

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 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019

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

C Name of organization: Saint Elizabeth Regional Medical Center
 Doing business as: CHI Health St Elizabeth
 Number and street (or P O box if mail is not delivered to street address): 555 South 70th Street
 Room/suite:
 City or town, state or province, country, and ZIP or foreign postal code: Lincoln, NE 68510

D Employer identification number: 47-0379836
E Telephone number: (402) 219-8000
G Gross receipts \$ 191,266,341

F Name and address of principal officer: Cliff Robertson, 12809 West Dodge Road, Omaha, NE 68154

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: 0928

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

J Website: www.chihealth.com

K Form of organization: Corporation Trust Association Other

L Year of formation: 1889 **M** State of legal domicile: NE

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
Community Service is a core activity for Saint Elizabeth. Essential inpatient and outpatient services are provided as well as specialties in neonatal, burn, cancer, and emergency.

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

3 Number of voting members of the governing body (Part VI, line 1a)	14
4 Number of independent voting members of the governing body (Part VI, line 1b)	10
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	1,725
6 Total number of volunteers (estimate if necessary)	360
7a Total unrelated business revenue from Part VIII, column (C), line 12	1,268,178
7b Net unrelated business taxable income from Form 990-T, line 34	236,839

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	1,140,890	997,064
9 Program service revenue (Part VIII, line 2g)	214,811,821	159,895,244
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	23,651,860	27,161,705
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,914,197	3,094,000
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	243,518,768	191,148,013
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	22,032,147	58,769
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	63,019,637	58,976,695
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	130,491,620	121,488,654
18 Total expenses—add lines 13-17 (must equal Part IX, column (A), line 25)	215,543,404	180,524,118
19 Revenue less expenses—subtract line 18 from line 12	27,975,364	10,623,895

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	577,339,662	564,598,798
21 Total liabilities (Part X, line 26)	130,673,920	120,700,242
22 Net assets or fund balances—subtract line 21 from line 20	446,665,742	443,898,556

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: 2020-07-10

Jeanette Wojtalewicz CFO CHI Health
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: _____
 Preparer's signature: _____
 Date: _____

Check if self-employed PTIN: P01051055

Firm's name: COMMONSPIRIT HEALTH Firm's EIN: 47-0617373

Firm's address: 198 INVERNESS DRIVE WEST
 ENGLEWOOD, CO 80112 Phone no: (303) 298-9100

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

As CommonSpirit Health, we make the healing presence of God known in our world by improving the health of the people we serve, especially those who are vulnerable, while we advance social justice for all

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 \$ 16,759,949 including grants of \$ 14,718) (Revenue \$ 40,044,878)
See Additional Data

4b (Code) (Expenses \$ 11,419,975 including grants of \$ 7,857) (Revenue \$ 21,375,693)
See Additional Data

4c (Code) (Expenses \$ 9,113,467 including grants of \$ 3,899) (Revenue \$ 10,607,723)
See Additional Data

(Code) (Expenses \$ 101,026,582 including grants of \$ 32,295) (Revenue \$ 87,866,950)
Other programs

4d Other program services (Describe in Schedule O)
(Expenses \$ 101,026,582 including grants of \$ 32,295) (Revenue \$ 87,866,950)

4e Total program service expenses ▶ 138,319,973

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

		Yes	No
23	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>	23 Yes	
24a	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>	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. 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>	25a	No
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>	25b	No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28	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)		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	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>	32	No
33	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>	33	No
34	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>	34 Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a Yes	
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>	35b Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37	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>	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38 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		<input checked="" type="checkbox"/>	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	1
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c Yes	

<p>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</p>	2a	1,725			
<p>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)</p>			2b	Yes	
<p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p>			3a	Yes	
<p>b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i></p>			3b	Yes	
<p>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)?</p>			4a		No
<p>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)</p>					
<p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p>			5a		No
<p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>			5b		No
<p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p>			5c		
<p>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?</p>			6a		No
<p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p>			6b		
7 Organizations that may receive deductible contributions under section 170(c).					
<p>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?</p>			7a		No
<p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p>			7b		
<p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p>			7c	Yes	
<p>d If "Yes," indicate the number of Forms 8282 filed during the year</p>	7d				
<p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>			7e		No
<p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>			7f		No
<p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p>			7g		
<p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p>			7h		
8 Sponsoring organizations maintaining donor advised funds.					
<p>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?</p>			8		
<p>9a Did the sponsoring organization make any taxable distributions under section 4966?</p>			9a		
<p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p>			9b		
10 Section 501(c)(7) organizations. Enter					
<p>a Initiation fees and capital contributions included on Part VIII, line 12</p>	10a				
<p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	10b				
11 Section 501(c)(12) organizations. Enter					
<p>a Gross income from members or shareholders</p>	11a				
<p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)</p>	11b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
<p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year</p>	12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
<p>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</p>			13a		
<p>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</p>	13b				
<p>c Enter the amount of reserves on hand</p>	13c				
<p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p>			14a		No
<p>b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i></p>			14b		
<p>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</p>			15		No
<p>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</p>			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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (14); 1b Enter the number of voting members included in line 1a, above, who are independent (10); 2 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); 3 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); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 7a 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); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (Yes); b Each committee with authority to act on behalf of the governing body? (Yes); 9 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.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 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? a The organization's CEO, Executive Director, or top management official (Yes); b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (Yes); 16b 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? (No)

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
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
Jeanette Wojtalewicz 12809 West Dodge Road Omaha, NE 68154 (402) 343-4671

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	695,953	6,646,747	742,873

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 ▶ 53

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
4 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>	4 Yes	
5 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>	5	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) Name and business address	(B) Description of services	(C) Compensation
WELLTOWER INC 4500 DORR STREET TOLEDO, OH 43615	REAL ESTATE INVESTMENT SERVICES	1,480,765
JE DUNN CONSTRUCTION COMPANY 17110 MARCY ST STE LL01 OMAHA, NE 68118	CONSTRUCTION SERVICES	876,591
ELECTRONIC SOUND INC 14627 INDUSTRIAL RD OMAHA, NE 68144	COMMUNICATION SERVICES	664,946
Lincoln medical education partnership 4600 Valley Rd 225 Lincoln, NE 68510	healthcare education services	656,495
AXOS BANK 4350 LA JOLLA VILLAGE DRIVE SUITE 140 SAN DIEGO, CA 92122	FINANCIAL SERVICES	527,351

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 ▶ 34

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	0		
	b Membership dues	1b	0		
	c Fundraising events	1c	0		
	d Related organizations	1d	997,064		
	e Government grants (contributions)	1e	0		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	0		
	g Noncash contributions included in lines 1a - 1f \$ _____		0		
	h Total. Add lines 1a-1f		997,064		

Program Service Revenue			Business Code				
	2a Patient Services		900099	159,861,414	159,861,414	0	0
b Pharmacy Services		446110	33,830	33,830	0	0	
c			0	0	0	0	
d			0	0	0	0	
e			0	0	0	0	
f All other program service revenue			0	0	0	0	
g Total. Add lines 2a-2f			159,895,244				

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		4,846,188	0	24,085	4,822,103	
	4 Income from investment of tax-exempt bond proceeds		0	0	0	0	
	5 Royalties		0	0	0	0	
	6a Gross rents	(i) Real	(ii) Personal				
		276,197	115,214				
	b Less rental expenses	0	0				
	c Rental income or (loss)	276,197	115,214				
	d Net rental income or (loss)			391,411	0	115,214	276,197
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		22,433,845	0				
	b Less cost or other basis and sales expenses	0	118,328				
	c Gain or (loss)	22,433,845	-118,328				
	d Net gain or (loss)			22,315,517	0	0	22,315,517
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a	0				
	b Less direct expenses	b	0				
c Net income or (loss) from fundraising events			0	0	0	0	
9a Gross income from gaming activities See Part IV, line 19	a	0					
b Less direct expenses	b	0					
c Net income or (loss) from gaming activities			0	0	0	0	
10a Gross sales of inventory, less returns and allowances	a	0					
b Less cost of goods sold	b	0					
c Net income or (loss) from sales of inventory			0	0	0	0	
Miscellaneous Revenue	Business Code						
11a Durable Medical Equipment	446199	1,600,692	0	608,012	992,680		
b Services Sold	900099	564,094	0	406,232	157,862		
c Cafeteria	722100	356,876	0	0	356,876		
d All other revenue		180,927	0	114,635	66,292		
e Total. Add lines 11a-11d		2,702,589					
12 Total revenue. See Instructions		191,148,013	159,895,244	1,268,178	28,987,527		

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	58,769	58,769		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	45,371,381	43,102,812	2,268,569	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	2,305,089	2,189,835	115,254	
9 Other employee benefits.	7,963,286	7,565,122	398,164	
10 Payroll taxes.	3,336,939	3,170,092	166,847	
11 Fees for services (non-employees):				
a Management.				
b Legal.				
c Accounting.				
d Lobbying.	7,023		7,023	
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	34,313,612	27,456,508	6,857,104	0
12 Advertising and promotion.	30	30		
13 Office expenses.	3,469,358	3,295,890	173,468	
14 Information technology.	284,448	270,226	14,222	
15 Royalties.				
16 Occupancy.	3,715,562	3,529,784	185,778	
17 Travel.	98,458	93,535	4,923	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	20,221	19,209	1,012	
20 Interest.	635,913	635,913		
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	7,599,948	7,219,951	379,997	
23 Insurance.	640,880	608,836	32,044	
24 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):				
a Unrelated Business Taxes.	192,000		192,000	
b Medical Supplies.	36,450,929	36,450,929		
c Intercompany allocations.	31,315,868		31,315,868	
d Repairs and Maintenance.	1,230,355	1,168,837	61,518	
e All other expenses.	1,514,049	1,483,695	30,354	0
25 Total functional expenses. Add lines 1 through 24e.	180,524,118	138,319,973	42,204,145	0
26 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) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	124,954	1	57,390
	2 Savings and temporary cash investments	125,299,524	2	245,828,557
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	40,301,882	4	33,789,901
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	0
	7 Notes and loans receivable, net	329,555	7	486,421
	8 Inventories for sale or use	6,829,255	8	6,081,612
	9 Prepaid expenses and deferred charges	147,191	9	255,925
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	223,177,097		
	b Less accumulated depreciation	147,820,562		
		76,025,702	10c	75,356,535
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities See Part IV, line 11	314,924,230	12	190,881,553
	13 Investments—program-related See Part IV, line 11	0	13	
	14 Intangible assets	0	14	0
15 Other assets See Part IV, line 11	13,357,369	15	11,860,904	
16 Total assets. Add lines 1 through 15 (must equal line 34)	577,339,662	16	564,598,798	
Liabilities	17 Accounts payable and accrued expenses	12,542,813	17	12,524,347
	18 Grants payable	0	18	0
	19 Deferred revenue	8,684	19	8,684
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 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	118,122,423	25	108,167,211
	26 Total liabilities. Add lines 17 through 25	130,673,920	26	120,700,242
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	446,665,742	27	443,898,556
	28 Temporarily restricted net assets	0	28	0
	29 Permanently restricted net assets	0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	446,665,742	33	443,898,556	
34 Total liabilities and net assets/fund balances	577,339,662	34	564,598,798	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	191,148,013
2	Total expenses (must equal Part IX, column (A), line 25)	2	180,524,118
3	Revenue less expenses Subtract line 2 from line 1	3	10,623,895
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	446,665,742
5	Net unrealized gains (losses) on investments	5	-13,019,769
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-371,312
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	443,898,556

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
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

Software ID: 18007697

Software Version: 2018v3.1

EIN: 47-0379836

Name: Saint Elizabeth Regional Medical Center

Form 990 (2018)

Form 990, Part III, Line 4a:

At Saint Elizabeth, our team works to provide you and your referring physician with the information needed for fast and effective treatment. We have met the rigorous requirements of accreditation from the American College of Radiology in CT, MRI, Mammography, Nuclear Medicine and PET/CT imaging.

Form 990, Part III, Line 4b:

We are recognized for being one of the nation's top hospitals for quickest response times to heart attacks. Our cardiac procedure and surgery success rates exceed state and national averages. We are committed to offering the highest standards of care and expertise from skilled medical professionals specially trained to care for your heart. Our services include Diagnostic Tests & Procedures. Our cardiac team performs the latest procedures for diagnosis and treatment of heart disease, including diagnostic and interventional cardiac catheterization, electrophysiology, non-invasive diagnostic studies and medical cardiac care. Cardiac Rehabilitation. Our cardiac rehabilitation program offers medically-monitored exercise and education tailored to your needs for recovery and prevention of future heart issues. Prevention. We offer preventive programs including screening, lifestyle management and a smoking cessation program. We encourage you to reduce our risk of heart disease by developing a heart-healthy lifestyle.

Form 990, Part III, Line 4c:

Our emergency room is staffed 24 hours a day by physicians and nurses who are specially trained in emergency care. We have state-of-the-art technology that assists our expert staff in evaluating, diagnosing and treating any type of illness or injury. We have an accredited Stroke Center and a verified Burn Center, which means that our staff is specially trained to be ready at a moment's notice to treat stroke and burn patients as quickly as possible. We are also recognized as one of the nation's top hospitals for quickest response times to heart attacks. Our cardiac procedure and surgery success rates exceed state and national averages.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CLIFF ROBERTSON MD Board Member/CEO CHI Health	10 490	X	X					0	2,055,384	202,344
LARRY BUTLER Treasurer	10 110	X	X					0	0	0
FR JAMES CLIFTON SJ Secretary	10 110	X	X					0	0	0
RICHARD HERINK Board Chair	10 120	X	X					0	0	0
ROBERT LANIK VICE CHAIR	10 110	X	X					0	0	0
JENNIFER BEATY MD BOARD MEMBER	10 110	X						0	0	0
NATHANIEL BRACKETT MD BOARD MEMBER	10 590	X						0	0	0
SUSANNE L HRUZA MD BOARD MEMBER	10 110	X						0	0	0
ANTHONY JONES Board Member	10 490	X						0	0	0
JASON KRUGER MD BOARD MEMBER	10 590	X						0	307,842	45,216

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
AMY L MCGAHA md BOARD MEMBER	1 0 59 0	X						0	330,726	19,423
Thomas Murray PHD Board Member	1 0 11 0	X						0	0	0
BARRY SANDSTROM Board Member	1 0 11 0	X						0	0	0
SISTER MAURITA SOUKUP BOARD MEMBER	1 0 12 0	X						0	0	0
Bill T Yates BOARD MEMBER	1 0 11 0	X						0	0	0
DEREK VANCE PRESIDENT	24 0 26 0			X				0	466,898	53,636
JEANETTE WOJTALEWICZ CFO CHI Health	5 0 45 0			X				0	853,951	78,360
TIMOTHY PLANTE VP-PATIENT CARE SERVICES	10 0 40 0				X			29,158	187,465	32,576
DONNA HAMMACK CHIEF DEVELOPMENT OFFICER-FOUNDATION	1 0 50 0				X			177,069	0	29,323
Emily Mannschreck Director - Pharmacy	40 0 10 0				X			147,269	36,818	35,747

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Michele Murphy Supervisor - Pharmacy	50 0 1 0					X		174,996	663	28,623
Helen Sake Pharmacist	50 0 0					X		167,461	0	27,449
DAN SCHONLAU Former VP Operational Finance NHH, St Elizabeth	25 0 25 0						X	0	222,267	41,992
MIKE WATTERS Former VP-SENIOR COUNSEL	5 0 45 0						X	0	326,548	24,681
STEVE HOUSTON SVP STRATEGY	5 0 45 0						X	0	410,126	34,991
KIM MOORE FORMER PRESIDENT	0 0 1 0						X	0	357,728	10,102
NANCY WALLACE FORMER SVP HR CHI HEALTH	5 0 45 0						X	0	466,734	35,744
CARY WARD MD CHIEF MEDICAL OFFICER/FORMER INTERIM PRESIDENT	5 0 45 0						X	0	623,597	42,666

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 for the latest information.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Saint Elizabeth Regional Medical Center

Employer identification number

47-0379836

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 _____
 - 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		
Total						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	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)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					12	

13 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

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	

- 16a 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►
- b 33 1/3% support test—2017.** 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 **stop here.** The organization qualifies as a publicly supported organization ►
- 17a 10%-facts-and-circumstances test—2018.** 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 **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►
- b 10%-facts-and-circumstances test—2017.** 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 **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►

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 (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	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						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (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

