  | ND   | 501(c)(3)                  | 3   | CSH                              |   | No |
| 1031 7TH ST NE<br>DEVILS LAKE, ND 58301<br>35-2367360                              | FUNDRAISING FOUNDATION                                | ND   | 501(c)(3)                  | 7   | MHDL                             |   | No |
| 570 CHAUTAUQUA BLVD<br>VALLEY CITY, ND 58072<br>45-0226553                         | HOSPITAL  | ND   | 501(c)(3)                  | 3   | CSH                              |   | No |
| 3865 J Street<br>Sacramento, CA 95816<br>68-0117340                                | Senior Citizen's<br>Housing/Retirement<br>Communities | CA   | 501(c)(3)                  | 10  | Dignity Health                   |   | No |

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| (a)<br>Name, address, and EIN of related organization                              | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512 (b)(13) controlled entity? |    |
|  |                         |  |                            |   |                                  | Yes   | No |
| 1301 15TH AVE WEST<br>WILLISTON, ND 58801<br>45-0231183                            | HOSPITAL                | ND   | 501(c)(3)                  | 3   | CSH                              |   | No |
| ONE ST JOSEPHS DRIVE<br>CENTERVILLE, IA 52544<br>42-0680308                        | HOSPITAL                | IA   | 501(c)(3)                  | 3   | CHI-IA CORP                      |   | No |
| 204 N 4th Ave E<br>Newton, IA 50314<br>42-1470935                                  | HOSPITAL                | IA   | 501(c)(3)                  | 3   | CHI-IA CORP                      |   | No |
| 2700 STEWART PKWY<br>ROSEBURG, OR 97471<br>93-0386868                              | HOSPITAL                | OR   | 501(c)(3)                  | 3   | CSH                              |   | No |
| 301 E 13th Street<br>Merced, CA 95340<br>77-0035928                                | FUNDRAISING FOUNDATION  | CA   | 501(c)(3)                  | Type I  | Dignity Health                   |   | No |
| 1301 15TH AVE WEST<br>WILLISTON, ND 58801<br>45-0381803                            | FUNDRAISING FOUNDATION  | ND   | 501(c)(3)                  | Type I  | MMC                              |   | No |
| 7500 S 91ST ST<br>LINCOLN, NE 68526<br>39-2031968                                  | HOSPITAL                | NE   | 501(c)(3)                  | 3   | CHI NEBRASKA                     |   | No |
| 2223 East Rosser Avenue<br>Bismarck, ND 58501<br>91-1845296                        | MANAGEMENT              | ND   | 501(c)(3)                  | 7   | NCHA                             |   | No |
| 18300 Roscoe Blvd<br>Northridge, CA 91328<br>23-7444901                            | FUNDRAISING FOUNDATION  | CA   | 501(c)(3)                  | Type I  | Dignity Community Care           |   | No |
| 1200 N 7TH ST<br>OAKES, ND 58474<br>45-0231675                                     | HOSPITAL                | ND   | 501(c)(3)                  | 3   | CSH                              |   | No |
| 1200 N 7TH ST<br>OAKES, ND 58474<br>71-0966606                                     | FUNDRAISING FOUNDATION  | ND   | 501(c)(3)                  | Type I  | OCH                              |   | No |
| 1400 E Church Street<br>Santa Maria, CA 93454<br>77-0447575                        | Clinic                  | CA   | 501(c)(3)                  | 3   | Dignity Community Care           |   | No |
| PO BOX 1447<br>LUFKIN, TX 75902<br>75-2493116                                      | PROPERTY MGMT           | TX   | 501(c)(3)                  | Type I  | MHSET                            |   | No |
| 3400 Data Drive<br>Rancho Cordova, CA 95670<br>46-5322209                          | HOSPITAL                | CA   | 501(c)(3)                  | 3   | Dignity Health                   |   | No |
| 2025 HAYES AVENUE<br>SANDUSKY, OH 44870<br>34-1658625                              | HEALTHCARE              | OH   | 501(c)(3)                  | 10  | CHILC                            |   | No |
| 2025 HAYES AVENUE<br>SANDUSKY, OH 44870<br>34-1826099                              | HOLDING CO              | OH   | 501(c)(3)                  | Type II   | CHILC                            |   | No |
| 5055 PROVIDENCE DRIVE<br>SANDUSKY, OH 44870<br>34-1896807                          | LIVING COMM             | OH   | 501(c)(3)                  | 10  | CHILC                            |   | No |
| 1925 E ORMAN AVE STE G52<br>PUEBLO, CO 81004<br>84-1234295                         | COMMUNITY               | CO   | 501(c)(3)                  | 7   | CHIC                             |   | No |
| 16251 Sylvester Road SW<br>Burien, WA 98166<br>91-1170040                          | HOSPITAL                | WA   | 501(c)(3)                  | 3   | FHS                              |   | No |
| 25 POCONO RD<br>DENVER, NJ 07834<br>22-2876836                                     | HEALTHCARE              | NJ   | 501(c)(3)                  | 10  | SCHS                             |   | No |

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| (a)<br>Name, address, and EIN of related organization                              | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512 (b)(13) controlled entity? |    |  |
|  |                         |  |                            |   |                                  | Yes   | No |  |
| 25 POCONO RD<br>DENVER, NJ 07834<br>22-3639733                                     | MANAGEMENT              | NJ   | 501(c)(3)                  | 10  | CSH                              |   | No |  |
| 25 POCONO RD<br>DENVER, NJ 07834<br>22-3319886                                     | HEALTHCARE              | NJ   | 501(c)(3)                  | 3   | SCHS                             |   | No |  |
| 555 S 70TH ST<br>LINCOLN, NE 68510<br>47-0625523                                   | FUNDRAISING FOUNDATION  | NE   | 501(c)(3)                  | 7   | SERMC                            |   | No |  |
| 555 S 70TH ST<br>LINCOLN, NE 68510<br>36-3233120                                   | HOSPITAL                | NE   | 501(c)(3)                  | 3   | SERMC                            |   | No |  |
| 555 S 70TH ST<br>LINCOLN, NE 68510<br>47-0379836                                   | HOSPITAL                | NE   | 501(c)(3)                  | 3   | CHI NEBRASKA                     |   | No |  |
| 2620 W FAIDLEY<br>GRAND ISLAND, NE 68803<br>47-0376601                             | HOSPITAL                | NE   | 501(c)(3)                  | 3   | CHI NEBRASKA                     |   | No |  |
| PO BOX 9804<br>GRAND ISLAND, NE 68802<br>47-0630267                                | FUNDRAISING FOUNDATION  | NE   | 501(c)(3)                  | 7   | SFMC                             |   | No |  |
| 900 Hyde Street<br>San Francisco, CA 94109<br>94-1156295                           | HOSPITAL                | CA   | 501(c)(3)                  | 3   | Dignity Community Care           |   | No |  |
| 305 ESTILL ST<br>BEREA, KY 40403<br>26-0152877                                     | FUNDRAISING FOUNDATION  | KY   | 501(c)(3)                  | 7   | SJHS                             |   | No |  |
| 200 ABRAHAM FLEXNER WAY<br>LOUISVILLE, KY 40202<br>61-1334601                      | HOSPITAL                | KY   | 501(c)(3)                  | 3   | KOH                              |   | No |  |
| 701 Bob Olink Dr 200<br>LEXINGTON, KY 40504<br>61-1159649                          | FUNDRAISING FOUNDATION  | KY   | 501(c)(3)                  | Type I  | SJHS                             |   | No |  |
| 1001 SAINT JOSEPH LANE<br>LONDON, KY 40741<br>26-0438748                           | FUNDRAISING FOUNDATION  | KY   | 501(c)(3)                  | 7   | SJHS                             |   | No |  |
| 225 FALCON DR<br>MOUNT STERLING, KY 40353<br>27-2884584                            | FUNDRAISING FOUNDATION  | KY   | 501(c)(3)                  | 7   | SJHS                             |   | No |  |
| 2500 Fairway Street<br>DICKINSON, ND 58601<br>36-3418207                           | FUNDRAISING FOUNDATION  | ND   | 501(c)(3)                  | Type I  | SJHHC                            |   | No |  |
| 438 West Las Tunas Drive<br>San Gabriel, CA 91776<br>95-3430341                    | INACTIVE                | CA   | 501(c)(3)                  | Type I  | Dignity Health                   |   | No |  |
| 104 W 17TH ST<br>SCHUYLER, NE 68661<br>36-3630014                                  | FUNDRAISING FOUNDATION  | NE   | 501(c)(3)                  | Type I  | AHMHS                            |   | No |  |
| 170 Alameda de las Pulgas<br>Redwood City, CA 94062<br>94-2909990                  | Fundraising Foundation  | CA   | 501(c)(3)                  | Type III-FI   | NA                               |   | No |  |
| 9100 E Mineral Circle<br>Centennial, CO 80112<br>84-1183335                        | Senior Center Services  | CO   | 501(c)(3)                  | 7   | CHIC                             |   | No |  |
| 155 Glasson Way<br>Grass Valley, CA 95945<br>94-1439787                            | HOSPITAL                | CA   | 501(c)(3)                  | 3   | Dignity Community Care           |   | No |  |
| 198 INVERNESS DRIVE WEST<br>ENGLEWOOD, CO 80112<br>44-0545809                      | HOSPITAL                | MO   | 501(c)(3)                  | 3   | CSH                              |   | No |  |