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. 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—2017. 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
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
1		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
2		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
3a		
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)? If "Yes," describe in Part VI when and how the organization made the determination.		
3b		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
3c		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
4a		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
4b		
c 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)? If "Yes," explain in Part VI 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.		
4c		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , 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).		
5a		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5b		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
5c		
6 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? If "Yes," provide detail in Part VI .		
6		
7 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
7		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8		
9a 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))? If "Yes," provide detail in Part VI .		
9a		
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? If "Yes," provide detail in Part VI .		
9b		
c 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? If "Yes," provide detail in Part VI .		
9c		
10a 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)? If "Yes," answer line 10b below.		
10a		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	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	A family member of a person described in (a) above?		
c	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>		

Section B. Type I Supporting Organizations

		Yes	No
1	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>		
2	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>		

Section C. Type II Supporting Organizations

		Yes	No
1	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>		

Section D. All Type III Supporting Organizations

		Yes	No
1	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?		
2	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>		
3	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>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	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>	Yes	No
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>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	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	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>		

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

- 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.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	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)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<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)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID: 18007697

Software Version: 2018v3.1

EIN: 47-0379836

Name: Saint Elizabeth Regional Medical Center

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)

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

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2018
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If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization Saint Elizabeth Regional Medical Center	Employer identification number 47-0379836
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions) _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a If zero or less, enter -0-														
i Subtract line 1f from line 1c If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?	Yes		7,023
g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?		No	
j Total Add lines 1c through 1i			7,023
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
a Current year	2a
b Carryover from last year	2b
c Total	2c
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4
5 Taxable amount of lobbying and political expenditures (see instructions)	5

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	THE PORTION OF ORGANIZATION DUES THAT ARE RELATED TO LOBBYING ARE AS FOLLOWS AMERICAN HOSPITAL ASSOCIATION - \$2,060 CATHOLIC HEALTH ASSOCIATION - \$1,555 NEBRASKA HOSPITAL ASSOCIATION - \$3,408

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
▶ 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 for the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
Saint Elizabeth Regional Medical Center

Employer identification number
47-0379836

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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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 |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f 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
1a Beginning of year balance	324,502	324,502	324,502	324,502	308,194
b Contributions	230,716				16,308
c Net investment earnings, gains, and losses	88,624				
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	643,842	324,502	324,502	324,502	324,502

- 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 |
|--|-----|----|
| (i) unrelated organizations | No | |
| (ii) related organizations | Yes | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | Yes | |
- 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
1a Land		179,532		179,532
b Buildings		119,563,196	62,952,531	56,610,665
c Leasehold improvements		1,641,818	1,641,818	0
d Equipment		89,646,078	77,126,131	12,519,947
e Other		12,146,473	6,100,082	6,046,391
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				75,356,535

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 (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) CHI OIP		
(B) CHI OIP	190,881,553	F
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	190,881,553	

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 Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (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)	
Total. (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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	6,667
Intercompany Payables	102,570,174
Environmental Remediation Liability	3,616,665
Pension Liability	483,356
Other Current Liabilities	4,780
Other Post Employment Benefits	1,029,429
Prepaid expenses	456,140
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	108,167,211

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.

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

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.

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

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: 18007697

Software Version: 2018v3.1

EIN: 47-0379836

Name: Saint Elizabeth Regional Medical Center

Supplemental Information

Return Reference	Explanation
Schedule D, Part V, Line 4 Intended uses of endowment funds	THE ENDOWMENT FUNDS ARE USED FOR SCHOLARSHIPS, MAINTENANCE OF THE WALKING PATH ADJACENT TO SAINT ELIZABETH REGIONAL MEDICAL CENTER, AND OTHER GENERAL PURPOSES

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	<p>SAINT ELIZABETH REGIONAL MEDICAL CENTER'S financial information is included in the consolidated audited financial statements of CommonSpirit Health, a related organization. CommonSpirit Health's FIN 48 (ASC 740) footnote for the year ended June 30, 2019, reads as follows: "CommonSpirit has established its status as an organization exempt from income taxes under the Internal Revenue Code Section 501(c)(3) and the laws of the states in which it operates, and as such, is generally not subject to federal or state income taxes. However, CommonSpirit's exempt organizations are subject to income taxes on net income derived from a trade or business, regularly carried on, which does not further the organizations' exempt purposes. No significant income tax provision has been recorded in the accompanying consolidated financial statements for net income derived from unrelated trade or business. CommonSpirit's for-profit subsidiaries account for income taxes related to their operations. The for-profit subsidiaries recognize deferred tax assets and liabilities for temporary differences between the financial reporting basis and the tax basis of their assets and liabilities, along with net operating loss and tax credit carryovers, for tax positions that meet the more-likely-than-not recognition criteria. Changes in recognition or measurement are reflected in the period in which the change in judgement occurs. Income tax interest and penalties are recorded as income tax expense. For the years ended June 30, 2019 and 2018, CommonSpirit's taxable entities recorded an immaterial amount of interest and penalties as a part of the provision for income taxes. CommonSpirit's taxable entities did not have any material unrecognized income tax benefits as of June 30, 2019 and 2018. CommonSpirit 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."</p>

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

Hospitals

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990EZ for instructions and the latest information.**

Name of the organization
 Saint Elizabeth Regional Medical Center

Employer identification number
 47-0379836

OMB No 1545-0047
2018
 Open to Public Inspection

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a Yes	
b If "Yes," was it a written policy?	1b Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>30000</u> %	3a Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	3b Yes	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4 Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b Yes	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	No
6a Did the organization prepare a community benefit report during the tax year?	6a Yes	
b If "Yes," did the organization make it available to the public?	6b Yes	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)		4,162	6,658,649	0	6,658,649	3 69 %
b Medicaid (from Worksheet 3, column a)		5,887	20,523,624	5,456,103	15,067,521	8 35 %
c Costs of other means-tested government programs (from Worksheet 3, column b)		0	0	0	0	0 %
d Total Financial Assistance and Means-Tested Government Programs	0	10,049	27,182,273	5,456,103	21,726,170	12 04 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	15	68,984	1,336,332	442,948	893,384	0 49 %
f Health professions education (from Worksheet 5)	9	1,302	1,467,658	367,154	1,100,504	0 61 %
g Subsidized health services (from Worksheet 6)	1	0	1,798,322	1,751,679	46,643	0 03 %
h Research (from Worksheet 7)	3	0	13,958	0	13,958	0 01 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	6	450	98,352	9,840	88,512	0 05 %
j Total. Other Benefits	34	70,736	4,714,622	2,571,621	2,143,001	1 19 %
k Total. Add lines 7d and 7j	34	80,785	31,896,895	8,027,724	23,869,171	13 22 %

Part III Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing	0	0	0	0	0	0 %
2 Economic development	0	0	0	0	0	0 %
3 Community support	0	0	0	0	0	0 %
4 Environmental improvements	0	0	0	0	0	0 %
5 Leadership development and training for community members	0	0	0	0	0	0 %
6 Coalition building	0	0	0	0	0	0 %
7 Community health improvement advocacy	1	0	348	0	348	0 %
8 Workforce development	2	37	9,776	0	9,776	0 01 %
9 Other	0	0	0	0	0	0 %
10 Total	3	37	10,124	0	10,124	0 01 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1 Yes	
2 Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2 6,049,626	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3 0	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements		

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5 47,201,333
6 Enter Medicare allowable costs of care relating to payments on line 5	6 58,251,289
7 Subtract line 6 from line 5 This is the surplus (or shortfall)	7 -11,049,956
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used	
<input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other	

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a Yes
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b Yes

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 LINCOLN CK LEASING LLC	ONCOLOGY EQUIPMENT	53 76 %	0 %	32 26 %
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
See Additional Data Table										

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
 Saint Elizabeth Regional Medical Center

Name of hospital facility or letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): _____ **1** _____

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA <u>20 18</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	Yes	
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>www.chihealth.com/chna</u>		
b	<input type="checkbox"/> Other website (list url) _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input checked="" type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 19</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) _____		No
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	Yes	
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
12b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Saint Elizabeth Regional Medical Center

Name of hospital facility or letter of facility reporting group _____

		Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that		
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>300 0</u> % and FPG family income limit for eligibility for discounted care of <u>300 0</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input checked="" type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>www.chihealth.com/financial-assistance</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>www.chihealth.com/financial-assistance</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>www.chihealth.com/financial-assistance</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)**Billing and Collections**

Saint Elizabeth Regional Medical Center

Name of hospital facility or letter of facility reporting group _____

		Yes	No	
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
	a <input type="checkbox"/> Reporting to credit agency(ies)			
	b <input type="checkbox"/> Selling an individual's debt to another party			
	c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
	d <input type="checkbox"/> Actions that require a legal or judicial process			
	e <input type="checkbox"/> Other similar actions (describe in Section C)			
	f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a <input type="checkbox"/> Reporting to credit agency(ies)			
	b <input type="checkbox"/> Selling an individual's debt to another party			
	c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
	d <input type="checkbox"/> Actions that require a legal or judicial process			
	e <input type="checkbox"/> Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
	a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
	b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
	c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications			
	d <input checked="" type="checkbox"/> Made presumptive eligibility determinations			
	e <input type="checkbox"/> Other (describe in Section C)			
	f <input type="checkbox"/> None of these efforts were made			

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	Yes	
	If "No," indicate why			
	a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
	b <input type="checkbox"/> The hospital facility's policy was not in writing			
	c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
	d <input type="checkbox"/> Other (describe in Section C)			

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

Saint Elizabeth Regional Medical Center

Name of hospital facility or letter of facility reporting group _____

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

	Yes	No
23		No
24		No

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Add'l Data	

Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 1

Name and address	Type of Facility (describe)
1 Nebraska Surgery Center LLC 625 South 70th Street Lincoln, NE 68510	Ambulatory surgical center
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 7 STATE FILING OF COMMUNITY BENEFIT REPORT	THE COMMUNITY BENEFIT REPORT IS NOT REQUIRED TO BE FILED WITH THE STATE OF NEBRASKA, HOWEVER, SAINT ELIZABETH REGIONAL MEDICAL CENTER VOLUNTARILY PARTICIPATES WITH THE NEBRASKA HOSPITAL ASSOCIATION'S ANNUAL COMPILATION OF COMMUNITY BENEFIT REPORTS, WHICH ARE PROVIDED TO FEDERAL AND STATE OFFICIALS, LEGISLATORS, AND OTHER INTERESTED PARTIES

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 3c	<p>Unless eligible for Presumptive Financial Assistance, the following eligibility criteria must be met in order for a patient to qualify for Financial Assistance</p> <ul style="list-style-type: none">* The patient must have a minimum account balance of thirty-five dollars (\$35 00) with the CHI Hospital Organization. Multiple account balances may be combined to reach this amount. Patients/Guarantors with balances below thirty-five dollars (\$35) may contact a financial counselor to make monthly installment payment arrangements.* The patient's Family Income must be at or below 300% of the FPG.* The patient must comply with Patient Cooperation Standards as described [in the FAP].* The patient must submit a completed Financial Assistance application. For patients and Guarantors who are unable to provide required documentation, a Hospital Facility may grant Presumptive Financial Assistance based on information obtained from other resources. In particular, presumptive eligibility may be determined on the basis of individual life circumstances that may include:<ul style="list-style-type: none">* Recipient of state-funded prescription programs,* Homeless or one who received care from a homeless clinic,* Participation in Women, Infants and Children programs (WIC),* Food stamp eligibility,* Subsidized school lunch program eligibility,* Eligibility for other state or local assistance programs (e g , Medicaid spend-down),* Low income/subsidized housing is provided as a valid address, or* Patient is deceased with no known estate

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
<p>Schedule H, Part VI, Line 5 PROMOTION OF COMMUNITY HEALTH</p>	<p>Lincoln - Partnership for a Healthy Lincoln-provided financial and partnership support as part of the community health improvement plan to PHL, a non-profit health coalition dedicated to improving the health, wellness, and fitness of all those in the community, PHL leads numerous initiatives around school wellness, breastfeeding, community fitness, cancer screening and more - Clinic with a Heart-provided financial support for infrastructure and program implementation to this faith-inspired organization serving the uninsured and underinsured through a ministry of healthcare Volunteers provide free healthcare and serve as a gateway to local human service agencies to assist patients in finding permanent healthcare homes - Madonna Transport-provided financial support for local medical transportation for those who can't afford it * Health professional education- - Support Graduate Medical Education through partnership with the Lincoln Medical Education Partnership (LMEP), a community-based residency program for medical school graduates interested in family practice and is supported by 350 community physicians who volunteer more than 40,000 hours per year as faculty members LMEP helps the Lincoln community attract, train and retain new physicians - Clinical preceptorships and clinical rotations for healthcare professionals - Administration and student onboarding costs for nursing preceptorships and clinicals - Staff time facilitating the small-group ethics case discussions with medical students - Clinical pastoral education - Scholarships for healthcare education - Academic affiliation with Creighton University and its Health Professions Programs, including the School of Medicine, College of Arts & Sciences, School of Dentistry, School of Pharmacy and Health Professions, College of Nursing - Physician residency and fellowship programs train more than 250 residents and fellows annually * Subsidized health services - CHI Health St Elizabeth operates a dedicated burn unit It is the only burn center in Nebraska verified through the American Burn Association and the American College of Surgeons The St Elizabeth Regional Burn and Wound Center is internationally recognized for outstanding research and for providing the latest treatments and procedures for serious burns or for wounds that will not heal * Research- - Unfunded staff support of the National Cancer Institute Community Oncology Research Program (NCORP) - Trauma Informed Care-this was an identified need on the community health improvement plan CHI Health is partnering to implement staff training for awareness of trauma and its impact and completing a research study on the effectiveness of the training to help build public training and education resources * Financial and in-kind contributions- - Corporate sponsorships - Tanzania health ministry-CHI Health is a ministry partner with the Machame Lutheran Hospital in Tanzania which provides full service health care in a desperately impoverished area of the country including a full service hospital, pharmacy, hospice outreach, clinics, Clinical Officer School, and the recently established School of Nursing - Staff service on health related board and coalitions - Participation in and funding of maternal health, substance abuse, food access, violence prevention, cancer and other community health coalitions - Participation in and sponsorship of mental health coalitions including Voices for Children, Community Alliance Foundation and Project Harmony - Employee costs of coordinating community events not sponsored by CHI Health (Relay for Life, Blood drives, etc) - In-kind staff time organizing the donation of items to various non-profit groups and volunteering time at Food Bank of the Heartland and Matt Talbot Kitchen - In-kind donations of space, food and staff time providing strategic planning, facilitation and consulting services for not-for-profit organizations and community groups - In-kind donations (staff time, space, etc) supporting grants for Behavioral Health, Violence Prevention, and Community Link - Fresh Start-paid Shopko to fill prescriptions for homeless women living in transitional living</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 6a Community benefit report prepared by related organization	The 2018 Community Benefit Report for Saint Elizabeth Regional Medical Center was prepared by Alegent Creighton Health, dba CHI Health, a related organization. The Community Benefit Report contains information for several related organizations in Iowa and Nebraska.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance	A cost accounting system was not used to compute amounts in the table, rather costs in the table were computed using Worksheet 2 to compute the cost-to-charge ratio. The cost-to-charge ratio covers all patient segments.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part II Community Building Activities	<p>CHI Health has a history of centralized community benefit investments, as well as hospital specific investments that address community health needs which include support of local health coalitions, investments in partnerships and programs that address top community health needs, participation in local committees and boards tied to top health needs, and investments in many other ways as described in other areas of the Schedule H narrative Below are specific examples of work that falls within the definition of community building activities These activities are critical in helping build social, health, and economic opportunities in our community that ultimately drive health status and quality of life for our residents *</p> <p>Workforce development-the following activities work to strengthen the community's capacity to promote the health and well-being of our residents by driving entry into healthcare careers - Healthcare career exploration camp-day camp funded by CHI Health for students grades 10-12 to give them the opportunity to explore a variety of healthcare professions - Presentations to high school students about healthcare careers - Staff time spent with high school and college shadow students - Summer camp/interns-health occupations summer day camp and intern opportunities funded by CHI Health St Elizabeth to give them the opportunity to explore a variety of healthcare professions * Community and economic development including support of local Chambers of Commerce</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	Costing methodology for amounts reported on line 2 is determined using the organization's cost/charge ratio of 31.58%. When discounts are extended to self-pay patients, these patient account discounts are recorded as a reduction in revenue, not as bad debt expense.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 3 Bad Debt Expense Methodology	Saint Elizabeth Regional Medical Center does not believe that any portion of bad debt expense could reasonably be attributed to patients who qualify for financial assistance since amounts due from those individuals' accounts will be reclassified from bad debt expense to charity care within 30 days following the date that the patient is determined to qualify for charity care