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|  |                         |  |                            |   |                                  | Yes   | No |
| 900 EAST BROADWAY AVENUE<br>BISMARCK, ND 58501<br>45-0226711                       | HOSPITAL                | ND   | 501(c)(3)                  | 3   | CSH                              |   | No |
| 2801 St Anthony Way<br>PENDLETON, OR 97801<br>93-0391614                           | HOSPITAL                | OR   | 501(c)(3)                  | 3   | CSH                              |   | No |
| 2801 St Anthony Way<br>PENDLETON, OR 97801<br>93-0992727                           | FUNDRAISING FOUNDATION  | OR   | 501(c)(3)                  | Type I  | SAH                              |   | No |
| FOUR HOSPITAL DR<br>MORRILTON, AR 72110<br>71-0245507                              | HOSPITAL                | AR   | 501(c)(3)                  | 3   | SVIMC                            |   | No |
| 401 EAST SPRUCE ST<br>GARDEN CITY, KS 67846<br>48-0543721                          | HOSPITAL                | KS   | 501(c)(3)                  | 3   | CSH                              |   | No |
| 401 EAST SPRUCE ST<br>GARDEN CITY, KS 67846<br>20-0598702                          | FUNDRAISING FOUNDATION  | KS   | 501(c)(3)                  | Type I  | SCH                              |   | No |
| 12469 Five Point Road<br>TOLEDO, OH 43551<br>27-0163752                            | LIVING COMM             | OH   | 501(c)(3)                  | 10  | CHILC                            |   | No |
| 198 INVERNESS DRIVE WEST<br>ENGLEWOOD, CO 80112<br>93-0433692                      | HEALTHCARE              | OR   |                            |   | CSH                              |   | No |
| 2323 De La Vina St Suite 104<br>Santa Barbara, CA 93105<br>23-7137119              | FUNDRAISING FOUNDATION  | CA   | 501(c)(3)                  | Type I  | Dignity Health                   |   | No |
| 2400 ST FRANCIS DR<br>BRECKENRIDGE, MN 56520<br>41-0729978                         | Long-TERM CARE          | MN   | 501(c)(3)                  | 10  | CSH                              |   | No |
| 601 E Micheltorena Street<br>Santa Barbara, CA 93103<br>77-0022302                 | INACTIVE                | CA   | 501(c)(3)                  | Type I  | Dignity Health                   |   | No |
| 19 POCONO RD<br>DENVER, NJ 07834<br>22-2536017                                     | ELDERLY CARE            | NJ   | 501(c)(3)                  | 8   | SCHS                             |   | No |
| 2400 ST FRANCIS DR<br>BRECKENRIDGE, MN 56520<br>41-0695598                         | HOSPITAL                | MN   | 501(c)(3)                  | 3   | CSH                              |   | No |
| 1600 North Rose Avenue<br>Oxnard, CA 93030<br>20-2865781                           | FUNDRAISING FOUNDATION  | CA   | 501(c)(3)                  | Type I  | Dignity Health                   |   | No |
| 2801 FRANCISCAN DRIVE<br>BRYAN, TX 77802<br>74-2351158                             | FUNDRAISING FOUNDATION  | TX   | 501(c)(3)                  | Type II   | SJSC                             |   | No |
| 2801 FRANCISCAN DRIVE<br>BRYAN, TX 77802<br>74-2847594                             | HEALTHCARE              | TX   | 501(c)(3)                  | 10  | SJSC                             |   | No |
| 201 INTERNATIONAL CIRCLE STE 212<br>HUNT VALLEY, MD 21030<br>52-0591461            | HOSPITAL                | MD   | 501(c)(3)                  | 3   | CSH                              |   | No |
| 2801 FRANCISCAN DRIVE<br>BRYAN, TX 77802<br>20-3159302                             | PHYSICIANS              | TX   | 501(c)(3)                  | 3   | SJSC                             |   | No |
| 201 INTERNATIONAL CIRCLE STE 212<br>HUNT VALLEY, MD 21030<br>52-1311775            | PHYSICIANS              | MD   | 501(c)(3)                  | Type I  | SJMC                             |   | No |
| 2801 FRANCISCAN DRIVE<br>BRYAN, TX 77802<br>74-1282696                             | HOSPITAL                | TX   | 501(c)(3)                  | 3   | SJSC                             |   | No |

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| (a)<br>Name, address, and EIN of related organization                              | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512 (b)(13) controlled entity? |    |  |
|  |                         |  |                            |   |                                  | Yes   | No |  |
| 2801 FRANCISCAN DRIVE<br>BRYAN, TX 77802<br>45-4088170                             | HOSPITAL                | TX   | 501(c)(3)                  | 3   | SJSC                             |   | No |  |
| 2801 FRANCISCAN DRIVE<br>BRYAN, TX 77802<br>46-3265423                             | HEALTHCARE              | TX   | 501(c)(3)                  | 10  | SJSC                             |   | No |  |
| 2801 FRANCISCAN DRIVE<br>BRYAN, TX 77802<br>74-2455161                             | MANAGEMENT              | TX   | 501(c)(3)                  | Type I  | SLHS                             |   | No |  |
| 350 West Thomas Road<br>Phoenix, AZ 85013<br>94-2941245                            | FUNDRAISING FOUNDATION  | AZ   | 501(c)(3)                  | Type I  | Dignity Health                   |   | No |  |
| 1800 N California Street<br>Stockton, CA 95204<br>51-0432777                       | FUNDRAISING FOUNDATION  | CA   | 501(c)(3)                  | Type I  | Dignity Health                   |   | No |  |
| 600 PLEASANT AVE<br>PARK RAPIDS, MN 56470<br>41-0695603                            | HOSPITAL                | MN   | 501(c)(3)                  | 3   | CSH                              |   | No |  |
| 2500 Fairway St<br>DICKINSON, ND 58601<br>45-0226429                               | HOSPITAL                | ND   | 501(c)(3)                  | 3   | CSH                              |   | No |  |
| 8100 CLYO ROAD<br>CENTERVILLE, OH 45458<br>34-1940863                              | LIVING COMM             | OH   | 501(c)(3)                  | 10  | CHILC                            |   | No |  |
| 6624 FANNIN ST STE 2505<br>HOUSTON, TX 77030<br>27-3733278                         | HOSPITAL                | TX   | 501(c)(3)                  | 3   | SLHS                             |   | No |  |
| 6624 FANNIN ST STE 2505<br>HOUSTON, TX 77030<br>26-1947374                         | HOSPITAL                | TX   | 501(c)(3)                  | 3   | SLHS                             |   | No |  |
| 6624 FANNIN ST STE 2505<br>HOUSTON, TX 77030<br>26-0335902                         | HOSPITAL                | TX   | 501(c)(3)                  | 3   | SLHS                             |   | No |  |
| 6624 FANNIN ST STE 1100<br>HOUSTON, TX 77030<br>76-0536234                         | HOSPITAL                | TX   | 501(c)(3)                  | 3   | SLHS                             |   | No |  |
| 1213 HERMANN DRIVE STE 855<br>HOUSTON, TX 77004<br>45-3811485                      | FUNDRAISING FOUNDATION  | TX   | 501(c)(3)                  | 7   | SLHS                             |   | No |  |
| PO Box 20269<br>HOUSTON, TX 77225<br>76-0536232                                    | MANAGEMENT              | TX   | 501(c)(3)                  | Type I  | CSH                              |   | No |  |
| 6624 FANNIN ST STE 2505<br>HOUSTON, TX 77030<br>26-3734606                         | HOSPITAL                | TX   | 501(c)(3)                  | 3   | SLHS                             |   | No |  |
| 1213 Hermann Drive Ste 855<br>HOUSTON, TX 77004<br>76-0531716                      | PROPERTY MGMT           | TX   | 501(c)(3)                  | Type I  | SLHS                             |   | No |  |
| 6624 FANNIN ST STE 2505<br>HOUSTON, TX 77030<br>45-4120549                         | PROPERTY MGMT           | TX   | 501(c)(3)                  | Type I  | SLCDC-SL                         |   | No |  |
| 1050 Linden Avenue<br>Long Beach, CA 90813<br>23-7153876                           | FUNDRAISING FOUNDATION  | CA   | 501(c)(3)                  | Type I  | Dignity Health                   |   | No |  |
| 1050 Linden Avenue<br>Long Beach, CA 90813<br>23-7373088                           | INACTIVE                | CA   | 501(c)(3)                  | Type I  | Dignity Health                   |   | No |  |
| 450 Stanyan Street<br>San Francisco, CA 94117<br>94-3336143                        | FUNDRAISING FOUNDATION  | CA   | 501(c)(3)                  | Type I  | Dignity Health                   |   | No |  |