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote	<p>Saint Elizabeth Regional Medical Center does not issue separate company audited financial statements. However, the organization is included in the consolidated financial statements of CommonSpirit Health. The consolidated footnote reads as follows: CommonSpirit relies on the results of detailed reviews of historical write-offs and collections in estimating the collectability of accounts receivable. Updates to the hindsight analysis is performed at least quarterly using primarily a rolling eighteen-month collection history and write-off data. Subsequent changes to estimates of the transaction price are generally recorded as adjustments to net patient revenue in the period of change. Subsequent changes that are determined to be the result of an adverse change in a third-party payor's ability to pay are recorded as bad debt expense in purchased services and other in the accompanying consolidated statements of operations and change in net assets. Bad debt expense for 2019 was not significant.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
<p>Schedule H, Part III, Line 8 Community benefit & methodology for determining medicare costs</p>	<p>Using essentially the same Medicare cost report principles as to the allocation of general services costs and "apportionment" methods, the "CHI Workbook" calculates a payers' gross allowable costs by service (so as to facilitate a corresponding comparison between gross allowable costs and ultimate payments received) The term "gross allowable costs" means costs before any deductibles or co-insurance are subtracted Saint Elizabeth Regional Medical Center's ultimate reimbursement will be reduced by any applicable copayment/ deductible Where Medicare is the secondary insurer, amounts due from the insured's primary payer were not subtracted from Medicare allowable costs because the amounts are typically immaterial Although not presented on the Medicare cost report, in order to facilitate a more accurate understanding of the "true" cost of services (for "shortfall" purposes) the CHI Workbook allows a health care facility not to offset costs that Medicare considers to be non-allowable, but for which the facility can legitimately argue are related to the care of the facility's patients In addition, although not reportable on the Medicare cost report, the CHI workbook includes the cost of services that are paid via a set fee-schedule rather than being reimbursed based on costs (e g outpatient clinical laboratory) Finally, the CHI Workbook allows a facility to include other health care services performed by a separate facility (such as a physician practice) that are maintained on separate books and records (as opposed to the main facility's books and records which has its costs of service included within a cost report) True costs of Medicare computed using this methodology Total Medicare Revenue \$47,201,333 Total Medicare costs \$58,251,289 Surplus (or Shortfall) \$(11,049,956) Saint Elizabeth Regional Medical Center believes that excluding Medicare losses from community benefit makes the overall community benefit report more credible for these reasons Unlike subsidized areas such as burn units or behavioral-health services, Medicare is not a differentiating feature of tax-exempt health care organizations In fact, for-profit hospitals focus on attracting patients with Medicare coverage, especially in the case of well-paid services that include cardiac and orthopedics Significant effort and resources are devoted to ensuring that hospitals are reimbursed appropriately by the Medicare program The Medicare Payment Advisory Commission (MedPAC), an independent Congressional agency, carefully studies Medicare payment and the access to care that Medicare beneficiaries receive The commission recommends payment adjustments to Congress accordingly Though Medicare losses are not included by Catholic hospitals as community benefit, the Catholic Health Association guidelines allow hospitals to count as community benefit some programs that specifically serve the Medicare population For instance, if hospitals operate programs for patients with Medicare benefits that respond to identified community needs, generate losses for the hospital, and meet other criteria, these programs can be included in the CHA framework in Category C as "subsidized health services" Medicare losses are different from Medicaid losses, which are counted in the CHA community benefit framework, because Medicaid reimbursements generally do not receive the level of attention paid to Medicare reimbursement Medicaid payment is largely driven by what states can afford to pay, and is typically substantially less than what Medicare pays</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 9b Collection practices for patients eligible for financial assistance	<p>The organization's billing and collections policy applies to all individuals presenting for emergency or other medically necessary care. The policy contains provisions for collecting amounts due from those patients who the organization knows to qualify for financial assistance either through the traditional financial assistance application process or through presumptive eligibility processes. Before engaging in extraordinary collection actions (ECAs) to obtain payment for EMCare, Hospital Facilities must make reasonable efforts through its billing and collections processes, pursuant to Treas. Reg. § 1.501(r)-6(c), to determine whether an individual is eligible for Financial Assistance. In no event will an ECA be initiated prior to 120 days from the date the Facility provides the first post-discharge billing statement (i.e., during the Notification Period) unless all reasonable efforts have been made. Hospital Facilities will not refer accounts for collection where the patient has initially applied for Financial Assistance, and the Hospital Facility has not yet made reasonable efforts with respect to the account. For patients and Guarantors who are unable to provide required documentation, a Hospital Facility may grant Presumptive Financial Assistance based on information obtained from other resources. Patients who qualify for Medicaid are presumed to qualify for full charity write off. Any charges for days or services written off (excluding Medicaid denials related to timeliness of billing, insufficient medical record documentation, missing invoices, authorization, or eligibility issues) as a result of a Medicaid are booked as charity. Some Medicaid plans offer coverage for a limited or restricted list of services. If a patient is eligible for Medicaid, any charges for days or services not covered by the patient's coverage may be written off to charity without a completed application. This does not include any Share of Cost (SOC) or other patient cost-sharing amounts such as deductibles or copayments, as such costs are determined by the state to be an amount that the patient must pay before the patient is eligible for Medicaid. Health and Human Services (HSS) uses the term "Spend Down" instead of Share of Cost. All collection activities conducted by the Facility, a Designated Supplier, or its third-party collection agents will be in conformance with all federal and state laws governing debt collection practices. All third-party agreements governing collection and recovery activities must include a provision requiring compliance with the hospital facilities' financial assistance and billing and collections policy and indemnification for failures as a result of its noncompliance. This includes, but is not limited to, agreements between third parties who subsequently sell or refer debt of the Hospital Facility.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16a FAP website	- Saint Elizabeth Regional Medical Center Line 16a URL www.chihealth.com/financial-assistance ,

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16b FAP Application website	- Saint Elizabeth Regional Medical Center Line 16b URL www.chihealth.com/financial-assistance ,

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16c- FAP plain language summary website	Saint Elizabeth Regional Medical Center Line 16c URL www.chihealth.com/financial-assistance ,

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
<p>Schedule H, Part VI, Line 2 Needs assessment</p>	<p>The 2018 process included a public review of recent community data through four focus group meetings, to validate top health needs with community stakeholders and update the Lincoln-Lancaster Community Health Improvement Plan (CHIP) LLHD Public Health Informatics and Planning department convened leaders from Bryan Health, CHI Health St Elizabeth, and NHH to plan an update to the 2015 CHNA LLHD planned and hosted four focus group meetings (one for each of the four top identified health needs) to review the most current data and re-affirm priority areas as well as re-affirm identified bodies of work to address prioritized needs Leadership representing CHI Health St Elizabeth and NHH participated in the focus groups Following the focus group meetings, an internal Community Benefit Action Team (CBAT) was formed with leadership from both CHI Health St Elizabeth and NHH to review the outcome of the aforementioned processes, and internally validate the four identified top health needs for the purposes of this CHNA Finally, hospital leadership from both sites provided a review of the process to the CHI Health Lincoln Community Board, who validated the top needs in the community and provided input to the planning process for the forthcoming Implementation Strategy Plan and work the hospitals will to do address prioritized community health needs For this CHNA, community stakeholder input was provided through the four LLHD CHIP planning groups, which consist of stakeholders serving and representing the key populations minority, low-income, at-risk, aging, and those affected by violence Finally, the hospitals' Community Board provided input to this process and represent the hospitals' interactions with the community at-large Summary of Assessment Findings Building on the 2015 CHNA for the community, LLHD provided data to community stakeholders through four community focus group sessions in 2018 During these sessions, stakeholders were asked to amend CHIP objectives for the top identified health needs given any changes in the data In each instance the community made updates to the relevant CHIP objectives and confirmed all four health needs as the top health needs going forward from 2018 due to the following * Severity * Prevalence * Disparities * Trends * Relevant benchmarks * Impact on other health needs Top identified health needs 1 Access to Health Care Services 2 Behavioral Health 3 Chronic Disease 4 Violence & Injury Prioritized Health Need 1 Access to Healthcare Services</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 3 Patient education of eligibility for assistance	<p>Notification about the availability of Financial Assistance from CHI Hospital Organizations shall be disseminated by various means, which may include, but not be limited to * Conspicuous publication of notices in patient bills, * Notices posted in emergency rooms, urgent care centers, admitting/registration departments, business offices, and at other public places as a Hospital Facility may elect, and * Publication of a summary of this Policy on the Hospital Facility's website, www.catholichealth.net, and at other places within the communities served by the Hospital Facility as it may elect Such notices and summary information shall include a contact number and shall be provided in English, Spanish, and other primary languages spoken by the population served by an individual Hospital Facility, as applicable Referral of patients for Financial Assistance may be made by any member of the CHI Hospital Organization non-medical or medical staff, including physicians, nurses, financial counselors, social workers, case managers, chaplains, and religious sponsors A request for assistance may be made by the patient or a family member, close friend, or associate of the patient, subject to applicable privacy laws In addition, Hospital registration clerks are trained to provide consultation to those who have no insurance or potentially inadequate insurance concerning their financial options including application for Medicaid and for assistance under the Financial Assistance Policy Counselors assist Medicare eligible patients in enrollment by providing referrals to the appropriate government agencies Once it is determined that the patient does not qualify for any third party funding, the patient is verbally notified about the existence of Financial Assistance Application and additional screening takes place by a Hospital employee to determine if the patient is eligible for charity service prior to discharge Upon registration (and once all EMTALA requirements are met), patients who are identified as uninsured (and not covered by Medicare or Medicaid) are provided with a packet of information that addresses the Financial Assistance Policy, the plain language summary of that policy, and an application for assistance Hospital registration clerks read the organization's medical assistance policy to those who appear to be incapable of reading, and provide translators for non-English-speaking individuals Patients that have been discharged prior to charity screening, such as emergency room patients, receive a written notification of possible eligibility for services If the patient is determined not to be eligible for government assistance, he/she may notify the hospital that they seek charity assistance The appropriate charity form is sent to the patient/guarantor for completion and then returned to the hospital for evaluation and qualification Once determination of eligibility is made, the patient is sent a notice informing him/her if they qualify for full, partial, or no charity care services Hospital Facilities must make reasonable efforts through its billing and collections processes, pursuant to Treas Reg Â§1 501(r)-6(c), to determine whether any individual is eligible for Financial Assistance</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
<p>Schedule H, Part VI, Line 4 Community Information</p>	<p>For the purpose of the CHNA and future implementation strategy, CHI Health St Elizabeth considers its primary community to be the City of Lincoln and the surrounding County (Lancaster) which includes 75% -90% of the patients served by the hospitals Lancaster County also aligns with the defined service area for the local public health department, Lincoln-Lancaster County Health Department (LLHD) Additionally, surrounding counties served by CHI Health Nebraska Heart Otoe, Johnson, Gage, Saline, Seward, York, Saunders, and Cass have licensed hospitals within the county boundaries This was validated by an internal multi-disciplinary team [Community Benefit Action Team (CBAT)] representing St Elizabeth and NHH and aligns with a shared definition agreed upon with community partners including other local health systems Lancaster County includes residents living in the towns of Bennet, Davey, Denton, Firth, Hallam, Hickman, Lincoln, Malcolm, Panama, Raymond, Roca, Sprague, Waverly, and ten unincorporated villages Lancaster County covers an area of 839 square miles in southeastern Nebraska, with Lincoln as the largest city and which serves as the Nebraska State Capitol The 2017 population estimate for Lancaster County was 314,358, with 90% of residents living in the Lincoln urban area Lincoln Lancaster Total Population is 314,358 Under 5 years 6 5% Under 18 years 23 0% 65 and over 13 5% Female 49 8% Race/Ethnicity White, NH 87 2% African American, NH 4 2% Native American, NH 0 1% Asian/Pacific Islander, NH 4 7% Hispanic 7 1% Foreign born persons (2013-2017) 7 8% A review of the socioeconomic factors shows that Lancaster County, and the State of Nebraska overall have a low unemployment rate Interestingly, the percent of population ages 25 and over with completion of high school or post-secondary education in Lincoln and Lancaster County is higher than the State, however poverty and unemployment are higher in Lincoln and Lancaster County than the State overall This could be attributed to the existence of the University of Nebraska Lincoln, located in Lincoln, but is still concerning that there are a larger percentage of individuals and families likely not affiliated with the University affected by poverty Median Household Income \$55,747 Percent of Persons in Poverty 11 4% Percent of Children in Poverty 12% Unemployment Rate 2 6% High School Graduation Rate 93 3% Bachelor's Degree or higher 37 9% Percent of Uninsured under 65 9 1%</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	<p>The organization's hospital facility promotes health for the benefit of the community. Medical staff privileges in the hospital are available to all qualified physicians in the area, consistent with the size and nature of its facilities. The organization's hospital facility has an open medical staff. Its board of trustees is composed of prominent citizens in the community. Excess funds are generally applied to expansion and replacement of existing facilities and equipment, amortization of indebtedness, improvement in patient care, and medical training, education, and research. The facility treats persons paying their bills with the aid of public programs like Medicare and Medicaid. All patients presenting at the hospital for emergency and other medically necessary care are treated regardless of their ability to pay for such treatment. CHI Health has a history of centralized community benefit and hospital specific community benefit investments to address community health needs of the particular service area. Examples of how CHI Health furthers its exempt purpose by promoting the health of the community include:</p> <ul style="list-style-type: none"> * Financial Assistance and Unpaid costs of Medicaid * Community health improvement services- <ul style="list-style-type: none"> - Community education, classes and programs (burn and wound, community behavioral health support and education, diabetes, cancer, physical activity and healthy eating and cooking) - Support groups (cancer, bereavement, youth, etc.) - Community health fairs and screenings - School based healthcare services - Mental Health Hotline-staff and operate 717-HOPE mental health hotline for anyone in the community to access. This program averages over 5,000 phone calls per month from community members in need. - Parish Nursing Program and Faith Community Health Network-the CHI Health Faith Community Health Network partners with congregations of all faiths to build capacity and support the growth of Health Ministries which promote health, healing and wholeness in the communities served - 5-4-3-2-1Go! - Healthy lifestyle campaign for kids, operated in schools, out of school settings, clinics, community settings in Douglas, Sarpy, Cass, and Colfax counties in NE. Initial work completed by CHI Health in FY19 and following contractor departure, work was transitioned through a grant to Live Well Omaha for the broader Omaha community strategy in Douglas County as part of a 2-year grant. - Burn Camp-CHI Health St Elizabeth staff participated in 5-day burn camp with 20 attendees. - Telephone Information Service-health information provided, free of charge, via the telephone to callers of the community. - Pharmacy employees volunteered their time as pharmacists at Clinic with a Heart to serve the underserved - NICU Follow-up Clinic- St Elizabeth participates in a program called "TIPS" partially funded by the State of Nebraska for follow-up with families who have graduated from the NICU. The funding covers nursing hours, but does not cover the neurologist time, etc. The purpose of the clinic is to ID neuro-developmental problems that need further care. There is nowhere else to go in Lincoln for this type of post-NICU care and they are not charging for any of the post services. They meet with families at 3/6/12 and 18 months for in-person follow-up visits. - Shriner's Clinic-CHI Health St Elizabeth surgical services, EVS, radiology and food services staff supported two Shriner's Clinics onsite. - Counseling and assistance in enrolling individuals in means tested insurance programs to improve access to care. - Transportation to patients who cannot afford transportation to attend to their medical needs. - Telephone Information Service-health information provided, free of charge, via the telephone to callers of the community. - Support to health coalitions and investments in social and environmental improvement strategies. These are programs, activities and partnerships that improve the health of persons in the community by addressing the determinants of health, which includes the social, economic and physical environment. See specific examples by community below. - Regional - Nebraska App leaseed-provided funds to support hunger/food access efforts, this includes summer meals program outreach, enrichment programming at summer meals sites and support to launch state's first SNAP Employment & Training (E&T) third party partnership, which provides job training for SNAP recipients. Also providing funding to support Enroll Nebraska efforts for outreach and education during annual insurance enrollment period. - Alzheimer's Association-provided funds to support the continued offering of free support services for families with a loved one with dementia/alzheimer's. Supports include assistance in finding memory units, appropriate levels of care or specialty providers, caregiver support groups, etc. - Nebraska Breastfeeding Coalition-provided funds that supports the building of coalition infrastructure to include evaluation of existing work and