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations |                         |  |                            |   |                                  |   |    |
|--|-------------------------|--|----------------------------|---|----------------------------------|---|----|
| (a)<br>Name, address, and EIN of related organization                              | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512 (b)(13) controlled entity? |    |
|  |                         |  |                            |   |                                  | Yes   | No |
| 1301 Grundman Boulevard<br>NEBRASKA CITY, NE 68410<br>47-0443636                   | HOSPITAL                | NE   | 501(c)(3)                  | 3   | CHI NEBRASKA                     |   | No |
| 1314 3RD AVE<br>NEBRASKA CITY, NE 68410<br>47-0707604                              | FUNDRAISING FOUNDATION  | NE   | 501(c)(3)                  | 7   | SMCH                             |   | No |
| 3001 St Rose Parkway<br>Henderson, NV 89052<br>88-0349432                          | FUNDRAISING FOUNDATION  | NV   | 501(c)(3)                  | Type I  | Dignity Health                   |   | No |
| TWO ST VINCENT CIRCLE<br>LITTLE ROCK, AR 72205<br>51-0169537                       | FUNDRAISING FOUNDATION  | AR   | 501(c)(3)                  | Type I  | SVIMC                            |   | No |
| TWO ST VINCENT CIRCLE<br>LITTLE ROCK, AR 72205<br>71-0236917                       | HOSPITAL                | AR   | 501(c)(3)                  | 3   | CSH                              |   | No |
| TWO ST VINCENT CIRCLE<br>LITTLE ROCK, AR 72205<br>71-0830696                       | HEALTHCARE              | AR   | 501(c)(3)                  | 10  | SVIMC                            |   | No |
| 1715 INDIAN WOOD CIR 200<br>MAUMEE, OH 43537<br>34-1412964                         | HEALTHCARE              | OH   | 501(c)(3)                  | 3   | CSH                              |   | No |
| 1715 INDIAN WOOD CIR 200<br>MAUMEE, OH 43537<br>45-5357161                         | FUNDRAISING FOUNDATION  | OH   | 501(c)(3)                  | 3   | SFH                              |   | No |
| 5000 PROVIDENCE DRIVE<br>SANDUSKY, OH 44870<br>34-1826097                          | ASSIST LIVING           | OH   | 501(c)(3)                  | Type I  | CHILC                            |   | No |
| 100 MEDICAL DRIVE<br>LAKE JACKSON, TX 77566<br>74-1385192                          | HOSPITAL                | TX   | 501(c)(3)                  | 3   | SLHS                             |   | No |
| 625 Eden Park Drive 7th Floor<br>CINCINNATI, OH 45202<br>31-0537486                | HOSPITAL                | OH   | 501(c)(3)                  | 3   | CSH                              |   | No |
| 2000 Q ST STE 500<br>LINCOLN, NE 68503<br>47-0780857                               | PHYSICIANS              | NE   | 501(c)(3)                  | Type I  | CHI NEBRASKA                     |   | No |
| 9100 E Mineral Circle<br>Centennial, CO 80112<br>84-0927232                        | HOSPITAL                | CO   | 501(c)(3)                  | 3   | CHIC                             |   | No |
| 380 SUMMIT AVENUE<br>STEBENVILLE, OH 43952<br>31-1329423                           | FUNDRAISING FOUNDATION  | OH   | 501(c)(3)                  | Type I  | THS                              |   | No |
| 380 SUMMIT AVENUE<br>STEBENVILLE, OH 43952<br>34-1818681                           | HEALTHCARE              | OH   | 501(c)(3)                  | Type I  | NA                               |   | No |
| 819 NORTH FIRST STREET<br>DENNISON, OH 44621<br>27-5401105                         | HOSPITAL                | OH   | 501(c)(3)                  | 3   | THS                              |   | No |
| ONE ROSS PARK BLVD<br>STEBENVILLE, OH 43952<br>34-1522484                          | ASSIST LIVING           | OH   | 501(c)(3)                  | 7   | THS                              |   | No |
| 815 SE 2ND ST<br>LITTLE FALLS, MN 56345<br>41-0721642                              | HOSPITAL                | MN   | 501(c)(3)                  | 3   | CSH                              |   | No |
| 801 PAGE DR<br>FARGO, ND 58103<br>45-0226714                                       | Long-TERM CARE          | ND   | 501(c)(3)                  | 10  | CSH                              |   | No |
| 191 WOODPORT RD<br>SPARTA, NJ 07871<br>22-1768334                                  | HOME HEALTH             | NJ   | 501(c)(3)                  | 10  | SCHS                             |   | No |

**Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations**

| (a)<br>Name, address, and EIN of related organization          | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state<br>or foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status<br>(if section 501(c)<br>(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|--|-------------------------|--|-------------------------------|---|-------------------------------------|--|----|
|  |                         |  |                               |   |                                     | Yes  | No |
| 1321 Cottonwood Street 305<br>Woodland, CA 95695<br>94-6167964 | Fundraising Foundation  | CA   | 501(c)(3)                     | 7   | NA                                  |  | No |

| Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership                 |                         |  |                                  |   |                              |                                    |                                      |    |  |                                     |    |                             |
|---|-------------------------|--|----------------------------------|---|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
| (a)<br>Name, address, and EIN of related organization   | (b)<br>Primary activity | (c)<br>Legal Domicile (State or Foreign Country) | (d)<br>Direct Controlling Entity | (e)<br>Predominant income(related, unrelated, excluded from tax under sections 512-514) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065) | (j)<br>General or Managing Partner? |    | (k)<br>Percentage ownership |
|   |                         |  |                                  |   |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
| American Mercy Home Care LLC<br><br>1700 EDISON DR<br>MILFORD, OH 45150<br>83-0486150                             | HOME HEALTH             | OH   | NA                               | N/A   | 0                            | 0                                  |                                      | No | 0  |                                     | No |                             |
| ARIZONA CARE NETWORK - NEXT LLC<br><br>350 W Thomas Rd<br>Phoenix, AZ 85018<br>47-4696671                         | Care Network            | AZ   | NA                               | N/A   | 0                            | 0                                  |                                      | No | 0  |                                     | No |                             |
| Arizona Care Network LLC<br><br>350 W Thomas Rd<br>Phoenix, AZ 85013<br>45-4494682                                | Care Network            | AZ   | NA                               | N/A   | 0                            | 0                                  |                                      | No | 0  |                                     | No |                             |
| Audubon Land Company LLC<br><br>630 Southpointe Court 200<br>COLORADO SPRINGS, CO 80906<br>84-1513085             | Real Estate             | CO   | NA                               | N/A   | 0                            | 0                                  |                                      | No | 0  |                                     | No |                             |
| AVON EMERGENCY AND URGENT CARE CENTER LLC<br><br>9100 E Mineral Circle<br>Centennial, CO 80112<br>81-1727282      | HEALTHCARE SRVC         | CO   | NA                               | N/A   | 0                            | 0                                  |                                      | No | 0  |                                     | No |                             |
| BAYLOR CHI ST LUKES HEALTH SERVICES LLC<br><br>6624 Fannin St Ste 1100<br>HOUSTON, TX 77030<br>47-2079184         | HEALTHCARE SRVC         | TX   | NA                               | N/A   | 0                            | 0                                  |                                      | No | 0  |                                     | No |                             |
| BERGAN MERCY SURGERY CENTER LLC<br><br>7710 Mercy Rd Ste 200<br>OMAHA, NE 68124<br>20-8671994                     | AMBUL SURG CTR          | NE   | NA                               | N/A   | 0                            | 0                                  |                                      | No | 0  |                                     | No |                             |
| BERYWOOD OFFICE PROPERTIES LLC<br><br>2501 Citico Avenue<br>CHATTANOGA, TN 37404<br>62-1875199                    | PHYS OFFICE             | TN   | NA                               | N/A   | 0                            | 0                                  |                                      | No | 0  |                                     | No |                             |
| BIOLIFE DIGNITY HEALTH INTERNATIONAL LTD  | Health Services         | CH   | NA                               | N/A   | 0                            | 0                                  |                                      | No | 0  |                                     | No |                             |
| BLUEGRASS REGIONAL IMAGING CENTER<br><br>1218 SOUTH BROADWAY STE 310<br>LEXINGTON, KY 40504<br>61-1386736         | DIAGNOSTIC IMAGING      | KY   | NA                               | N/A   | 0                            | 0                                  |                                      | No | 0  |                                     | No |                             |
| CBCC Outsmarting Cancer LLC<br><br>6501 Truxtun Avenue<br>Bakersfield, CA 93309<br>46-1602286                     | Radiation / Oncology    | CA   | NA                               | N/A   | 0                            | 0                                  |                                      | No | 0  |                                     | No |                             |
| CENTRAL NEBRASKA REHABILITATION SERVICES LLC<br><br>3004 W FAIDLEY AVENUE<br>GRAND ISLAND, NE 68803<br>81-0653461 | Physical Therapy        | NE   | NA                               | N/A   | 0                            | 0                                  |                                      | No | 0  |                                     | No |                             |
| CENTURA-SCA HOLDINGS LLC<br><br>569 BROOK VILLAGE STE 901<br>BIRMINGHAM, AL 35209<br>47-4823023                   | OP SURGERY CENTER       | AL   | NA                               | N/A   | 0                            | 0                                  |                                      | No | 0  |                                     | No |                             |
| CHI OPERATING INVESTMENT PROGRAM LP<br><br>198 INVERNESS DRIVE WEST<br>ENGLEWOOD, CO 80112<br>47-0727942          | INVESTMENTS             | CO   | NA                               | N/A   | 0                            | 0                                  |                                      | No | 0  |                                     | No |                             |
| CHICAMSURG Surgery Centers LLC<br><br>1A Burton Hills Blvd<br>Nashville, TN 37215<br>46-5683027                   | SURGERY CENTER          | CO   | NA                               | N/A   | 0                            | 0                                  |                                      | No | 0  |                                     | No |                             |

| (a)<br>Name, address, and EIN of related organization   | (b)<br>Primary activity     | (c)<br>Legal Domicile (State or Foreign Country) | (d)<br>Direct Controlling Entity | (e)<br>Predominant income(related, unrelated, excluded from tax under sections 512-514) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065) | (j)<br>General or Managing Partner? |    | (k)<br>Percentage ownership |
|---|-----------------------------|--|----------------------------------|---|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|   |                             |  |                                  |   |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
| Colorado Springs CK Leasing LLC<br><br>630 Southpointe Court 200<br>COLORADO SPRINGS, CO 80906<br>26-2982714                  | REAL ESTATE                 | CO   | NA                               | N/A   | 0                            | 0                                  |                                      | No | 0  |                                     | No |                             |
| Community Mercy Home Care Services of Springfield LLC<br><br>1700 EDISON DR<br>MILFORD, OH 45150<br>31-1746556                | HOME HEALTH                 | OH   | NA                               | N/A   | 0                            | 0                                  |                                      | No | 0  |                                     | No |                             |
| DE JV LLC<br><br>8686 New Trails Drive<br>The Woodlands, TX 77381<br>32-0496548   | Emergency Care              | NV   | NA                               | N/A   | 0                            | 0                                  |                                      | No | 0  |                                     | No |                             |
| DHHP Surgery Centers LLC<br><br>1513 S Grand Avenue Ste 350<br>Los Angeles, CA 90015<br>83-1847466                            | SURGERY                     | CA   | NA                               | N/A   | 0                            | 0                                  |                                      | No | 0  |                                     | No |                             |
| DHRT Holdings LLC<br><br>185 Berry Street Suite 200<br>San Francisco, CA 94107<br>35-2484591                                  | Holding Company             | DE   | NA                               | N/A   | 0                            | 0                                  |                                      | No | 0  |                                     | No |                             |
| Dignity- GoHealth Urgent Care Management LLC<br><br>5555 Glenridge Connector Suite 700<br>Atlanta, GA 30342<br>35-2548698     | Management Services         | DE   | NA                               | N/A   | 0                            | 0                                  |                                      | No | 0  |                                     | No |                             |
| Dignity Health at Home LLC<br><br>1700 EDISON DR<br>MILFORD, OH 45150<br>82-4674115   | HEALTHCARE SRVC             | DE   | NA                               | N/A   | 0                            | 0                                  |                                      | No | 0  |                                     | No |                             |
| Dignity Health Specialty Pharmacy LLC<br><br>185 Berry Street Suite 200<br>San Francisco, CA 94107<br>32-0589462              | Specialty Pharmacy Services | DE   | NA                               | N/A   | 0                            | 0                                  |                                      | No | 0  |                                     | No |                             |
| Dignity Home Recovery Care LLC<br><br>49 Music Square West Suite 401<br>Nashville, TN 37203<br>83-2832522                     | Home Recovery Program       | DE   | NA                               | N/A   | 0                            | 0                                  |                                      | No | 0  |                                     | No |                             |
| DIGNITYUSP LAS VEGAS SURGERY CENTERS LLC<br><br>15305 Dallas Parkway<br>Suite 1600 LB 28<br>Addison, TX 75001<br>20-2999237   | Surgery                     | TX   | NA                               | N/A   | 0                            | 0                                  |                                      | No | 0  |                                     | No |                             |
| DignityUSP NorCal Surgery Centers LLC<br><br>15305 Dallas Parkway<br>Suite 1600 LB 28<br>Addison, TX 75001<br>20-2468509      | SURGERY                     | TX   | NA                               | N/A   | 0                            | 0                                  |                                      | No | 0  |                                     | No |                             |
| DIGNITYUSP PHOENIX SURGERY CENTERS LLC<br><br>15305 Dallas Parkway<br>Suite 1600 LB 28<br>Addison, TX 75001<br>13-4248908     | Surgery                     | TX   | NA                               | N/A   | 0                            | 0                                  |                                      | No | 0  |                                     | No |                             |
| DignityUSPJohn Muir East Bay Surg Ctrs LLC<br><br>15305 Dallas Parkway<br>Suite 1600 LB 28<br>Addison, TX 75001<br>35-2584991 | SURGERY                     | TX   | NA                               | N/A   | 0                            | 0                                  |                                      | No | 0  |                                     | No |                             |
| Dignity-Abrazo Health Network LLC<br><br>3030 N Central Avenue Suite 1402<br>Phoenix, AZ 85012<br>46-5477985                  | Management Services         | AZ   | NA                               | N/A   | 0                            | 0                                  |                                      | No | 0  |                                     | No |                             |
| Dominican Resonance Imaging Center<br><br>1545 Soquel Drive<br>Santa Cruz, CA 94065<br>77-0095477                             | Imaging Center              | CA   | NA                               | N/A   | 0                            | 0                                  |                                      | No | 0  |                                     | No |                             |