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	d development of long-term strategic plan to secure sustainable funding Future focus is moving toward strategies that connect breastfeeding and breastfeeding support with mental health - Nebraska Extension-provided funds to support Double Up food Bucks in Omaha and Lincoln, program for SNAP recipients to receive an additional \$1 for every \$1 they spend on fruits and vegetables at participating sites, nutrition/cooking education is also provided at all sites

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	<p>The organization is affiliated with CommonSpirit Health. CommonSpirit Health was created by the alignment of Catholic Health Initiatives and Dignity Health as a single ministry in early 2019. CommonSpirit Health, a nonprofit, faith-based health system is committed to building healthier communities, advocating for those who are poor and vulnerable, and innovating how and where healing can happen - both inside its hospitals and out in the community. CommonSpirit Health owns and operates health care facilities in 21 states and comprises 142 hospitals, including three academic health centers, major teaching hospitals as well as 31 critical-access facilities, community health services organizations, accredited nursing colleges, home health agencies, living communities, a medical foundation and other affiliated medical groups, and other facilities and services that span the inpatient and outpatient continuum of care. In fiscal year 2019, CommonSpirit Health provided more than \$2.1 billion in financial assistance and community benefit for programs and services for the poor, free clinics, education and research. Financial assistance and community benefit totaled more than \$4.4 billion with the inclusion of the unpaid costs of Medicare. The health system, which generated operating revenues of \$20.96 billion in fiscal year 2019, has total assets of approximately \$40.6 billion. CommonSpirit Health provides strategic planning and management services as well as centralized "share services" for its Divisions. The provision of centralized management and shared services including areas such as accounting, human resources, payroll and supply chain provides economies of scale and purchasing power to the Divisions. The cost savings achieved through CommonSpirit Health's centralization enable Divisions to dedicate additional resources to high-quality health care and community outreach services to the most vulnerable members of our society.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 7 State filing of community benefit report	IA, NE

Additional Data**Software ID:** 18007697**Software Version:** 2018v3.1**EIN:** 47-0379836**Name:** Saint Elizabeth Regional Medical Center**Form 990 Schedule H, Part V Section A. Hospital Facilities**

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	Saint Elizabeth Regional Medical Center 555 South 70th Street Lincoln, NE 68510 http://www.chihealthstelizabeth.com/ 500007	X	X		X			X			

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	Facility , 1 - Saint Elizabeth Regional Medical Center For this CHNA, community stakeholder input was provided through the four Lincoln Lancaster Health Department (LLHD) Community Health Improvement Plan (CHIP) planning groups, which consist of stakeholders serving and representing the key populations minority, low-income, at-risk, aging, and those affected by violence Following the four health department led meetings to obtain community input, the CHI Health St Elizabeth and Nebraska Heart Hospital (NHH) multidisciplinary team (Community Benefit Action Team - CBAT) was convened to validate the needs Finally, the hospitals' Community Board, represented the hospitals' relationship with the community at-large, provided input to this process

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6a Facility , 1	Facility , 1 - Saint Elizabeth Regional Medical Center CHI Health Nebraska Heart Bryan Health

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6b Facility , 1	Facility , 1 - Saint Elizabeth Regional Medical Center Lincoln Lancaster County Health Department Other input from community organizations

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 7 Facility , 1	Facility , 1 - Saint Elizabeth Regional Medical Center The CHNA was presented to the CHI Health Lincoln Community Board

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	<p>Facility , 1 - Saint Elizabeth Regional Medical Center The current applicable CHNA and co rresponding implementation plan was completed in the tax reporting year 2018 The followin g outlines the current implementation plan priorities and strategies This plan was posted publicly on www chihealth com/chna This is a joint plan with CHI Health St Elizabeth an d Nebraska Heart Hospital (NHH) Therefore, only strategies that are led or co-led by CHI Health St Elizabeth are reported below Priority Health Needs and Strategies are numbered to align with the published joint Implementation Plan at www chihealth com/chna The comm unity identified the following priorities as top health needs identified in the most recen t community health needs assessment Top Health Needs (from 2018 CHNA) 1 Access to Healt h Care Services 2 Behavioral Health 3 Chronic Disease 4 Violence & Injury For this plan the hospital prioritized the following health need Priority Health Need Access to Care To address this need the hospital will implement the following strategy in 2019-2021 * En gage with community partners and key service providers in existing efforts to improve acce ss points and coordination of healthcare services across the City of Lincoln and Lancaster County - Engage with the local safety net coalition and explore opportunities to partner and improve access to high-quality, timely, affordable and equitable care among all commu nity members and identify relevant actions and measures of success for identified work (St Elizabeth) - Identify barriers to effective transitional care for patients discharged fr om the inpatient/acute setting that puts patients at risk for readmission, and identify pa rtners and strategies to address and identify relevant actions and measures of success for identified work (St Elizabeth & NHH) - Partner with Aging Partners (Area Agency on Aging) to identify gaps in care specific to the aging and disabled populations and identify rel evant actions and measures of success for identified work (St Elizabeth) - Continue finan cial and in-kind support to Partnership for Healthy Lincoln (PHL) to address chronic disea se and improve healthcare access through the development of clinical quality improvement 9 efforts related to early prenatal care, maternal depression screening, diabetes managemen t, colon cancer screening - also help to inform future quality improvement initiatives (S t Elizabeth & NHH) - Continue financial and in-kind support of Clinic with a Heart to off er monthly urgent care (St Elizabeth), specialty care (St Elizabeth), and hypertension c are clinics (NHH) for un/under-insured community members - Participation in the Lincoln La ncaster County Health Department CHIP Access to Care work group to support work around inc reasing the number of community members connected to a primary care provider (St Elizabeth h & NHH) - Assess the barriers and need for integration of behavioral health services into primary care across the Lincoln</p>

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
<p>Schedule H, Part V, Section B, Line 11 Facility , 1</p>	<p>In-Lancaster County area, and identify strategies for addressing known barriers (St Eliza beth) The hospital will not address the following health needs for the following reasons In acknowledging the range of priority health issues that emerged from the CHNA process, C HI Health St Elizabeth and NHH prioritized the health issue above in order to most effect ively focus resources and meaningfully impact the selected health issues As described in the process above, the hospitals took into consideration existing partnerships, available resources, the hospital's level of expertise, existing initiatives (or lack thereof), pote ntial for impact, and the community's interest in the hospital engaging in that area in or der to select the priorities The following identified needs will not be prioritized in th is implementation plan for the following reasons Behavioral Health - CHI Health St Eliza beth and NHH have prioritized work to address gaps in access to healthcare services, and a ccess to behavioral health services will be included in these efforts and is an important component driving the need for improvements in access to healthcare services Therefore, t he hospitals did not prioritize this health need in order to focus and maximize impact on another health need area that will indirectly improve the community's approach and capacit y for addressing behavioral health Chronic Disease - The hospitals did not prioritize thi s health need for work for three key reasons First, there is a large body of existing eff orts in the community that are working to reduce chronic disease and negative impacts asso ciated with such diseases as cancer, heart disease, and stroke Second, CHI Health St Eli zabeth and NHH will continue to provide annual funding to Partnership for Healthy Lincoln which improves health, wellness, and fitness through programs that increase physical activ ity and improve nutrition habits on a population level Third, in order to maximize impact , CHI Health St Elizabeth and NHH have prioritized access to healthcare services as impro ving access points, reducing barriers to preventive care, and improving the quality of hea lthcare These efforts improves the ability of healthcare services and community partners to address chronic disease on an individual basis Injury and Violence - This health need was not prioritized in order to focus and meaningfully impact other areas of need CHI Hea lth St Elizabeth recently received a one-year grant to explore continued promotion of the evidence-based Second Step language to points of service to youth and families outside of school settings This work may evolve further and address violence prevention efforts dir ectly, however at this time is primarily in planning stages Additionally, there is a robu st network of partners addressing injury and violence prevention through the Lincoln Lanca ster County Health Department Community Health Improvement Plan CHI Health St Elizabeth and NHH have long supported an</p>

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	d will continue to support through financial and in-kind contributions

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 13 Facility , 1	Facility , 1 - Saint Elizabeth Regional Medical Center The patient must have a minimum account balance of thirty-five dollars (\$35 00) with the CHI Hospital Organization Multiple account balances may be combined to reach this amount Patients/Guarantors with balances below thirty-five dollars (\$35) may contact a financial counselor to make monthly installment payment arrangements The patient must submit a completed Financial Assistance application Patient Cooperation Standards - A patient must exhaust all other payment options, including private coverage, federal, state and local medical assistance programs, and other forms of assistance provided by third-parties prior to being approved An applicant for Financial Assistance is responsible for applying to public programs for available coverage He or she is also expected to pursue public or private health insurance payment options for care provided by a CHI Hospital Organization within a Hospital Facility A patient's and, if applicable, any Guarantor's cooperation in applying for applicable programs and identifiable funding sources, including COBRA coverage (a federal law allowing for a time-limited extension of employee healthcare benefits), shall be required If a Hospital Facility determines that COBRA coverage is potentially available, and that a patient is not a Medicare or Medicaid beneficiary, the patient or Guarantor shall provide the Hospital Facility with information necessary to determine the monthly COBRA premium for such patient, and shall cooperate with Hospital Facility staff to determine whether he or she qualifies for Hospital Facility COBRA premium assistance, which may be offered for a limited time to assist in securing insurance coverage A Hospital Facility shall make affirmative efforts to help a patient or patient's Guarantor apply for public and private programs

Note: To capture the full content of this document, 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

2018

**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
Saint Elizabeth Regional Medical Center

Employer identification number
47-0379836

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 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. Part II can be duplicated if additional space is needed.

(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
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 4

3 Enter total number of other organizations listed in the line 1 table ▶ 0

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 Procedures for monitoring use of grant funds	GRANTS INCLUDED IN PART II ARE TO COMMUNITY ORGANIZATIONS THAT ENGAGE IN ACTIVITIES THAT BENEFIT THE COMMUNITY AT LARGE NO CONSIDERATION IS RECEIVED IN EXCHANGE FOR THESE CONTRIBUTIONS, AS THEY ARE CONSIDERED TO BE A GIFT TO BE USED BY THE RECIPIENTS IN ACCORDANCE WITH THEIR CHARITABLE PURPOSES AS SUCH, USE OF THE FUNDS GIVEN TO THE GRANTEEES IS NOT MONITORED BEYOND DISTRIBUTION GRANTS INCLUDED IN PART III ARE TO INDIVIDUALS NEEDING FINANCIAL ASSISTANCE PATIENT HARDSHIP CHARGES ARE BILLED DIRECTLY TO SERMC, AND EMPLOYEES ARE REQUIRED TO PROVIDE COPIES OF INVOICES, ETC FOR EMPLOYEE ASSISTANCE PAYMENT ELIGIBILITY, THESE PROCEDURES ENSURE PROPER USE OF THE FUNDS

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 47-0379836
Name: Saint Elizabeth Regional Medical Center

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

(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 non-cash assistance	(h) Purpose of grant or assistance
THE FOUNDATION FOR LINCOLN PUBLIC SCHOOLS PO BOX 82889 LINCOLN, NE 68501	36-3490560	501(C)(3)	14,744				AMBULANCE STANDBY GRANT
UNITED WAY OF LINCOLN AND LANCASTER COUNTY 238 S 13TH ST LINCOLN, NE 68508	47-0376624	501(C)(3)	10,000				GENERAL SUPPORT

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

(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 non-cash assistance	(h) Purpose of grant or assistance
UNITED STROKE ALLIANCE 2000 W PIONEER PKWY STE 16 PEORIA, IL 61615	64-0954851	501(C)(3)	8,000				STROKE CAMP SPONSORSHIP
LANCASTER COUNTY MEDICAL SOCIETY 233 S 13TH ST STE 1200 LINCOLN, NE 68508	36-3305032	501(C)(3)	6,000				GENERAL 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 for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Saint Elizabeth Regional Medical Center

Employer identification number
47-0379836

Part I Questions Regarding Compensation

		Yes	No		
<p>1a 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</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>b If any of the boxes in 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</p>	1b				
<p>2 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 in line 1a?</p>	2				
<p>3 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</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee			
<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee				
<p>4 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</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	4a	Yes			
	4b	Yes			
	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 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</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III</p>	5a		No		
	5b		No		
<p>6 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</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III</p>	6a		No		
	6b		No		
<p>7 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</p>	7	Yes			
<p>8 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</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9				

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				
See Additional Data Table							

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 Arrangement used to establish the top management official's compensation	During the calendar year 2018, compensation for the top management official was established and paid by Catholic Health Initiatives ("CHI"), a related organization. CHI used the following to establish the top management official's compensation: (1) Compensation Committee, (2) Independent Compensation Consultant, (3) Written Employment Contracts, (4) Compensation Survey or Study, (5) Approval by the Board or Compensation Committee. COMPENSATION FOR THE OTHER OFFICERS OF SAINT ELIZABETH REGIONAL MEDICAL CENTER WAS ESTABLISHED BY THE CHI HEALTH CEO AND HUMAN RESOURCES DIRECTOR USING THE FOLLOWING METHODS TO ESTABLISH THE COMPENSATION: (1) COMPENSATION SURVEYS OR STUDIES, (2) INDEPENDENT COMPENSATION CONSULTANT, AND (3) APPROVAL BY THE BOARD COMPENSATION COMMITTEE.

Return Reference	Explanation
Schedule J, Part I, Line 4a Severance or change-of-control payment	During the calendar year 2018, post-termination payments were addressed in executive employment agreements for Catholic Health Initiatives and related organizations' employees at the level of Vice President and above, including the MBO CEOs. These employment agreements require that in order for the executive to receive post-termination payments, these individuals must execute a general release and settlement agreement. Post-termination payment arrangements are periodically reviewed for overall reasonableness in light of the executive's overall compensation package. The following reportable individuals received severance payments from Catholic Health Initiatives or Saint Elizabeth Regional Medical Center during the 2017 calendar year, and these severance payments were included in the individual's W-2 income and reportable compensation on Schedule J: Kim Moore - \$360,107

Return Reference	Explanation
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	During the 2018 calendar year, Catholic Health Initiatives ("CHI"), a related organization, maintained a supplemental non-qualified deferred compensation plan for MBO CEOs/Presidents and other CHI employees at the level of Senior Vice President and above. During 2018 the following distributions were made by CHI from the deferred compensation plan: Cliff Robertson - \$139,166; Jeanette Wojtalewicz - \$65,054.