| (a)<br>Name, address, and EIN of related organization  | (b)<br>Primary activity     | (c)<br>Legal Domicile (State or Foreign Country) | (d)<br>Direct Controlling Entity | (e)<br>Predominant income(related, unrelated, excluded from tax under sections 512-514) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065) | (j)<br>General or Managing Partner? |    | (k)<br>Percentage ownership |
|--|-----------------------------|--|----------------------------------|---|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|  |                             |  |                                  |   |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
| ECCS ACQUISITION COMPANY LLC<br><br>2940 NORTH CIRCLE DRIVE<br>COLORADO SPRINGS, CO 80909<br>35-2656413        | AMBUL SURG CTR              | CO   | NA                               | N/A   | 0                            | 0                                  |                                      | No | 0  |                                     | No |                             |
| Folsom Sierra Endoscopy Center LP<br><br>1650 Creekside Drive 1600<br>Folsom, CA 95630<br>68-0482416           | Endoscopy                   | CA   | NA                               | N/A   | 0                            | 0                                  |                                      | No | 0  |                                     | No |                             |
| Franciscan Medical Pavilion Bonney Lake LLC<br><br>6622 Wollochett Dr NW<br>Gig Harbor, WA 98335<br>46-3494108 | Real Estate                 | WA   | NA                               | N/A   | 0                            | 0                                  |                                      | No | 0  |                                     | No |                             |
| FRANCISCAN SPECIALTY CARE LLC<br><br>680 SOUTH FOURTH STREET<br>LOUISVILLE, KY 40202<br>81-3725123             | HEALTHCARE SRVC             | WA   | NA                               | N/A   | 0                            | 0                                  |                                      | No | 0  |                                     | No |                             |
| Good Samaritan Home Care Services of Vincenne IN LLC<br><br>1700 EDISON DR<br>MILFORD, OH 45150<br>20-1792869  | HOME HEALTH                 | OH   | NA                               | N/A   | 0                            | 0                                  |                                      | No | 0  |                                     | No |                             |
| HC SL VINTAGE I LLC<br><br>18000 W SARAH LANE STE 250<br>BROOKFIELD, WI 53045<br>27-0453767                    | PROPERTY HOLDING            | WI   | NA                               | N/A   | 0                            | 0                                  |                                      | No | 0  |                                     | No |                             |
| HEALTHCARE SUPPORT SERVICES LLC<br><br>PO BOX 9804<br>GRAND ISLAND, NE 68802<br>72-1546196                     | LAUNDRY                     | NE   | NA                               | N/A   | 0                            | 0                                  |                                      | No | 0  |                                     | No |                             |
| Heartland Oncology LLC<br><br>2337 E Crawford St<br>Salina, KS 67401<br>46-4265403                             | ONCOLOGY                    | KS   | NA                               | N/A   | 0                            | 0                                  |                                      | No | 0  |                                     | No |                             |
| LAKESIDE AMBULATORY SURGICAL CENTER LLC<br><br>17031 LAKESIDE HILLS DR<br>OMAHA, NE 68130<br>20-4267902        | AMBUL SURG CTR              | NE   | NA                               | N/A   | 0                            | 0                                  |                                      | No | 0  |                                     | No |                             |
| LAKESIDE ENDOSCOPY CENTER LLC<br><br>17001 LAKESIDE HILLS PLZ STE 201<br>OMAHA, NE 68130<br>20-5544496         | ENDOSCOPY SRVC              | NE   | NA                               | N/A   | 0                            | 0                                  |                                      | No | 0  |                                     | No |                             |
| LINCOLN CK LEASING LLC<br><br>555 SOUTH 70TH STREET<br>Lincoln, NE 68510<br>26-2496856                         | Real Estate                 | NE   | NA                               | N/A   | 0                            | 0                                  |                                      | No | 0  |                                     | No |                             |
| Memorial Medical Plaza<br><br>3838 San Dimas Suite B 201<br>Bakersfield, CA 93301<br>36-4510880                | Real estate                 | CA   | NA                               | N/A   | 0                            | 0                                  |                                      | No | 0  |                                     | No |                             |
| Mercy Davis Cancer Center Management Co LLC<br><br>2740 M Street<br>Merced, CA 95340<br>94-3358445             | Management of Cancer Center | CA   | NA                               | N/A   | 0                            | 0                                  |                                      | No | 0  |                                     | No |                             |
| Mercy Rehabilitation Hospital LLC<br><br>680 SOUTH FOURTH STREET<br>LOUISVILLE, KY 40202<br>81-4437201         | HEALTHCARE SRVC             | TX   | NA                               | N/A   | 0                            | 0                                  |                                      | No | 0  |                                     | No |                             |
| Military Road Properties LLC<br><br>181 S 333rd Street STE 250<br>Federal Way, WA 98003<br>91-2067879          | Real Estate                 | WA   | NA                               | N/A   | 0                            | 0                                  |                                      | No | 0  |                                     | No |                             |

| (a)<br>Name, address, and EIN of related organization   | (b)<br>Primary activity    | (c)<br>Legal Domicile (State or Foreign Country) | (d)<br>Direct Controlling Entity | (e)<br>Predominant income(related, unrelated, excluded from tax under sections 512-514) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065) | (j)<br>General or Managing Partner? |    | (k)<br>Percentage ownership |
|---|----------------------------|--|----------------------------------|---|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|   |                            |  |                                  |   |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
| NEBRASKA SPINE HOSPITAL LLC<br><br>6901 N 72ND ST STE 20300<br>OMAHA, NE 68122<br>27-0263191                                | SPINE HOSPITAL             | NE   | NA                               | N/A   | 0                            | 0                                  |                                      | No | 0  |                                     | No |                             |
| NICU Operating CO of Santa Cruz LLC<br><br>1555 Soquel Drive<br>Santa Cruz, CA 95065<br>46-0502935                          | Neonatal Healthcare        | CA   | NA                               | N/A   | 0                            | 0                                  |                                      | No | 0  |                                     | No |                             |
| NORTH RIVER SURGERY CENTER LLC<br><br>2209 WILDWOOD AVE<br>SHERWOOD, AR 72120<br>71-0799771                                 | AMBUL SURG CTR             | AR   | NA                               | N/A   | 0                            | 0                                  |                                      | No | 0  |                                     | No |                             |
| NORTHERN PLAINS LABORATORY LLC<br><br>401 N 9 STREET<br>BISMARK, ND 58501<br>84-1641341                                     | Diagnostic Services        | ND   | NA                               | N/A   | 0                            | 0                                  |                                      | No | 0  |                                     | No |                             |
| NSC Channel Islands LLC<br><br>3000 Riverchase Galleria Suite 500<br>Birmingham, AL 35244<br>77-0418197                     | Ambulatory surgical center | CA   | NA                               | N/A   | 0                            | 0                                  |                                      | No | 0  |                                     | No |                             |
| OMG Arizona LLC<br><br>130 Sutter Street 2nd Flr<br>San Francisco, CA 94104<br>47-1708588                                   | Medical Office             | AZ   | NA                               | N/A   | 0                            | 0                                  |                                      | No | 0  |                                     | No |                             |
| ORTHOCOLORADO LLC<br><br>11650 WEST 2ND PLACE<br>LAKEWOOD, CO 80228<br>37-1577105   | ORTHO HOSPITAL             | CO   | NA                               | N/A   | 0                            | 0                                  |                                      | No | 0  |                                     | No |                             |
| Park Rapids Area Health Care<br><br>600 Pleasant Avenue S<br>Park Rapids, MN 56470<br>20-4926259                            | HEALTHCARE SRVC            | MN   | NA                               | N/A   | 0                            | 0                                  |                                      | No | 0  |                                     | No |                             |
| Pasadena Urgency Center LLC<br><br>4600 E SAM HOUSTON PKWY<br>SOUTH<br>PASADENA, TX 77505<br>81-2482854                     | URGENT CARE                | TX   | NA                               | N/A   | 0                            | 0                                  |                                      | No | 0  |                                     | No |                             |
| Patient Transport Services of Columbus Inc<br><br>1700 EDISON DR<br>MILFORD, OH 45150<br>26-4601285                         | Ambulance                  | OH   | NA                               | N/A   | 0                            | 0                                  |                                      | No | 0  |                                     | No |                             |
| PENINSULA RADIATION ONCOLOGY LLC<br><br>314 MLK JR WAY STE 11<br>TACOMA, WA 98405<br>87-0808610                             | HEALTHCARE SRVC            | WA   | NA                               | N/A   | 0                            | 0                                  |                                      | No | 0  |                                     | No |                             |
| Penrad Imaging LLC<br><br>1390 Kelly Johnson Blvd<br>COLORADO SPRINGS, CO 80920<br>84-1072619                               | Medical Imaging            | CO   | NA                               | N/A   | 0                            | 0                                  |                                      | No | 0  |                                     | No |                             |
| Performance Medical Equipment & Respiratory Svcs LLC<br><br>19625 62nd Avenue South STE 101<br>Kent, WA 98032<br>45-2901632 | Holding Company            | WA   | NA                               | N/A   | 0                            | 0                                  |                                      | No | 0  |                                     | No |                             |
| Plaza Surgery Center LP<br><br>525 E Plaza Drive Suite 100<br>Santa Maria, CA 93454<br>77-0573567                           | Surgery                    | CA   | NA                               | N/A   | 0                            | 0                                  |                                      | No | 0  |                                     | No |                             |
| PMC HOSPITAL LLC<br><br>3100 MAIN ST STE 500<br>HOUSTON, TX 77002<br>27-3280598   | HOSPITAL                   | TX   | NA                               | N/A   | 0                            | 0                                  |                                      | No | 0  |                                     | No |                             |



| Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership              |                         |  |                                  |   |                              |                                    |                                      |    |  |                                     |    |                             |
|--|-------------------------|--|----------------------------------|---|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
| (a)<br>Name, address, and EIN of related organization  | (b)<br>Primary activity | (c)<br>Legal Domicile (State or Foreign Country) | (d)<br>Direct Controlling Entity | (e)<br>Predominant income(related, unrelated, excluded from tax under sections 512-514) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065) | (j)<br>General or Managing Partner? |    | (k)<br>Percentage ownership |
|  |                         |  |                                  |   |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
| Precision Medicine Alliance LLC<br>198 INVERNESS DRIVE WEST<br>ENGLEWOOD, CO 80112<br>35-2569159               | Diagnostic Services     | CO   | NA                               | N/A   | 0                            | 0                                  |                                      | No | 0  |                                     | No |                             |
| Pueblo Ambulatory Surgery Center LLC<br>25 Montebello Rd<br>Pueblo, CO 81003<br>62-1488737                     | SURGERY CENTER          | CO   | NA                               | N/A   | 0                            | 0                                  |                                      | No | 0  |                                     | No |                             |
| Radiation Oncology Centers of Ventura County<br>1700 N ROSE AVENUE SUITE 120<br>OXNARD, CA 93030<br>77-0191706 | IMAGING                 | CA   | NA                               | N/A   | 0                            | 0                                  |                                      | No | 0  |                                     | No |                             |
| RBR Management LLC<br>91 Corporate Park Drive Suite 120<br>Henderson, NV 89074<br>27-1466450                   | Ambulance               | NV   | NA                               | N/A   | 0                            | 0                                  |                                      | No | 0  |                                     | No |                             |
| Reid-ANC Home Care Services LLC<br>1700 EDISON DR<br>MILFORD, OH 45150<br>37-1454747                           | HOME HEALTH             | IN   | NA                               | N/A   | 0                            | 0                                  |                                      | No | 0  |                                     | No |                             |
| SAINT JOSEPH - SCA HOLDINGS LLC<br>1451 Harrodsburg RD<br>LEXINGTON, KY 40503<br>45-3801157                    | OP SURGERY              | DE   | NA                               | N/A   | 0                            | 0                                  |                                      | No | 0  |                                     | No |                             |
| SAINT JOSEPH-ANC HOME CARE SERVICES<br>1700 EDISON DR<br>MILFORD, OH 45150<br>26-3330545                       | HOME HEALTH             | KY   | NA                               | N/A   | 0                            | 0                                  |                                      | No | 0  |                                     | No |                             |
| Santa Cruz Comprehensive Imaging LLC<br>1661 Soquel Drive Suite G<br>Santa Cruz, CA 95065<br>01-0550623        | Imaging                 | CA   | NA                               | N/A   | 0                            | 0                                  |                                      | No | 0  |                                     | No |                             |
| Santa Cruz Land & Building LP<br>1555 Soquel Drive<br>Santa Cruz, CA 95065<br>77-0285236                       | REAL ESTATE             | CA   | NA                               | N/A   | 0                            | 0                                  |                                      | No | 0  |                                     | No |                             |
| Santa Cruz Surgery Center LLC<br>3003 PAUL SWEET ROAD<br>SANTA CRUZ, CA 95065<br>77-0194916                    | SURGERY                 | CA   | NA                               | N/A   | 0                            | 0                                  |                                      | No | 0  |                                     | No |                             |
| Southeastern Home Care LLC<br>1700 EDISON DR<br>MILFORD, OH 45150<br>27-1219638                                | HOME HEALTH             | OH   | NA                               | N/A   | 0                            | 0                                  |                                      | No | 0  |                                     | No |                             |
| St Joseph's Surgery Center LP<br>15305 Dallas Parkway<br>Suite 1600 LB 28<br>Addison, TX 75001<br>20-1019390   | Surgery                 | TX   | NA                               | N/A   | 0                            | 0                                  |                                      | No | 0  |                                     | No |                             |
| St Elizabeth Home Care Services LLC<br>1700 EDISON DR<br>MILFORD, OH 45150<br>26-1236191                       | HOME HEALTH             | KY   | NA                               | N/A   | 0                            | 0                                  |                                      | No | 0  |                                     | No |                             |
| ST FRANCIS LAND COMPANY<br>5390 N ACADEMY BLVD STE 300<br>COLORADO SPRINGS, CO 80918<br>26-3134100             | REAL ESTATE             | CO   | NA                               | N/A   | 0                            | 0                                  |                                      | No | 0  |                                     | No |                             |
| ST LUKE'S DIAGNOSTIC CATH LAB LLP<br>6624 FANNIN ST STE 800<br>HOUSTON, TX 77030<br>71-0959365                 | DIAGNOSTICS             | TX   | NA                               | N/A   | 0                            | 0                                  |                                      | No | 0  |                                     | No |                             |

| Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership                 |                         |  |                                  |   |                              |                                    |                                     |    |  |                                     |    |                             |
|---|-------------------------|--|----------------------------------|---|------------------------------|------------------------------------|-------------------------------------|----|--|-------------------------------------|----|-----------------------------|
| (a)<br>Name, address, and EIN of related organization   | (b)<br>Primary activity | (c)<br>Legal Domicile (State or Foreign Country) | (d)<br>Direct Controlling Entity | (e)<br>Predominant income(related, unrelated, excluded from tax under sections 512-514) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproprtionate allocations? |    | (i)<br>Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065) | (j)<br>General or Managing Partner? |    | (k)<br>Percentage ownership |
|   |                         |  |                                  |   |                              |                                    | Yes                                 | No |  | Yes                                 | No |                             |
| ST LUKE'S LAKESIDE HOSPITAL LLC<br><br>6624 FANNIN STE 2505<br>HOUSTON, TX 77030<br>30-0427437                    | HOSPITAL                | TX   | NA                               | N/A   | 0                            | 0                                  |                                     | No | 0  |                                     | No |                             |
| ST LUKE'S THE WOODLANDS SLEEP CENTER LLC<br><br>6624 FANNIN STE 800<br>HOUSTON, TX 77030<br>46-2795726            | DIAGNOSTICS             | TX   | NA                               | N/A   | 0                            | 0                                  |                                     | No | 0  |                                     | No |                             |
| Templeton Surgery Center LLC<br><br>1310 Las Tablas Road Suite 104<br>Templeton, CA 94365<br>20-2246616           | Surgery                 | CA   | NA                               | N/A   | 0                            | 0                                  |                                     | No | 0  |                                     | No |                             |
| The Medical Pavilion at St John's<br><br>1700 Rose Avenue<br>Oxnard, CA 93030<br>77-0332349                       | Real Estate             | CA   | NA                               | N/A   | 0                            | 0                                  |                                     | No | 0  |                                     | No |                             |
| THREE SPRING IMAGING LLC<br><br>1 Mercado St STE 200A<br>DURANGO, CO 81301<br>81-3571570                          | HEALTHCARE SRVC         | CO   | NA                               | N/A   | 0                            | 0                                  |                                     | No | 0  |                                     | No |                             |
| Valley Physicians Surgery Center At Northridge LLC<br><br>18330 Roscoe Blvd<br>Northridge, CA 91328<br>80-0864336 | Surgery                 | CA   | NA                               | N/A   | 0                            | 0                                  |                                     | No | 0  |                                     | No |                             |

| Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust                      |                         |   |                                     |  |                                 |   |                                |  |    |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|--|----|
| (a)<br>Name, address, and EIN of<br>related organization   | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|  |                         |   |                                     |  |                                 |   |                                | Yes  | No |
| Alegent HealthCreighton St Joseph Managed Care Services Inc<br>12809 West Dodge Rd<br>Omaha, NE 68154<br>47-0802396            | Managed Care            | NE  | NA                                  | C Corporation  | 0                               | 0   |                                |  | No |
| All Saints Insurance Company SPC Ltd<br>PO BOX 10073 APO<br>Georgetown, GRAND CAYMAN<br>CJ 98-0556913                          | Insurance               | CJ  | NA                                  | C Corporation  | 0                               | 0   |                                |  | No |
| ALLIANCE HEALTH PROVIDERS OF BRAZOS Valley Inc<br>2801 FRANCISCAN DRIVE<br>BRYAN, TX 77802<br>74-2466914                       | Healthcare              | TX  | NA                                  | C Corporation  | 0                               | 0   |                                |  | No |
| Alternative Insurance Management Service Inc<br>3900 OLYMPIC BLVD STE 400<br>Erlanger, KY 41018<br>84-1112049                  | Management Services     | CO  | NA                                  | C Corporation  | 0                               | 0   |                                |  | No |
| AMERICAN NURSING CARE Inc<br>1700 EDISON DR<br>MILFORD, OH 45150<br>31-1085414   | HOME HEALTH             | OH  | NA                                  | C Corporation  | 0                               | 0   |                                |  | No |
| AMERIMED INC<br>1700 EDISON DR<br>MILFORD, OH 45150<br>31-1158699  | HOME HEALTH             | OH  | NA                                  | C Corporation  | 0                               | 0   |                                |  | No |
| BC HOLDING COMPANY INC<br>1850 BLUEGRASS AVE<br>LOUISVILLE, KY 40215<br>31-1542851   | Fitness Club            | KY  | NA                                  | C Corporation  | 0                               | 0   |                                |  | No |
| BrazoSport Health Alliance<br>1 WEST WAY COURT<br>LAKE JACKSON, TX 77566<br>76-0518376   | Health Care             | TX  | NA                                  | C Corporation  | 0                               | 0   |                                |  | No |
| Caduceus Medical Associates INC<br>5600 Brainerd Road Ste 500<br>Chattanooga, TN 37411<br>62-1570736                           | Healthcare              | TN  | NA                                  | C Corporation  | 0                               | 0   |                                |  | No |
| Captive Management Initiatives Ltd<br>PO BOX 10073 APO<br>Georgetown, GRAND CAYMAN<br>CJ 98-0663022                            | Captive Management      | CJ  | NA                                  | C Corporation  | 0                               | 0   |                                |  | No |
| Catholic Health Initiatives Center for Translational Research<br>198 INVERNESS DRIVE WEST<br>Englewood, CO 80112<br>27-2269511 | Research                | CO  | NA                                  | C Corporation  | 0                               | 0   |                                |  | No |
| CHI St Luke's Health - Memorial Condominium Association Inc<br>1201 W Frank Ave<br>Lufkin, TX 75904<br>83-4184717              | Condo Assoc             | TX  | NA                                  | C Corporation  | 0                               | 0   |                                |  | No |
| ClearRiver Health<br>198 INVERNESS DRIVE WEST<br>Englewood, CO 80112<br>46-4495960   | Insurance               | TN  | NA                                  | C Corporation  | 0                               | 0   |                                |  | No |
| Coastal Surgical Specialists Inc<br>921 Oak Park Blvd Suite 101<br>Pismo Beach, CA 93449<br>74-3000596                         | Healthcare              | CA  | NA                                  | S Corporation  | 0                               | 0   |                                |  | No |
| Comcare Services Inc<br>5570 DTC Parkway<br>Englewood, CO 80111<br>84-0904813  | Inactive                | CO  | NA                                  | C Corporation  | 0                               | 0   |                                |  | No |

| Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust                        |                         |   |                                     |  |                                 |   |                                |  |    |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|--|----|
| (a)<br>Name, address, and EIN of<br>related organization   | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|  |                         |   |                                     |  |                                 |   |                                | Yes  | No |
| CONSOLIDATED HEALTH SERVICES<br>1700 EDISON DR<br>MILFORD, OH 45150<br>31-1378212  | HOME HEALTH             | OH  | NA                                  | C Corporation  | 0                               | 0   |                                |  | No |
| Des Moines Medical Center Inc<br>1111 6TH AVE<br>Des Moines, IA 50314<br>42-0837382  | Real Estate             | IA  | NA                                  | C Corporation  | 0                               | 0   |                                |  | No |
| Dignity Health Holding Corporation<br>185 Berry Street Suite 200<br>San Francisco, CA 94107<br>46-0675371                        | Holding Co              | NV  | NA                                  | C Corporation  | 0                               | 0   |                                |  | No |
| Dignity Health Insurance Ltd<br>PO Box 1051<br>Grand Cayman Islands, GRAND CAYMAN<br>KY11102<br>CJ<br>98-1065338                 | Insurance               | CJ  | NA                                  | C Corporation  | 0                               | 0   |                                |  | No |
| Dignity Health Provider Resources Inc<br>185 Berry Street Suite 200<br>San Francisco, CA 94107<br>47-3366764                     | Health Plan             | CA  | NA                                  | C Corporation  | 0                               | 0   |                                |  | No |
| Diversified Health Resources Inc<br>100 MEDICAL DRIVE<br>LAKE JACKSON, TX 77566<br>76-0222679                                    | Health Care             | TX  | NA                                  | C Corporation  | 0                               | 0   |                                |  | No |
| First Initiatives Insurance LTD<br>PO BOX 10073 APO<br>Georgetown, GRAND CAYMAN<br>CJ<br>98-0203038                              | Insurance               | CJ  | NA                                  | C Corporation  | 0                               | 0   |                                |  | No |
| Franciscan City Urgent Care Svcs PS dba City<br>MD-Franciscan UC<br>1345 AVE OF THE AMERICAS<br>NEW YORK, NY 10105<br>81-2174959 | Healthcare              | NY  | NA                                  | C Corporation  | 0                               | 0   |                                |  | No |
| Franciscan Services Inc<br>198 INVERNESS DRIVE WEST<br>Englewood, CO 80112<br>23-2487967   | Healthcare              | CO  | NA                                  | C Corporation  | 0                               | 0   |                                |  | No |
| Good Samaritan Outreach Services<br>PO Box 1990<br>Kearney, NE 68848<br>47-0659440   | Medical Clinic          | NE  | NA                                  | C Corporation  | 0                               | 0   |                                |  | No |
| HarvestPlains Health of Iowa<br>32129 Weyerhaeuser Way S STE 201<br>FEDERAL WAY, WA 98001<br>47-3451750                          | Insurance               | WA  | NA                                  | C Corporation  | 0                               | 0   |                                |  | No |
| Health Services of the Pacific Central Coast Inc<br>1400 E Church Street<br>Santa Maria, CA 93454<br>77-0074057                  | Healthcare              | CA  | NA                                  | C Corporation  | 0                               | 0   |                                |  | No |
| Health Systems Enterprises Inc<br>PO BOX 1990<br>Kearney, NE 68848<br>47-0664558   | MGMT                    | NE  | NA                                  | C Corporation  | 0                               | 0   |                                |  | No |
| Healthcare MGMT Services Organization INC<br>1149 MARKET ST<br>Tacoma, WA 98402<br>91-1865474                                    | Health Org.             | WA  | NA                                  | C Corporation  | 0                               | 0   |                                |  | No |
| HeartlandPlains Health<br>198 INVERNESS DRIVE WEST<br>Englewood, CO 80112<br>46-4368223  | Insurance               | NE  | NA                                  | C Corporation  | 0                               | 0   |                                |  | No |

| Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust                          |                                     |   |                                     |  |                                 |   |                                |  |    |
|--|-------------------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|--|----|
| (a)<br>Name, address, and EIN of<br>related organization   | (b)<br>Primary activity             | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|  |                                     |   |                                     |  |                                 |   |                                | Yes  | No |
| Highline Medical Group<br>1717 S J Street<br>Tacoma, WA 98405<br>91-1407026  | Medical Services                    | WA  | NA                                  | C Corporation  | 0                               | 0   |                                |  | No |
| Integrated Medical Services<br>9250 N 3rd Street Suite 4010<br>Phoenix, AZ 85020<br>86-0783428                                     | Multi-specialty<br>physicians group | AZ  | NA                                  | C Corporation  | 0                               | 0   |                                |  | No |
| KOMG-Louisville Region Inc<br>201 Abraham Flexner Way<br>Louisville, KY 40202<br>83-2481198  | Healthcare                          | KY  | NA                                  | C Corporation  | 0                               | 0   |                                |  | No |
| Medical Office Building Horizontal Property<br>Regime Inc<br>300 Werner St<br>Hot Springs, AR 71913<br>71-0720429                  | Real Estate                         | AR  | NA                                  | C Corporation  | 0                               | 0   |                                |  | No |
| Medquest<br>1301 15TH AVENUE WEST<br>Williston, ND 58801<br>45-0392137   | Sale of DME                         | ND  | NA                                  | C Corporation  | 0                               | 0   |                                |  | No |
| Memorial CV Service Line Management<br>Company LLC<br>1201 W Frank Ave<br>Lufkin, TX 75904<br>46-3622849                           | Heath Care                          | TX  | NA                                  | C Corporation  | 0                               | 0   |                                |  | No |
| Mercy Park Apartments LTD<br>1111 6th AVE<br>Des Moines, IA 50314<br>42-1202422  | Housing                             | IA  | NA                                  | C Corporation  | 0                               | 0   |                                |  | No |
| Mercy Services Corp<br>2700 STEWART PARKWAY<br>Roseburg, OR 97471<br>93-0824308  | Retail Sales                        | OR  | NA                                  | C Corporation  | 0                               | 0   |                                |  | No |
| MHI Clinical Services<br>1201 W Frank Ave<br>Lufkin, TX 75904<br>46-1967952  | Healthcare                          | TX  | NA                                  | C Corporation  | 0                               | 0   |                                |  | No |
| Millennium Surgery Center Inc<br>9300 Stockdale Hwy 200<br>Bakersfield, CA 93311<br>77-0513445                                     | Healthcare                          | CA  | NA                                  | S Corporation  | 0                               | 0   |                                |  | No |
| Mountain Management Services Inc<br>6028 Shallowford Rd<br>Chattanooga, TN 37421<br>62-1570739                                     | MGMT SVC ORG                        | TN  | NA                                  | C Corporation  | 0                               | 0   |                                |  | No |
| North Central Health Care Alliance<br>PO Box 5538<br>Bismark, ND 58506<br>45-0439894   | Healthcare                          | ND  | NA                                  | C Corporation  | 0                               | 0   |                                |  | No |
| PATIENT TRANSPORT SERVICES INC<br>1700 EDISON DR<br>MILFORD, OH 45150<br>31-1100798  | HOME HEALTH                         | OH  | NA                                  | C Corporation  | 0                               | 0   |                                |  | No |
| QualChoice Advantage<br>32129 WEYERHAEUSER WAY S STE 201<br>FEDERAL WAY, WA 98001<br>47-3433912                                    | Insurance                           | WA  | NA                                  | C Corporation  | 0                               | 0   |                                |  | No |
| QualChoice Health Plan Svs Inc (fka<br>CollabHealth Plan Svs Inc)<br>198 INVERNESS DRIVE WEST<br>Englewood, CO 80112<br>46-1224037 | Admin Services                      | CO  | NA                                  | C Corporation  | 0                               | 0   |                                |  | No |

| Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust                       |                         |   |                                     |  |                                 |   |                                |  |    |
|---|-------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|--|----|
| (a)<br>Name, address, and EIN of<br>related organization  | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|   |                         |   |                                     |  |                                 |   |                                | Yes  | No |
| QualChoice Health Inc (fka CollabHealth Managed Solutions Inc)<br>198 INVERNESS DRIVE WEST<br>Englewood, CO 80112<br>46-1222808 | Holding Co              | CO  | NA                                  | C Corporation  | 0                               | 0   |                                |  | No |
| QualChoice Holdings Inc<br>198 INVERNESS DRIVE WEST<br>Englewood, CO 80112<br>27-4075520  | Holding Co              | AR  | NA                                  | C Corporation  | 0                               | 0   |                                |  | No |
| QualChoice of Nebraska<br>2401 S 73rd St<br>Omaha, NE 68124<br>81-0738827   | Inactive                | NE  | NA                                  | C Corporation  | 0                               | 0   |                                |  | No |
| RiverLink Health<br>198 INVERNESS DRIVE WEST<br>Englewood, CO 80112<br>46-4380824   | Insurance               | OH  | NA                                  | C Corporation  | 0                               | 0   |                                |  | No |
| RiverLink Health of Kentucky Inc<br>198 INVERNESS DRIVE WEST<br>Englewood, CO 80112<br>46-4828332                               | Insurance               | KY  | NA                                  | C Corporation  | 0                               | 0   |                                |  | No |
| Ross Park Pharmacy Inc<br>380 SUMMIT AVE<br>STEUBENVILLE, OH 43952<br>34-1832654  | Pharmacy                | OH  | NA                                  | C Corporation  | 0                               | 0   |                                |  | No |
| Saint Clare's Primary Care Inc<br>198 INVERNESS DRIVE WEST<br>Englewood, CO 80112<br>22-2441202                                 | Billing Services        | NJ  | NA                                  | C Corporation  | 0                               | 0   |                                |  | No |
| SJH Services Corporation<br>198 INVERNESS DRIVE WEST<br>Englewood, CO 80112<br>23-2307408                                       | Healthcare              | CO  | NA                                  | C Corporation  | 0                               | 0   |                                |  | No |
| SJL PHYSICIAN MANAGEMENT SERVICES INC<br>424 LEWIS HARGETT CR STE 160<br>Lexington, KY 40503<br>27-0164198                      | Mgmt                    | KY  | NA                                  | C Corporation  | 0                               | 0   |                                |  | No |
| SoundPath Health Inc<br>32129 Weyerhaeuser Way S STE 201<br>Federal Way, WA 98001<br>42-1720801                                 | Insurance               | WA  | NA                                  | C Corporation  | 0                               | 0   |                                |  | No |
| St Mary Health Ventures Inc<br>1050 Linden Avenue<br>Long Beach, CA 90813<br>95-1912528   | Retail Pharmacy         | CA  | NA                                  | C Corporation  | 0                               | 0   |                                |  | No |
| St Anthony Development Company<br>1415 Southgate<br>Pendleton, OR 97801<br>93-1216943   | Athletic Club           | OR  | NA                                  | C Corporation  | 0                               | 0   |                                |  | No |
| St Joseph Development Company Inc<br>1717 SOUTH J ST<br>Tacoma, WA 98405<br>91-1480569  | Rental                  | WA  | NA                                  | C Corporation  | 0                               | 0   |                                |  | No |
| St Luke's Health System Holdings Inc<br>6624 Fannin STE 800<br>Houston, TX 77030<br>76-0637138                                  | Holding Co              | TX  | NA                                  | C Corporation  | 0                               | 0   |                                |  | No |
| St Vincent Community Health Services Inc<br>TWO ST VINCENT CIRCLE<br>Little Rock, AR 72205<br>71-0710785                        | Healthcare              | AR  | NA                                  | C Corporation  | 0                               | 0   |                                |  | No |

**Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust**

| (a)<br>Name, address, and EIN of<br>related organization  | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|---|-------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|--|----|
|   |                         |   |                                     |  |                                 |   |                                | Yes  | No |
| STE Holdings<br>12809 West Dodge Rd<br>Omaha, NE 68154<br>82-2383629                                  | Holding Co              | NE  | NA                                  | C Corporation  | 0                               | 0   |                                |  | No |
| Sugar Land Doctor Group<br>1317 Lake Point Parkway<br>Sugar Land, TX 77478<br>45-4270163              | Medical Clinic          | TX  | NA                                  | C Corporation  | 0                               | 0   |                                |  | No |
| Towson Management Inc<br>7601 OSLER DR<br>Towson, MD 21204<br>52-1710750                              | Mgmt Services           | MD  | NA                                  | C Corporation  | 0                               | 0   |                                |  | No |
| TRINITY MANAGEMENT SERVICES<br>ORGANIZATION<br>380 SUMMIT AVE<br>STEUBENVILLE, OH 43952<br>34-1471026 | Mgmt Services           | OH  | NA                                  | C Corporation  | 0                               | 0   |                                |  | No |