Return Reference	Explanation
Schedule J, Part I, Line 7 Non-fixed payments	CATHOLIC HEALTH INITIATIVES (CHI) MAINTAINS A VARIABLE PAY PROGRAM FOR MANAGERS AND ABOVE THAT PUTS A CERTAIN AMOUNT OF COMPENSATION AT RISK AWARDS OF INCENTIVE COMPENSATION UNDER THE VARIABLE PAY PROGRAM ARE MADE BASED UPON ACHIEVEMENT OF ORGANIZATIONAL OBJECTIVES INCLUDING FINANCIAL OUTCOMES, QUALITY IMPROVEMENT, AND OTHER MEASURES AS DETERMINED ANNUALLY BY THE BOARD OF STEWARDSHIP TRUSTEES HOWEVER, ELIGIBLE AWARDS PAYABLE UNDER THIS PROGRAM ARE DEPENDENT ON HITTING MINIMUM LEVELS OF OPERATING MARGIN AND CHARITY CARE LEVELS, UNLESS THE HR COMMITTEE OF THE BOARD OF STEWARDSHIP TRUSTEES USES THEIR DISCRETION TO APPROVE AN EXCEPTION



Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 47-0379836
Name: Saint Elizabeth Regional Medical Center

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(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				
CLIFF ROBERTSON MD	(i)	0	0	0	0	0	0	0
Board Member/CEO CHI Health	(ii)	1,021,091	870,115	164,178	173,553	28,791	2,257,728	133,018
JASON KRUGER MD	(i)	0	0	0	0	0	0	0
BOARD MEMBER	(ii)	307,024	0	818	16,469	28,747	353,058	0
AMY L MCGAHA md	(i)	0	0	0	0	0	0	0
BOARD MEMBER	(ii)	330,100	0	626	16,276	3,147	350,149	0
STEVE HOUSTON	(i)	0	0	0	0	0	0	0
SVP STRATEGY	(ii)	315,850	72,105	22,171	16,375	18,616	445,117	0
KIM MOORE	(i)	0	0	0	0	0	0	0
FORMER PRESIDENT	(ii)	0	0	357,728	0	10,102	367,830	0
NANCY WALLACE	(i)	0	0	0	0	0	0	0
FORMER SVP HR CHI HEALTH	(ii)	356,671	80,543	29,520	16,361	19,383	502,478	0
CARY WARD MD	(i)	0	0	0	0	0	0	0
CHIEF MEDICAL OFFICER/FORMER INTERIM PRESIDENT	(ii)	491,125	109,860	22,612	15,706	26,960	666,263	0
DEREK VANCE	(i)	0	0	0	0	0	0	0
PRESIDENT	(ii)	344,571	70,128	52,199	25,900	27,736	520,534	0
JEANETTE WOJTALEWICZ	(i)	0	0	0	0	0	0	0
CFO CHI Health	(ii)	537,238	228,748	87,965	51,400	26,960	932,311	47,128
DAN SCHONLAU	(i)	0	0	0	0	0	0	0
Former VP Operational Finance NHH, St Elizabeth	(ii)	192,356	26,974	2,937	13,415	28,577	264,259	0
MIKE WATTERS	(i)	0	0	0	0	0	0	0
Former VP-SENIOR COUNSEL	(ii)	273,409	31,500	21,639	643	24,038	351,229	0
TIMOTHY PLANTE	(i)	29,103	0	55	5,454	18,422	53,034	0
VP-PATIENT CARE SERVICES	(ii)	144,732	28,288	14,445	0	8,700	196,165	0
DONNA HAMMACK	(i)	161,712	14,516	841	11,137	18,186	206,392	0
CHIEF DEVELOPMENT OFFICER-FOUNDATION	(ii)	0	0	0	0	0	0	0
Emily Mannschreck	(i)	108,100	15,054	24,115	10,412	24,511	182,192	0
Director - Pharmacy	(ii)	36,818	0	0	0	824	37,642	0
Michele Murphy	(i)	168,954	0	6,042	1,151	27,446	203,593	0
Supervisor - Pharmacy	(ii)	663	0	0	0	26	689	0
Helen Sake	(i)	166,780	0	681	9,021	18,428	194,910	0
Pharmacist	(ii)	0	0	0	0	0	0	0

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 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury

Name of the organization

Saint Elizabeth Regional Medical Center

Employer identification number

47-0379836

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d Description of other program services	(Expenses \$ 101,026,582 including grants of \$ 32,295)(Revenue \$ 87,866,950) Other programs

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part V, Line 1c number reported in Box 3 of Form 1096	PAYMENTS TO VENDORS FOR ENTITIES THAT ARE PART OF CATHOLIC HEALTH INITIATIVES (CHI) ARE MADE BY CHI. CHI FILES THE FORM 1099'S AND COMPLIES WITH THE BACKUP WITHHOLDING RULES FOR REPORTABLE PAYMENTS TO VENDORS AND GAMING WINNINGS. THE 1099'S ISSUED BY CHI ON BEHALF OF CHI HEALTH SAINT ELIZABETH ARE REPORTED TO THE IRS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 16b JOINT VENTURE POLICY	CHI HEALTH SAINT ELIZABETH has not formally adopted a written policy or written procedure regarding joint ventures. However, CommonSpirit Health's system-wide joint venture model operating agreement incorporates controls over the venture sufficient to ensure that (1) the exempt organization at all times retains control over the venture sufficient to ensure that the partnership furthers the exempt purpose of the organization, (2) in any partnership in which the exempt organization is a partner, achievement of exempt purposes is prioritized over maximization of profits for the partners, (3) the partnership does not engage in any activities that would jeopardize the exempt organization's exemption, and (4) returns of capital, allocations, and distributions must be made in proportion to the partners' respective ownership interests. Any joint venture agreements that do not conform to the model agreement are generally reviewed by counsel.

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>Form 990, Part VI, Line 12c CONFLICT OF INTEREST POLICY</p>	<p>b) If it is determined that a potential or actual conflict may exist, I In the case of board or committee members or officers, issues are elevated to the executive committee of the board or board chair II In the case of other persons, conflicts issues are elevated to the conflicts of interest review committee ("C-CIRC") C Conflicts determination and management 1 Matters elevated to C-CIRC a) The C-CIRC determines whether a disclosed or otherwise identified interest is a conflict of interest If the C-CIRC determines that a COI exists, and adequate controls are not in place to mitigate the conflict, the C-CIRC facilitates development of a COI management plan designed to mitigate the conflict Designated entity staff are responsible for monitoring the COI management plan and for documenting monitoring activities Notwithstanding the foregoing, at its sole discretion, an entity may reject a person's request to enter into the relationship in question, or require the relationship be sufficiently altered to avoid a potential conflict of interest b) Appeal - if a person does not agree with a determination made by the C-CIRC, its interpretation of the COI policy, still seeks an exemption or exception, or seeks further clarification of the C-CIRC's decision, the individual may appeal the decision through his or her manager for reconsideration by the C-CIRC, and the C-CIRC will review and issue a final determination based upon any new or additional information presented 2 Matters elevated to the executive committee or board chair a) Determination of existence of conflict - the board chair or his or her designee performs any further investigation of any conflict of interest disclosures as he or she may deem appropriate If the conflict involves the board chair, the vice chair assumes the chair's role outlined in the COI policy Based on review and evaluation of the relevant facts and circumstances, the board chair makes an initial determination as to whether a conflict of interest exists and whether, pursuant to the COI policy, review and approval or other action by the board is required A written record of the board chair's determination, including relevant facts and circumstances, is made The board chair then makes an appropriate report to the executive committee of the board concerning the COI review, evaluation and determination If a difference of opinion exists between the board chair and another trustee as to whether the facts and circumstances of a given situation constitute a conflict of interest or whether board review and approval or other action is required under the COI policy, the matter is submitted to the board's executive committee, which makes a final determination as to the matter presented That determination, including relevant facts and circumstances, is reflected in the executive committee minutes and is reported to the board b) Board evaluation of transactions involving an officer / board member conflict of interest -</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c CONFLICT OF INTEREST POLICY	<p>I The board carefully scrutinizes and must in good faith approve or disapprove any transaction in which CHI or a CHI entity is a party and in which the trustee or a corporate officer either 1 Has a material financial interest, or 2 Is a trustee or corporate officer of the other party (other than a CHI affiliated organization) II The board must approve the transaction by a majority of the trustees on the board (not counting any interested trustee) In reviewing such transactions between CHI or CHI entities and vendors or other contractors who are, or are affiliated with, trustees or corporate officers, the board acts no more or less favorably than it would in reviewing transactions with unrelated third parties The transaction is not approved unless the board determines that the transaction is fair to CHI or the CHI entity III A conflicted trustee or corporate officer is not permitted to use his or her personal influence with respect to the approval or disapproval of the conflicted transaction However, if requested, such trustee or corporate officer is not prevented from briefly stating his or her position in the matter, nor from answering pertinent questions from trustees, as his or her knowledge may be relevant The trustee or corporate officer is excused from the meeting during discussion and vote on the conflict of interest c) Board evaluation of non-transactional conflicts - I The board carefully reviews and scrutinizes any non-transactional conflict of interest (e.g., disclosure of nonpublic information, competition with CHI or a CHI entity, failure to disclose a corporate opportunity, excessive gifts or entertainment, etc.) II In such circumstances, by a majority vote of the disinterested trustees, the board takes whatever action is deemed appropriate with respect to the trustee or corporate officer under the circumstances (including possible disciplinary or corrective action) to best protect the interests of CHI or the CHI entity The board is encouraged to consult with the general counsel of CHI or his or her designee when considering disciplinary or corrective action III The conflicted trustee or corporate officer is not permitted to use his or her personal influence with respect to the conflict matter However, if requested, such trustee or corporate officer is not prevented from briefly stating his or her position in the matter, nor from answering pertinent questions from trustees, as his or her knowledge may be relevant The trustee or corporate officer is excused from the meeting during discussion and vote on the conflict of interest d) Record of proceedings - with respect to board member and officer conflicts of interest, minutes of the board are expected to reflect the identity of the individual making the disclosure, the nature of the disclosure, discussion regarding any proposed transaction, the decision made by the board, and that the interested trustee or corporate officer was excused during the discussion, and</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c CONFLICT OF INTEREST POLICY	that the interested trustee abstained from voting D Conflicts reporting All conflicts of interest are reported by CHI as required by law, regulations, and policy

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 1a Delegate broad authority to a committee	Pursuant to Section 8.1 of the corporation's bylaws, committees, such as the Executive Committee, that are granted authority to act on behalf of the board of directors may include only directors of the corporation

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 6 Classes of members or stockholders	According to the organization's bylaws of Saint Elizabeth Regional Medical Center, the entity's sole corporate member is CHI Nebraska, a Nebraska non-profit corporation

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	According to the organization's bylaws, directors shall be appointed or refused by the corporate member. The corporate member may appoint one or more individuals to the board of directors, and may at any time remove, with or without cause, any member of the board of directors. According to the organization's bylaws, directors of the corporation shall be appointed by the corporate member no later than June 30 of each year. The names and qualifications of each individual accepted by the board of directors shall be submitted to the corporate member, who shall appoint or refuse each nominee in accordance with the corporate member's bylaws and with endorsement of the senior vice president of operations. The corporate member may unilaterally appoint one or more individuals to the board of directors should the board fail to furnish the corporate member with a list of individuals qualified to serve on the board of directors of the corporation.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	<p>The organization's corporate member is CHI Nebraska Pursuant to Section 5 4 1 of the organization's bylaws, both CHI Nebraska and Commonsprit Health have reserved powers as outlined in the Commonsprit Health governance matrix Pursuant to the governance matrix the following rights are held by the CHI Nebraska's Board * Approve members of the Saint Elizabeth Regional Medical Center board * Amendment of the corporate documents of the Saint Elizabeth Regional Medical Center * Approve removal of a member of the governing body of the Saint Elizabeth Regional Medical Center * Adoption of long range and strategic plans for the Saint Elizabeth Regional Medical Center The following rights are reserved to the Commonsprit Health Board directly or through powers delegated to the Commonsprit Health Chief Executive Officer * Substantial change in the mission or philosophy of the Saint Elizabeth Regional Medical Center * Removal of a member of the governing body of the Saint Elizabeth Regional Medical Center * Approval of issuance of debt by Saint Elizabeth Regional Medical Center * Approval of participation of Saint Elizabeth Regional Medical Center in a joint venture * Approval of formation of a new corporation by Saint Elizabeth Regional Medical Center * Approval of a merger involving the Saint Elizabeth Regional Medical Center * Approval of the sale of all or substantially all of the assets of the Saint Elizabeth Regional Medical Center * To require the transfer of assets by the Saint Elizabeth Regional Medical Center to Commonsprit Health to accomplish Commonsprit Health's goals and objectives, and to satisfy Commonsprit Health debts Pursuant to Section 5 5 2 of the organization's bylaws, CHI Nebraska or Commonsprit Health may, in exercise of their approval powers, grant or withhold approval in whole or in part, or may, in its complete discretion, after consultation with the Board and its President and the Chief Executive Officer of the organization, recommend such other or different actions as it deems appropriate</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	FOLLOWING THE PREPARATION OF THE FORM 990 BY TAX ANALYSTS OF COMMONSPIRIT HEALTH, A RELATED ORGANIZATION, THE RETURN IS REVIEWED BY THE COMMONSPIRIT HEALTH TAX DIRECTOR AND THE LOCAL CHIEF FINANCIAL OFFICER. ADDITIONALLY, THE BOARD OF DIRECTORS ARE PROVIDED THE FINAL FORM 990 AND RELATED SCHEDULES TO REVIEW AND ARE ABLE TO ASK THE CHIEF FINANCIAL OFFICER AND TAX DIRECTOR QUESTIONS PRIOR TO FILING WITH THE IRS. UPON CHIEF FINANCIAL OFFICER APPROVAL AND SIGNATURE, THE TAX ANALYST FILES THE FINAL FORM 990 AS PRESENTED TO THE BOARD AND FINANCE COMMITTEE, MAKING ANY NON-SUBSTANTIVE CHANGES NECESSARY IN ORDER TO EFFECT E-FILING. ANY SUCH CHANGES ARE NOT RE-SUBMITTED TO THE BOARD.

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>Form 990, Part VI, Line 12c Conflict of interest policy</p>	<p>The organization has a conflicts of interest ("COI") policy (the "policy") in place to maintain the integrity of its activities. Through February 7, 2019, conflicts were administered solely through Catholic Health Initiatives' ("CHI") Governance Policy No. 1 (described below). On February 8, 2019, in connection with the alignment of the Catholic Health Ministries of CHI and Dignity Health, the CommonSpirit Health Board of Stewardship Trustees approved CommonSpirit Health Corporate Responsibility Policy No. G-001, a CommonSpirit Health conflicts of interest policy. This policy stipulates that, at minimum, the pre-closing CHI COI policies and pre-closing Dignity Health COI policies identify the individuals that are covered under the new policy. In addition, subject to certain exceptions, pre-closing CHI COI policies shall continue to apply to the CHI entities and the individuals who were subject to the Pre-Closing CHI COI policies, and the Pre-Closing Dignity Health COI policies shall continue to apply to the Dignity Health entities and the individuals who were subject to the Pre-Closing Dignity Health COI policies. Until CommonSpirit Health adopts a single process for identifying and managing conflicts of interest for all system entities, the following individuals shall be subject to the Pre-Closing CHI COI policies from and after the effective date of Corporate Responsibility Policy No. G-001: 1) Members of the CommonSpirit Health Board of Stewardship Trustees and members of the committees of the Board of Stewardship Trustees, 2) Corporate officers of CommonSpirit Health, 3) Members of the Board of Directors of Dignity Health and members of the committees of the Board of Directors of Dignity Health. CHI Governance Policy No. 1. The policy applies to the following persons: members of the CHI board of stewardship trustees and its committees, members of any CHI direct affiliate or subsidiary (each a CHI entity) board and their committees, employees of CHI entities, and all CHI researchers (as defined in the policy). Disclosure, review and management of perceived, potential or actual conflicts of interest are accomplished through a defined COI disclosure review process. A. Disclosure obligations. 1) Ongoing. Each person is required to promptly and fully disclose to his/her direct manager, supervisor, medical staff office, board or board committee chair any situation or circumstance that may create a conflict of interest. The person must disclose the actual or potential conflict as soon as she/he becomes aware of it. In any situation in which the person is in doubt it is expected that full disclosure be made to permit an impartial and objective determination as to the existence of a conflict. 2) Periodic written. In addition to the ongoing disclosure obligation, periodic written conflict of interest disclosure forms must be completed as follows: a) Initially: 1) Upon hiring (employees), 2) Appointment (board / committee members), 3) Upon consideration.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	<p>of affiliation with research sponsor (researchers) b) Annually 1) Board / committee members, 2) Employees at the level vice president or above, 3) Researchers, 4) Supply chain employees at the level of vice president and above and those employees involved in contracting regardless of employment level, 5) Other employees as determined by CommonSpirit Health leadership</p> <p>3 Failure to disclose - an individual who fails to disclose a perceived, potential, or actual conflict of interest, or all material facts surrounding an actual or potential conflict or fails to abide by the final decision regarding the conflict may be subject to disciplinary or corrective actions such as termination of employment, removal from a board or committee, loss or restriction of clinical privileges, or restrictions on research activities in accordance with applicable laws, regulations, rules, contracts, and bylaws</p> <p>B Conflicts review 1 No disclosed conflicts In the absence of perceived, potential or actual conflicts of interest, no follow-up conflicts review is required or performed 2 Disclosure of perceived, potential or actual conflicts a) Are initially reviewed by national or regional legal or corporate responsibility team members (depending upon the role of the individual disclosing the actual or potential conflict) to determine whether an actual or potential for a conflict may exist</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	<p>The organization's top management official's compensation was paid by Catholic Health Initiatives ("CHI"), a related organization CHI had a defined compensation philosophy Both the executive and non-executive compensation structures and ranges were reviewed annually in comparison to market data Catholic Health Initiatives used Korn Ferry as the independent third party to assess executive compensation programs and to ensure the reasonableness of actual salaries and total compensation packages Compensation of the senior most executives was reviewed annually Korn Ferry reviewed both cash and total compensation for overall reasonableness, for adherence to Catholic Health Initiatives' compensation philosophy, and for comparability to the not-for-profit healthcare market This independent review was delivered by Korn Ferry to the CHI HR committee of the Board of Stewardship Trustees annually at their September meeting and minutes shared with the full board at the December meeting The last review was September 25, 2018 In addition, Korn Ferry completed a comprehensive review of all positions at the level of vice president and above in the fall of 2014 to determine and validate appropriate compensation levels These levels were reviewed annually and revised based on market data, where applicable</p> <p>COMPENSATION FOR THE OTHER OFFICERS OF SAINT ELIZABETH REGIONAL MEDICAL CENTER WAS ESTABLISHED BY THE CHI HEALTH CEO AND HUMAN RESOURCES DIRECTOR USING THE FOLLOWING METHODS TO ESTABLISH THE COMPENSATION (1) COMPENSATION SURVEYS OR STUDIES (2) INDEPENDENT COMPENSATION CONSULTANT AND (3) APPROVAL BY THE BOARD COMPENSATION COMMITTEE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15b Process to establish compensation of other employees	See Form 990, Part VI, Line 15a disclosure

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	The Organization's governing documents and conflict of interest policy are available upon request from the administration department In addition, the Articles of Incorporation are available from the Nebraska Secretary of State The organization's financial statements are included in CommonSpirit Health's consolidated audited financial statements that are available at www catholichealthinitiatives org

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	Other Miscellaneous Revenue - Total Revenue 180927, Related or Exempt Function Revenue , Unrelated Business Revenue 114635, Revenue Excluded from Tax Under Sections 512, 513, or 514 66292,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, Line 11g Other Fees	Other Fees for Services - Total Expense 17444825, Program Service Expense 13955860, Management and General Expenses 3488965, Fundraising Expenses 0, Purchased Services - Total Expense 10972114, Program Service Expense 8783310, Management and General Expenses 2188804, Fundraising Expenses 0, Contract Labor - Total Expense 3639820, Program Service Expense 2911856, Management and General Expenses 727964, Fundraising Expenses 0, Contract Services - Total Expense 2094275, Program Service Expense 1675420, Management and General Expenses 418855, Fundraising Expenses 0, Consulting - Total Expense 162578, Program Service Expense 130062, Management and General Expenses 32516, Fundraising Expenses 0,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Lincoln CK Leasing Non-Controlling Interest - -349860, Other Changes - -21452,

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

**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 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization
Saint Elizabeth Regional Medical Center

Employer identification number

47-0379836

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) 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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) 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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) 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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) 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
1 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?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)		No
c Gift, grant, or capital contribution from related organization(s)	Yes	
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)		No
m Performance of services or membership or fundraising solicitations by related organization(s)	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses	Yes	
q Reimbursement paid by related organization(s) for expenses		No
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)	Yes	

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) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) SAINT ELIZABETH FOUNDATION	C	909,706	BOOK

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

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 47-0379836
Name: Saint Elizabeth Regional Medical Center

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
12809 W DODGE RD OMAHA, NE 68154 47-0765154	HOSPITAL	NE	501(c)(3)	3	ACH		No
12809 W DODGE RD OMAHA, NE 68154 47-0757164	HOSPITAL	NE	501(c)(3)	3	CHI NEBRASKA		No
7500 MERCY RD OMAHA, NE 68124 47-0484764	HOSPITAL	NE	501(c)(3)	3	CHI NEBRASKA		No
631 N 8TH ST MISSOURI VALLEY, IA 51555 42-0776568	HOSPITAL	IA	501(c)(3)	3	CHI NEBRASKA		No
6901 N 72ND ST OMAHA, NE 68122 47-0376615	HOSPITAL	NE	501(c)(3)	3	CHI NEBRASKA		No
104 W 17TH ST SCHUYLER, NE 68661 47-0399853	HOSPITAL	NE	501(c)(3)	3	CHI NEBRASKA		No
PO BOX 368 CORNING, IA 50841 42-0782518	HOSPITAL	IA	501(c)(3)	3	CHI NEBRASKA		No
300 SE 8TH AVE LITTLE FALLS, MN 56345 41-1351177	LTERM CARE	MN	501(c)(3)	10	CSH		No
601 OAK ST BRECKENRIDGE, MN 56520 41-1850500	SENIOR LIVING	MN	501(c)(3)	10	SFH		No
345 S Halcyon Rd Arroyo Grande, CA 93420 20-3256066	FUNDRAISING FOUNDATION	CA	501(c)(3)	Type I	DH		No
420 34TH Street Bakersfield, CA 93301 95-1802779	HOSPITAL	CA	501(c)(3)	3	DCC		No
350 West Thomas Road Phoenix, AZ 85013 86-0174371	FUNDRAISING	AZ	501(c)(3)	7	DH		No
17200 ST LUKES WAY STE 170 THE WOODLANDS, TX 77384 27-4499340	PHYSICIANS	TX	501(c)(3)	Type I	SLCHS		No
6624 FANNIN ST STE 1100 HOUSTON, TX 77030 76-0458535	PHYSICIANS	TX	501(c)(3)	3	SLHS		No
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 23-2187242	HEALTHCARE	PA	501(c)(3)	Type I	CSH		No
1 West Way Ct LAKE JACKSON, TX 77566 76-0080110	FUNDRAISING FOUNDATION	TX	501(c)(3)	Type I	BRHS		No
100 MEDICAL DRIVE LAKE JACKSON, TX 77566 80-0240261	PHYSICIANS	TX	501(c)(3)	3	BRHS		No
2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2759890	HOSPITAL	TX	501(c)(3)	3	SJSC		No
2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2913931	HEALTHCARE	TX	501(c)(3)	10	SJSC		No
1401 South Grand Avenue Los Angeles, CA 90015 95-4000909	FUNDRAISING FOUNDATION	CA	501(c)(3)	Type I	DCC		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
800 N 4TH ST CARRINGTON, ND 58421 45-0227311	HOSPITAL	ND	501(c)(3)	3	CSH		No
9100 East Mineral Circle Centennial, CO 80112 84-0405257	HOSPITAL	CO	501(c)(3)	3	CSH		No
1111 6TH AVE DES MOINES, IA 50314 42-0680448	HOSPITAL	IA	501(c)(3)	3	CSH		No
1150 Kelly Johnson Blvd 204 COLORADO SPRINGS, CO 80920 84-0902211	FUNDRAISING FOUNDATION	CO	501(c)(3)	7	CHIC		No
1150 Kelly Johnson Blvd 204 COLORADO SPRINGS, CO 80920 27-0930004	HEALTHCARE	CO	501(c)(3)	Type I	CSH		No
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 46-0992796	PHYSICIANS	CO	501(c)(3)	Type I	CHINS		No
2700 STEWART PKWY ROSEBURG, OR 97471 26-3946191	SURGERY CENTER	OR	501(c)(3)	10	MMC		No
3515 BROADWAY GREAT BEND, KS 67530 48-0543724	HOSPITAL	KS	501(c)(3)	3	CSH		No
4816 AMBER VALLEY PKWY S FARGO, ND 58104 27-1966847	FUNDRAISING FOUNDATION	MN	501(c)(3)	10	CSH		No
12809 W DODGE RD OMAHA, NE 68154 47-0648586	FUNDRAISING FOUNDATION	NE	501(c)(3)	7	ACH		No
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 27-1050565	HEALTHCARE	CO	501(c)(3)	Type I	CSH		No
3900 OLYMPIC BLVD STE 400 ERLANGER, KY 41018 20-2741651	HEALTHCARE	KY	501(c)(3)	Type I	CSH		No
5942 RENAISSANCE PLACE STE A TOLEDO, OH 43623 34-1892096	HEALTHCARE	OH	501(c)(3)	Type II	SFH		No
100 GROSS CRESCENT CIRCLE FORT OGLETHORPE, GA 30742 82-2748395	HOSPITAL	GA	501(c)(3)	3	MHCS		No
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 45-1261716	HEALTHCARE	CO	501(c)(3)	10	CHI NS		No
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 45-2532084	HEALTHCARE	CO	501(c)(3)	Type I	CSH		No
12809 West Dodge Road Omaha, NE 68510 36-3233121	HEALTHCARE	NE	501(c)(3)	Type I	CSH		No
1929 LINCOLN HWY E STE 150 LANCASTER, PA 17602 23-2342997	HEALTHCARE	PA	501(c)(3)	Type I	CSH		No
1516 5TH ST NW ALBUQUERQUE, NM 87102 71-0897107	COMMUNITY	NM	501(c)(3)	Type I	CSH		No
300 WERNER ST HOT SPRINGS, AR 71913 71-0236913	HOSPITAL	AR	501(c)(3)	3	CHISVHS		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
300 WERNER ST HOT SPRINGS, AR 71913 26-1125064	HOLDING CO	AR	501(c)(3)	Type II	SVIMC		No
300 WERNER ST HOT SPRINGS, AR 71913 26-1125131	PHYSICIANS	AR	501(c)(3)	3	CHISVHS		No
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 47-0617373	HEALTHCARE	CO	501(c)(3)	Type I	NA		No
1805 Medical Center Drive San Bernardino, CA 92411 95-1643373	HOSPITAL	CA	501(c)(3)	3	DCC		No
619 OAK ST ACCOUNTING-3 W CINCINNATI, OH 45206 23-7419853	HOLDING CO	OH	501(c)(4)		GSH		No
631 N 8TH ST MISSOURI VALLEY, IA 51555 42-1294399	FUNDRAISING FOUNDATION	IA	501(c)(3)	Type I	AH-CMHMV		No
One Saint Joseph Drive LEXINGTON, KY 40504 61-1400619	HOSPITAL	KY	501(c)(3)	3	SJHS		No
185 Berry Street Suite 300 San Francisco, CA 94107 81-5009488	HOSPITAL	CO	501(c)(3)	3	NA		No
185 BERRY STREET STE 300 SAN FRANCISCO, CA 94107 94-1196203	HOSPITAL	CA	501(c)(3)	3	CSH		No
200 Mercy Oaks Drive Redding, CA 96003 23-7115371	Senior Center Services	CA	501(c)(3)	7	DH		No
185 Berry Street San Francisco, CA 94107 46-2037641	FUNDRAISING FOUNDATION	CA	501(c)(3)	Type I	DH		No
2101 N Waterman Avenue San Bernardino, CA 92404 23-7440086	FUNDRAISING FOUNDATION	CA	501(c)(3)	Type I	DH		No
475 South Dobson Road Chandler, AZ 85224 74-2418514	FUNDRAISING FOUNDATION	AZ	501(c)(3)	Type I	DH		No
185 Berry Street San Francisco, CA 94107 94-3006034	Self Insurance	CA	501(c)(3)	Type I	DH		No
185 Berry Street San Francisco, NV 94107 81-3800752	Self Insurance	NV	501(c)(3)	Type I	DH		No
3400 Data Drive Rancho Cordova, CA 95670 68-0220314	MULTI-SPECIALTY OUTPATIENT MEDICAL CLINIC	CA	501(c)(3)	Type I	DCC		No
185 Berry Street San Francisco, CA 94107 94-6612446	Self Insurance	CA	501(c)(3)	Type I	DH		No
1555 Soquel Drive Santa Cruz, CA 95065 77-0056778	Community Health System	CA	501(c)(3)	Type I	DH		No
1555 Soquel Drive Santa Cruz, CA 95065 94-2450442	FUNDRAISING FOUNDATION	CA	501(c)(3)	Type I	DH		No
1555 Soquel Drive Santa Cruz, CA 95065 77-0127719	Operation and management of housing complex to elderly persons	CA	501(c)(3)	10	DHS		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
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						Yes	No
2801 VIA FORTUNA SUITE 500 AUSTIN, TX 78746 45-4736213	HEALTHCARE	TX	501(c)(3)	Type I	SLHS		No
1455 BATTERSBY AVE ENUMCLAW, WA 98022 91-0715805	HOSPITAL	WA	501(c)(3)	3	FHS		No
4305 NEW SHEPHERDSVILLE RD BARDSTOWN, KY 40004 61-1345363	HOSPITAL	KY	501(c)(3)	3	KOH		No
4305 NEW SHEPHERDSVILLE RD BARDSTOWN, KY 40004 56-2351341	FUNDRAISING FOUNDATION	KY	501(c)(3)	Type I	FH		No
4111 N HOLLAND-SYLVANIA RD TOLEDO, OH 43623 34-1931806	HEALTHCARE	OH	501(c)(3)	10	FLC		No
1717 SOUTH J ST TACOMA, WA 98405 91-1145592	FUNDRAISING FOUNDATION	WA	501(c)(3)	10	FHS		No
1717 SOUTH J ST TACOMA, WA 98405 91-0564491	HOSPITAL	WA	501(c)(3)	3	CSH		No
TACOMA FNC CTR BLDG 1145 BROADWAY TACOMA, WA 98402 43-1882377	PHYSICIANS	MO	501(c)(3)	10	CSH		No
1313 BROADWAY STE 200 TACOMA, WA 98402 91-1939739	HEALTHCARE	WA	501(c)(3)	10	FHS		No
3601 S CHICAGO AVE SOUTH MILWAUKEE, WI 53172 39-1093829	HEALTHCARE	WI	501(c)(3)	10	CSH		No
1911 Johnson Avenue San Luis Obispo, CA 93401 20-3256125	FUNDRAISING FOUNDATION	CA	501(c)(3)	Type I	DCC		No
407 THIRD AVENUE SOUTHEAST GARRISON, ND 58540 45-0227752	HOSPITAL	ND	501(c)(3)	3	SAMC		No
1420 South Central Avenue Glendale, CA 91204 95-3625651	FUNDRAISING FOUNDATION	CA	501(c)(3)	Type I	DCC		No
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 20-1536108	MINISTRIES	CO	501(c)(3)	Type I	CSH		No
619 OAK ST ACCOUNTING-3 W CINCINNATI, OH 45206 31-1778403	EDUCATION	OH	501(c)(3)	2	GSH		No
619 OAK ST ACCOUNTING-3 W CINCINNATI, OH 45206 31-1206047	FUNDRAISING FOUNDATION	OH	501(c)(3)	Type I	GSH		No
PO BOX 1990 KEARNEY, NE 68848 47-0379755	HOSPITAL	NE	501(c)(3)	3	CHI NEBRASKA		No
111 W 31ST ST KEARNEY, NE 68847 47-0659443	FUNDRAISING FOUNDATION	NE	501(c)(3)	7	GSH		No
2520 CHERRY AVE BREMERTON, WA 98310 91-0565546	HOSPITAL	WA	501(c)(3)	3	FHS		No
2520 CHERRY AVE BREMERTON, WA 98310 91-1197626	FUNDRAISING FOUNDATION	WA	501(c)(3)	7	HMC		No

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						Yes	No
1451 HARRODSBURG RD STE D-308 LEXINGTON, KY 40504 83-2170324	FUNDRAISING FOUNDATION	KY	501(c)(3)	Type II	KOH		No
2400 ST FRANCIS DR BRECKENRIDGE, MN 56520 76-0761782	FUNDRAISING FOUNDATION	MN	501(c)(3)	Type I	SFMC		No
16251 SYLVESTER RD SW BURIEN, WA 98166 91-0712166	HOSPITAL	WA	501(c)(3)	3	FHS		No
1111 6TH AVE DES MOINES, IA 50314 42-1323808	SHELTER	IA	501(c)(3)	7	CHI-IA CORP		No
250 E Liberty St Ste 500 LOUISVILLE, KY 40202 61-1029768	HOSPITAL	KY	501(c)(3)	3	KOH		No
100 E Liberty St Ste 800 LOUISVILLE, KY 40202 61-1352729	HEALTHCARE	KY	501(c)(3)	10	JHSMH		No
200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 61-1029769	HEALTHCARE	KY	501(c)(3)	Type II	CSH		No
600 MAIN AVE S BAUDETTE, MN 56623 41-0758434	HOSPITAL	MN	501(c)(3)	3	CSH		No
600 MAIN AVE S BAUDETTE, MN 56623 41-1893795	FUNDRAISING FOUNDATION	ND	501(c)(3)	7	LHC		No
2700 STEWART PKWY ROSEBURG, OR 97471 93-0821381	SENIOR LIVING	OR	501(c)(3)	10	MMC		No
905 MAIN ST LISBON, ND 58054 82-0558836	HOSPITAL	ND	501(c)(3)	3	CSH		No
PO BOX 1447 LUFKIN, TX 75901 82-0563768	PROPERTY MGMT	TX	501(c)(3)	Type I	MHSET		No
2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2761145	HOSPITAL	TX	501(c)(3)	3	SJSC		No
2344 AMSTERDAM ROAD VILLA HILLS, KY 51017 61-0654635	LIVING ASSIST	KY	501(c)(3)	10	FLC		No
1400 E Church Street Santa Maria, CA 93454 95-3818027	FUNDRAISING FOUNDATION	CA	501(c)(3)	Type I	DH		No
768 Mountain Ranch Road San Andreas, CA 95249 68-0127677	HOSPITAL	CA	501(c)(3)	3	NA		No
2525 DE SALES AVE CHATTANOOGA, TN 37404 62-1839548	FUNDRAISING FOUNDATION	TN	501(c)(3)	7	MHCS		No
2525 DE SALES AVE CHATTANOOGA, TN 37404 62-0532345	HOSPITAL	TN	501(c)(3)	3	CSH		No
5600 BRAINERD RD STE 500 CHATTANOOGA, TN 37411 03-0417049	HEALTHCARE	TN	501(c)(3)	10	MHCS		No
PO BOX 1447 LUFKIN, TX 75902 75-0755367	HOSPITAL	TX	501(c)(3)	3	SLHS		No

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						Yes	No
PO BOX 1447 LUFKIN, TX 75902 76-0436439	HOSPITAL	TX	501(c)(3)	3	MHSET		No
PO BOX 1447 LUFKIN, TX 75902 75-2663904	HOSPITAL	TX	501(c)(3)	3	MHSET		No
1201 FRANK AVE LUFKIN, TX 95904 75-2721155	PHYSICIANS	TX	501(c)(3)	Type I	MHSET		No
PO BOX 1447 LUFKIN, TX 95902 75-2492741	HOSPITAL	TX	501(c)(3)	3	MHSET		No
1111 6TH AVE DES MOINES, IA 50314 42-6076069	AUXILIARY	IA	501(c)(3)	Type I	MF-DM IA		No
1111 6TH AVE DES MOINES, IA 50314 42-1193699	PHYSICIANS	IA	501(c)(3)	10	CHI-IA CORP		No
1111 6TH AVE DES MOINES, IA 50314 42-1511682	EDUCATION	IA	501(c)(3)	2	CHI-IA CORP		No
PO Box 119 Bakersfield, CA 93302 77-0201321	FUNDRAISING FOUNDATION	CA	501(c)(3)	Type I	DH		No
1111 6TH AVE DES MOINES, IA 50314 23-7358794	FUNDRAISING FOUNDATION	IA	501(c)(3)	7	CHI-IA CORP		No
2700 STEWART PKWY ROSEBURG, OR 97471 93-6088946	FUNDRAISING FOUNDATION	OR	501(c)(3)	7	MMC		No
PO BOX 368 CORNING, IA 50841 42-1461064	FUNDRAISING FOUNDATION	IA	501(c)(3)	Type I	AHMH-Corning		No
570 CHAUTAUQUA BLVD VALLEY CITY, ND 58072 45-0435338	FUNDRAISING FOUNDATION	ND	501(c)(3)	Type I	MHVC		No
800 MERCY DR COUNCIL BLUFFS, IA 51503 42-1178204	FUNDRAISING FOUNDATION	IA	501(c)(3)	Type I	AHBMHS		No
1031 7TH ST NE DEVILS LAKE, ND 58301 45-0227012	HOSPITAL	ND	501(c)(3)	3	CSH		No
1031 7TH ST NE DEVILS LAKE, ND 58301 35-2367360	FUNDRAISING FOUNDATION	ND	501(c)(3)	7	MHDL		No
570 CHAUTAUQUA BLVD VALLEY CITY, ND 58072 45-0226553	HOSPITAL	ND	501(c)(3)	3	CSH		No
3865 J Street Sacramento, CA 95816 68-0117340	Senior Citizen's Housing/Retirement Communities	CA	501(c)(3)	10	DCC		No
1301 15TH AVE WEST WILLISTON, ND 58801 45-0231183	HOSPITAL	ND	501(c)(3)	3	CSH		No
ONE ST JOSEPHS DRIVE CENTERVILLE, IA 52544 42-0680308	HOSPITAL	IA	501(c)(3)	3	CHI-IA CORP		No
204 N 4th Ave E Newton, IA 50314 42-1470935	HOSPITAL	IA	501(c)(3)	3	CHI-IA CORP		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							Section 512 (b)(13) controlled entity?	
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						Yes	No	
301 E 13th Street Merced, CA 95340 77-0035928	FUNDRAISING FOUNDATION	CA	501(c)(3)	Type I	DH		No	
2700 STEWART PKWY ROSEBURG, OR 97471 93-0386868	HOSPITAL	OR	501(c)(3)	3	CSH		No	
1301 15TH AVE WEST WILLISTON, ND 58801 45-0381803	FUNDRAISING FOUNDATION	ND	501(c)(3)	Type I	MMC		No	
7500 S 91ST ST LINCOLN, NE 68526 39-2031968	HOSPITAL	NE	501(c)(3)	3	CHI NEBRASKA		No	
2223 East Rosser Avenue Bismarck, ND 58501 91-1845296	MANAGEMENT	ND	501(c)(3)	7	NCHA		No	
18300 Roscoe Blvd Northridge, CA 91328 23-7444901	FUNDRAISING FOUNDATION	CA	501(c)(3)	Type I	DCC		No	
1200 N 7TH ST OAKES, ND 58474 45-0231675	HOSPITAL	ND	501(c)(3)	3	CSH		No	
1200 N 7TH ST OAKES, ND 58474 71-0966606	FUNDRAISING FOUNDATION	ND	501(c)(3)	Type I	OCH		No	
1400 E Church Street Santa Maria, CA 93454 77-0447575	Clinic	CA	501(c)(3)	3	DH		No	
PO BOX 1447 LUFKIN, TX 75902 75-2493116	PROPERTY MGMT	TX	501(c)(3)	Type I	MHSET		No	
3400 Data Drive Rancho Cordova, CA 95670 46-5322209	HOSPITAL	CA	501(c)(3)	3	DH		No	
2025 HAYES AVENUE SANDUSKY, OH 44870 34-1658625	HEALTHCARE	OH	501(c)(3)	10	FLC		No	
2025 HAYES AVENUE SANDUSKY, OH 44870 34-1826099	HOLDING CO	OH	501(c)(3)	Type II	FLC		No	
5055 PROVIDENCE DRIVE SANDUSKY, OH 44870 34-1896807	LIVING COMM	OH	501(c)(3)	10	FLC		No	
1925 E ORMAN AVE STE G52 PUEBLO, CO 81004 84-1234295	COMMUNITY	CO	501(c)(3)	7	CHIC		No	
16251 Sylvester Road SW Burien, WA 98166 91-1170040	HOSPITAL	WA	501(c)(3)	3	FHS		No	
9100 E Mineral Circle Centennial, CO 80112 84-1183335	Senior Center Services	CO	501(c)(3)	7	CHIC		No	
25 POCONO RD DENVER, NJ 07834 22-2876836	HEALTHCARE	NJ	501(c)(3)	10	SCHS		No	
25 POCONO RD DENVER, NJ 07834 22-2502997	FUNDRAISING FOUNDATION	NJ	501(c)(3)	7	SCHS		No	
25 POCONO RD DENVER, NJ 07834 22-3639733	MANAGEMENT	NJ	501(c)(3)	10	CSH		No	

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						Yes	No
25 POCONO RD DENVER, NJ 07834 22-3319886	HEALTHCARE	NJ	501(c)(3)	3	SCHS		No
555 S 70TH ST LINCOLN, NE 68510 47-0625523	FUNDRAISING FOUNDATION	NE	501(c)(3)	7	SERMC	Yes	
555 S 70TH ST LINCOLN, NE 68510 36-3233120	HOSPITAL	NE	501(c)(3)	3	SERMC	Yes	
2620 W FAIDLEY GRAND ISLAND, NE 68803 47-0376601	HOSPITAL	NE	501(c)(3)	3	CHI NEBRASKA		No
PO BOX 9804 GRAND ISLAND, NE 68802 47-0630267	FUNDRAISING FOUNDATION	NE	501(c)(3)	7	SFMC		No
900 Hyde Street San Francisco, CA 94109 94-1156295	HOSPITAL	CA	501(c)(3)	3	DCC		No
305 ESTILL ST BEREA, KY 40403 26-0152877	FUNDRAISING FOUNDATION	KY	501(c)(3)	7	SJHS		No
200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 61-1334601	HOSPITAL	KY	501(c)(3)	3	KOH		No
701 Bob Olink Dr 200 LEXINGTON, KY 40504 61-1159649	FUNDRAISING FOUNDATION	KY	501(c)(3)	Type I	SJHS		No
1001 SAINT JOSEPH LANE LONDON, KY 40741 26-0438748	FUNDRAISING FOUNDATION	KY	501(c)(3)	7	SJHS		No
225 FALCON DR MOUNT STERLING, KY 40353 27-2884584	FUNDRAISING FOUNDATION	KY	501(c)(3)	7	SJHS		No
2500 Fairway Street DICKINSON, ND 58601 36-3418207	FUNDRAISING FOUNDATION	ND	501(c)(3)	Type I	SJHHC		No
438 West Las Tunas Drive San Gabriel, CA 91776 95-3430341	INACTIVE	CA	501(c)(3)	Type I	DH		No
104 W 17TH ST SCHUYLER, NE 68661 36-3630014	FUNDRAISING FOUNDATION	NE	501(c)(3)	Type I	AHMHS		No
155 Glasson Way Grass Valley, CA 95945 94-1439787	HOSPITAL	CA	501(c)(3)	3	DCC		No
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 44-0545809	HOSPITAL	MO	501(c)(3)	3	CSH		No
2323 De La Vina St Suite 104 Santa Barbara, CA 93105 23-7137119	FUNDRAISING FOUNDATION	CA	501(c)(3)	Type I	DH		No
601 E Micheltorena Street Santa Barbara, CA 93103 77-0022302	INACTIVE	CA	501(c)(3)	Type I	DH		No
1600 North Rose Avenue Oxnard, CA 93030 20-2865781	FUNDRAISING FOUNDATION	CA	501(c)(3)	Type I	DH		No
350 West Thomas Road Phoenix, AZ 85013 94-2941245	FUNDRAISING FOUNDATION	AZ	501(c)(3)	Type I	DH		No

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						Yes	No	
1800 N California Street Stockton, CA 95204 51-0432777	FUNDRAISING FOUNDATION	CA	501(c)(3)	Type I	DH		No	
1050 Linden Avenue Long Beach, CA 90813 23-7153876	FUNDRAISING FOUNDATION	CA	501(c)(3)	Type I	DH		No	
1050 Linden Avenue Long Beach, CA 90813 23-7373088	INACTIVE	CA	501(c)(3)	Type I	DH		No	
450 Stanyan Street San Francisco, CA 94117 94-3336143	FUNDRAISING FOUNDATION	CA	501(c)(3)	Type I	DH		No	
3001 St Rose Parkway Henderson, NV 89052 88-0349432	FUNDRAISING FOUNDATION	NV	501(c)(3)	Type I	DH		No	
900 EAST BROADWAY AVENUE BISMARCK, ND 58501 45-0226711	HOSPITAL	ND	501(c)(3)	3	CSH		No	
2801 St Anthony Way PENDLETON, OR 97801 93-0391614	HOSPITAL	OR	501(c)(3)	3	CSH		No	
2801 St Anthony Way PENDLETON, OR 97801 93-0992727	FUNDRAISING FOUNDATION	OR	501(c)(3)	Type I	SAH		No	
FOUR HOSPITAL DR MORRILTON, AR 72110 71-0245507	HOSPITAL	AR	501(c)(3)	3	SVIMC		No	
401 EAST SPRUCE ST GARDEN CITY, KS 67846 48-0543721	HOSPITAL	KS	501(c)(3)	3	CSH		No	
401 EAST SPRUCE ST GARDEN CITY, KS 67846 20-0598702	FUNDRAISING FOUNDATION	KS	501(c)(3)	Type I	SCH		No	
12469 Five Point Road TOLEDO, OH 43551 27-0163752	LIVING COMM	OH	501(c)(3)	10	FLC		No	
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 93-0433692	HEALTHCARE	OR	501(c)(4)		CSH		No	
2400 ST FRANCIS DR BRECKENRIDGE, MN 56520 41-0729978	LTERM CARE	MN	501(c)(3)	10	CSH		No	
19 POCONO RD DENVER, NJ 07834 22-2536017	ELDERLY CARE	NJ	501(c)(3)	10	SCHS		No	
2400 ST FRANCIS DR BRECKENRIDGE, MN 56520 41-0695598	HOSPITAL	MN	501(c)(3)	3	CSH		No	
2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2351158	FUNDRAISING FOUNDATION	TX	501(c)(3)	Type II	SJSC		No	
2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2847594	HEALTHCARE	TX	501(c)(3)	10	SJSC		No	
201 INTERNATIONAL CIRCLE STE 212 HUNT VALLEY, MD 21030 52-0591461	HOSPITAL	MD	501(c)(3)	3	CSH		No	
2801 FRANCISCAN DRIVE BRYAN, TX 77802 20-3159302	PHYSICIANS	TX	501(c)(3)	3	SJSC		No	

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

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						Yes	No
201 INTERNATIONAL CIRCLE STE 212 HUNT VALLEY, MD 21030 52-1311775	PHYSICIANS	MD	501(c)(3)	Type I	SJMC		No
2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-1282696	HOSPITAL	TX	501(c)(3)	3	SJSC		No
2801 FRANCISCAN DRIVE BRYAN, TX 77802 45-4088170	HOSPITAL	TX	501(c)(3)	3	SJSC		No
2801 FRANCISCAN DRIVE BRYAN, TX 77802 46-3265423	HEALTHCARE	TX	501(c)(3)	10	SJSC		No
2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2455161	MANAGEMENT	TX	501(c)(3)	Type I	SLHS		No
600 PLEASANT AVE PARK RAPIDS, MN 56470 41-0695603	HOSPITAL	MN	501(c)(3)	3	CSH		No
2500 Fairway St DICKINSON, ND 58601 45-0226429	HOSPITAL	ND	501(c)(3)	3	CSH		No
8100 CLYO ROAD CENTERVILLE, OH 45458 34-1940863	LIVING COMM	OH	501(c)(3)	10	FLC		No
6624 FANNIN ST STE 2505 HOUSTON, TX 77030 27-3733278	HOSPITAL	TX	501(c)(3)	3	SLHS		No
6624 FANNIN ST STE 2505 HOUSTON, TX 77030 26-1947374	HOSPITAL	TX	501(c)(3)	3	SLHS		No
6624 FANNIN ST STE 2505 HOUSTON, TX 77030 26-0335902	HOSPITAL	TX	501(c)(3)	3	SLHS		No
6624 FANNIN ST STE 1100 HOUSTON, TX 77030 76-0536234	HOSPITAL	TX	501(c)(3)	3	SLHS		No
1213 HERMANN DRIVE STE 855 HOUSTON, TX 77004 45-3811485	FUNDRAISING FOUNDATION	TX	501(c)(3)	7	SLHS		No
PO Box 20269 HOUSTON, TX 77225 76-0536232	MANAGEMENT	TX	501(c)(3)	Type I	CSH		No
6624 FANNIN ST STE 2505 HOUSTON, TX 77030 26-3734606	HOSPITAL	TX	501(c)(3)	3	SLHS		No
1213 Hermann Drive Ste 855 HOUSTON, TX 77004 76-0531716	PROPERTY MGMT	TX	501(c)(3)	Type I	SLHS		No
6624 FANNIN ST STE 2505 HOUSTON, TX 77030 45-4120549	PROPERTY MGMT	TX	501(c)(3)	Type I	SLCDC-SL		No
1301 Grundman Boulevard NEBRASKA CITY, NE 68410 47-0443636	HOSPITAL	NE	501(c)(3)	3	CHI NEBRASKA		No
1314 3RD AVE NEBRASKA CITY, NE 68410 47-0707604	FUNDRAISING FOUNDATION	NE	501(c)(3)	7	SMCH		No
TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 51-0169537	FUNDRAISING FOUNDATION	AR	501(c)(3)	Type I	SVIMC		No

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						Yes	No
TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 71-0236917	HOSPITAL	AR	501(c)(3)	3	CSH		No
TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 71-0830696	HEALTHCARE	AR	501(c)(3)	10	SVIMC		No
1715 INDIAN WOOD CIR 200 MAUMEE, OH 43537 34-1412964	HEALTHCARE	OH	501(c)(3)	Type I	CSH		No
1715 INDIAN WOOD CIR 200 MAUMEE, OH 43537 45-5357161	FUNDRAISING FOUNDATION	OH	501(c)(3)	Type I	FLC		No
5000 PROVIDENCE DRIVE SANDUSKY, OH 44870 34-1826097	ASSIST LIVING	OH	501(c)(3)	10	FLC		No
100 MEDICAL DRIVE LAKE JACKSON, TX 77566 74-1385192	HOSPITAL	TX	501(c)(3)	3	SLHS		No
619 OAK ST ACCOUNTING-3 W CINCINNATI, OH 45206 31-0537486	HOSPITAL	OH	501(c)(3)	3	CSH		No
2000 Q ST STE 500 LINCOLN, NE 68503 47-0780857	PHYSICIANS	NE	501(c)(3)	Type I	CHI NEBRASKA		No
9100 E Mineral Circle Centennial, CO 80112 84-0927232	HOSPITAL	CO	501(c)(3)	3	CHIC		No
380 SUMMIT AVENUE STEBENVILLE, OH 43952 31-1329423	FUNDRAISING FOUNDATION	OH	501(c)(3)	Type I	THS		No
380 SUMMIT AVENUE STEBENVILLE, OH 43952 34-1818681	HEALTHCARE	OH	501(c)(3)	Type I	NA		No
819 NORTH FIRST STREET DENNISON, OH 44621 27-5401105	HOSPITAL	OH	501(c)(3)	3	SFH		No
ONE ROSS PARK BLVD STEBENVILLE, OH 43952 34-1522484	ASSIST LIVING	OH	501(c)(3)	7	THS		No
815 SE 2ND ST LITTLE FALLS, MN 56345 41-0721642	HOSPITAL	MN	501(c)(3)	3	CSH		No
801 PAGE DR FARGO, ND 58103 45-0226714	LTERM CARE	ND	501(c)(3)	10	CSH		No
191 WOODPORT RD SPARTA, NJ 07871 22-1768334	HOME HEALTH	NJ	501(c)(3)	10	SCHS		No

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) AGH Phoenix LLC 220 E Las Colinas Blvd Suite 1000 Irving, TX 75039 47-1584330	Holding Company	AZ	NA	N/A				No			No	
(1) American Mercy Home Care LLC 1700 EDISON DR MILFORD, OH 45150 83-0486150	HOME HEALTH	OH	NA	N/A				No			No	
(2) Arizona Care Network LLC (ACN LLC) 350 W Thomas Rd Phoenix, AZ 85013 45-4494682	Care Network	AZ	NA	N/A				No			No	
(3) Audubon Land Company LLC 630 Southpointe Court 200 COLORADO SPRINGS, CO 80906 84-1513085	Real Estate	CO	NA	N/A				No			No	
(4) AVON EMERGENCY AND URGENT CARE CENTER LLC 9100 E Mineral Circle Centennial, CO 80112 81-1727282	HEALTHCARE SRVC	CO	NA	N/A				No			No	
(5) BAYLOR CHI ST LUKES HEALTH SERVICES LLC 6624 Fannin St Ste 1100 HOUSTON, TX 77030 47-2079184	HEALTHCARE SRVC	TX	NA	N/A				No			No	
(6) BERGAN MERCY SURGERY CENTER LLC 7710 Mercy Rd Ste 200 OMAHA, NE 68124 20-8671994	AMBUL SURG CTR	NE	NA	N/A				No			No	
(7) BERYWOOD OFFICE PROPERTIES LLC 2501 Citico Avenue CHATTANOGA, TN 37404 62-1875199	PHYS OFFICE	TN	NA	N/A				No			No	
(8) BLUEGRASS REGIONAL IMAGING CENTER 1218 SOUTH BROADWAY STE 310 LEXINGTON, KY 40504 61-1386736	DIAGNOSTIC IMAGING	KY	NA	N/A				No			No	
(9) CBCC Outsmarting Cancer LLC 6501 Truxtun Avenue Bakersfield, CA 93309 46-1602286	Radiation / Oncology including Cyberknife	CA	NA	N/A				No			No	
(10) CENTRAL NEBRASKA REHABILITATION SERVICES LLC 3004 W FAIDLEY AVENUE GRAND ISLAND, NE 68803 81-0653461	Physical Therapy	NE	NA	N/A				No			No	
(11) CENTURA-SCA HOLDINGS LLC 569 BROOK VILLAGE STE 901 BIRMINGHAM, AL 35209 47-4823023	OP SURGERY CENTER	AL	NA	N/A				No			No	
(12) CHI OPERATING INVESTMENT PROGRAM LP 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 47-0727942	INVESTMENTS	CO	NA	N/A				No			No	
(13) CHICAMSURG Surgery Centers LLC 1A Burton Hills Blvd Nashville, TN 37215 46-5683027	SURGERY CENTER	CO	NA	N/A				No			No	
(14) CHICLARKIN VENTURES LLC 9100 E Mineral Circle Centennial, CO 80112 47-4210888	URGENT CARE	CO	NA	N/A				No			No	

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							Yes	No		Yes	No	
(16) Colorado Springs CK Leasing LLC 630 Southpointe Court 200 COLORADO SPRINGS, CO 80906 26-2982714	REAL ESTATE	CO	NA	N/A				No			No	
(1) Community Mercy Home Care Services of Springfield LLC 1700 EDISON DR MILFORD, OH 45150 31-1746556	HOME HEALTH	OH	NA	N/A				No			No	
(2) DE JV LLC 8686 New Trails Drive The Woodlands, TX 77381 32-0496548	Emergency Care	NV	NA	N/A				No			No	
(3) DHHP Surgery Centers LLC 1513 S Grand Avenue Ste 350 Los Angeles, CA 90015 83-1847466	SURGERY	CA	NA	N/A				No			No	
(4) DHRT Holdings LLC 185 Berry Street Suite 300 San Francisco, CA 94107 35-2484591	Holding Company	DE	NA	N/A				No			No	
(5) Dignity- GoHealthUrgent Care Management LLC 5555 Glenridge Connector Suite 700 Atlanta, GA 30342 35-2548698	Management Services	DE	NA	N/A				No			No	
(6) Dignity Health at Home LLC 1700 EDISON DR MILFORD, OH 45150 82-4674115	HEALTHCARE SRVC	DE	NA	N/A				No			No	
(7) Dignity Health Specialty Pharmacy LLC 185 Berry Street Suite 300 San Francisco, CA 94107 32-0589462	Specialty Pharmacy Services	DE	NA	N/A				No			No	
(8) DIGNITYUSP LAS VEGAS SURGERY CENTERS LLC 15305 Dallas Parkway Suite 1600 LB 28 Addison, TX 75001 20-2999237	Surgery	TX	NA	N/A				No			No	
(9) DignityUSP NorCal Surgery Centers LLC 15306 Dallas Parkway Suite 1600 LB 28 Addison, TX 75001 20-2468509	SURGERY	TX	NA	N/A				No			No	
(10) DIGNITYUSP PHOENIX SURGERY CENTERS LLC 15307 Dallas Parkway Suite 1600 LB 28 Addison, TX 75001 13-4248908	Surgery	TX	NA	N/A				No			No	
(11) DignityUSPJohn Muir East Bay Surg Ctrs LLC 15308 Dallas Parkway Suite 1600 LB 28 Addison, TX 75001 35-2584991	SURGERY	TX	NA	N/A				No			No	
(12) Dignity-Abrazo Health Network LLC 3030 N Central Avenue Suite 1402 Phoenix, AZ 85012 46-5477985	Management Services	AZ	NA	N/A				No			No	
(13) Dominican Magnetic Resonance Imaging Center 1545 Soquel Drive Santa Cruz, CA 94065 77-0095477	Imaging Center	CA	NA	N/A				No			No	
(14) Folsom Sierra Endoscopy Center LP 1650 Creekside Drive 1600 Folsom, CA 95630 68-0482416	Endoscopy	CA	NA	N/A				No			No	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

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							Yes	No		Yes	No	
(31) Franciscan Medical Pavilion Bonney Lake LLC 6622 Wollochet Dr NW Gig Harbor, WA 98335 46-3494108	Real Estate	WA	NA	N/A				No			No	
(1) FRANCISCAN SPECIALTY CARE LLC 680 SOUTH FOURTH STREET LOUISVILLE, KY 40202 81-3725123	HEALTHCARE SRVC	WA	NA	N/A				No			No	
(2) Good Samaritan Home Care Services of Vincenne IN LLC 1700 EDISON DR MILFORD, OH 45150 20-1792869	HOME HEALTH	OH	NA	N/A				No			No	
(3) HC SL VINTAGE I LLC 18000 W SARAH LANE STE 250 BROOKFIELD, WI 53045 27-0453767	PROPERTY HOLDING	WI	NA	N/A				No			No	
(4) HEALTHCARE SUPPORT SERVICES LLC PO BOX 9804 GRAND ISLAND, NE 68802 72-1546196	LAUNDRY	NE	NA	N/A				No			No	
(5) Heartland Oncology LLC 2337 E Crawford St Salina, KS 67401 46-4265403	ONCOLOGY	KS	NA	N/A				No			No	
(6) Highline Physical Therapy Group 181 S 333rd Street STE 250 Federal Way, WA 98003 91-1431904	Physical Therapy	WA	NA	N/A				No			No	
(7) LAKESIDE AMBULATORY SURGICAL CENTER LLC 17031 LAKESIDE HILLS DR OMAHA, NE 68130 20-4267902	AMBUL SURG CTR	NE	NA	N/A				No			No	
(8) LAKESIDE ENDOSCOPY CENTER LLC 17001 LAKESIDE HILLS PLZ STE 201 OMAHA, NE 68130 20-5544496	ENDOSCOPY SRVC	NE	NA	N/A				No			No	
(9) LINCOLN CK LEASING LLC 555 SOUTH 70TH STREET Lincoln, NE 68510 26-2496856	Real Estate	NE	SERMC	Related	812,108	301,911		No		Yes		53.76 %
(10) Mercy Davis Cancer Center Management Co LLC 2740 M Street Merced, CA 95340 94-3358445	Management of Cancer Center	CA	NA	N/A				No			No	
(11) Mercy Rehabilitation Hospital LLC 680 SOUTH FOURTH STREET LOUISVILLE, KY 40202 81-4437201	HEALTHCARE SRVC	TX	NA	N/A				No			No	
(12) Military Road Properties LLC 181 S 333rd Street STE 250 Federal Way, WA 98003 91-2067879	Real Estate	WA	NA	N/A				No			No	
(13) NEBRASKA SPINE HOSPITAL LLC 6901 N 72ND ST STE 20300 OMAHA, NE 68122 27-0263191	SPINE HOSPITAL	NE	NA	N/A				No			No	
(14) NICU Operating CO of Santa Cruz LLC 1555 Soquel Drive Santa Cruz, CA 95065 46-0502935	Neonatal Healthcare	CA	NA	N/A				No			No	

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(46) NORTH RIVER SURGERY CENTER LLC 2209 WILDWOOD AVE SHERWOOD, AR 72120 71-0799771	AMBUL SURG CTR	AR	NA	N/A				No			No	
(1) NSC Channel Islands LLC 3000 Riverchase Galleria Suite 500 Birmingham, AL 35244 77-0418197	Ambulatory surgical center	CA	NA	N/A				No			No	
(2) OMG Arizona LLC 130 Sutter Street 2nd Flr San Francisco, CA 94104 47-1708588	Medical Office	AZ	NA	N/A				No			No	
(3) ORTHOCOLORADO LLC 11650 WEST 2ND PLACE LAKEWOOD, CO 80228 37-1577105	ORTHO HOSPITAL	CO	NA	N/A				No			No	
(4) Park Rapids Area Health Care 600 Pleasant Avenue S Park Rapids, MN 56470 20-4926259	HEALTHCARE SRVC	MN	NA	N/A				No			No	
(5) Pasadena Urgency Center LLC 4600 E SAM HOUSTON PKWY SOUTH PASADENA, TX 77505 81-2482854	URGENT CARE	TX	NA	N/A				No			No	
(6) Patient Transport Services of Columbus Inc 1700 EDISON DR MILFORD, OH 45150 26-4601285	Ambulance	OH	NA	N/A				No			No	
(7) PENINSULA RADIATION ONCOLOGY LLC 314 MLK JR WAY STE 11 TACOMA, WA 98405 87-0808610	HEALTHCARE SRVC	WA	NA	N/A				No			No	
(8) Penrad Imaging LLC 1390 Kelly Johnson Blvd COLORADO SPRINGS, CO 80920 84-1072619	Medical Imaging	CO	NA	N/A				No			No	
(9) Performance Medical Equipment & Respiratory Svsc LLC 19625 62nd Avenue South STE 101 Kent, WA 98032 45-2901632	Holding Company	WA	NA	N/A				No			No	
(10) Plaza Surgery Center LP 525 E Plaza Drive Suite 100 Santa Maria, CA 93454 77-0573567	Surgery	CA	NA	N/A				No			No	
(11) PMC HOSPITAL LLC 3100 MAIN ST STE 500 HOUSTON, TX 77002 27-3280598	HOSPITAL	TX	NA	N/A				No			No	
(12) Precision Medicine Alliance LLC 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 35-2569159	Diagnostic Services	CO	NA	N/A				No			No	
(13) Pueblo Ambulatory Surgery Center LLC 25 Montebello Rd Pueblo, CO 81003 62-1488737	SURGERY CENTER	CO	NA	N/A				No			No	
(14) Radiation Oncology Centers of Ventura County 1700 N ROSE AVENUE SUITE 120 OXNARD, CA 93030 77-0191706	IMAGING	CA	NA	N/A				No			No	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
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							Yes	No		Yes	No	
(61) RBR Management LLC 91 Corporate Park Drive Suite 120 Henderson, NV 89074 27-1466450	Ambulance	NV	NA	N/A				No			No	
(1) Reid-ANC Home Care Services LLC 1700 EDISON DR MILFORD, OH 45150 37-1454747	HOME HEALTH	IN	NA	N/A				No			No	
(2) SAINT JOSEPH - SCA HOLDINGS LLC 1451 Harrodsburg RD LEXINGTON, KY 40503 45-3801157	OP SURGERY	DE	NA	N/A				No			No	
(3) SAINT JOSEPH-ANC HOME CARE SERVICES 1700 EDISON DR MILFORD, OH 45150 26-3330545	HOME HEALTH	KY	NA	N/A				No			No	
(4) Santa Cruz Comprehensive Imaging LLC 1661 Soquel Drive Suite G Santa Cruz, CA 95065 01-0550623	Imaging	CA	NA	N/A				No			No	
(5) Santa Cruz Land & Building LP 1555 Soquel Drive Santa Cruz, CA 95065 77-0285236	REAL ESTATE	CA	NA	N/A				No			No	
(6) Santa Cruz Surgery Center LLC 3003 PAUL SWEET ROAD SANTA CRUZ, CA 95065 77-0194916	SURGERY	CA	NA	N/A				No			No	
(7) SMI Imaging LLC 6740 E Camelback Road Suite 101 Scottsdale, AZ 85251 26-4000683	Imaging Center	CA	NA	N/A				No			No	
(8) Southeastern Home Care LLC 1700 EDISON DR MILFORD, OH 45150 27-1219638	HOME HEALTH	OH	NA	N/A				No			No	
(9) St Joseph's Surgery Center LP 15305 Dallas Parkway Suite 1600 LB 28 Addison, TX 75001 20-1019390	Surgery	TX	NA	N/A				No			No	
(10) St Elizabeth Home Care Services LLC 1700 EDISON DR MILFORD, OH 45150 26-1236191	HOME HEALTH	KY	NA	N/A				No			No	
(11) ST FRANCIS LAND COMPANY 5390 N ACADEMY BLVD STE 300 COLORADO SPRINGS, CO 80918 26-3134100	REAL ESTATE	CO	NA	N/A				No			No	
(12) ST LUKE'S DIAGNOSTIC CATH LAB LLP 6624 FANNIN ST STE 800 HOUSTON, TX 77030 71-0959365	DIAGNOSTICS	TX	NA	N/A				No			No	
(13) ST LUKE'S LAKESIDE HOSPITAL LLC 6624 FANNIN STE 2505 HOUSTON, TX 77030 30-0427437	HOSPITAL	TX	NA	N/A				No			No	
(14) ST LUKE'S THE WOODLANDS SLEEP CENTER LLC 6624 FANNIN STE 800 HOUSTON, TX 77030 46-2795726	DIAGNOSTICS	TX	NA	N/A				No			No	

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							Yes	No		Yes	No	
(76) Templeton Surgery Center LLC 1310 Las Tablas Road Suite 104 Templeton, CA 94365 20-2246616	Surgery	CA	NA	N/A				No			No	
(1) The Medical Pavilion at St John's 1700 Rose Avenue Oxnard, CA 93030 77-0332349	Real Estate	CA	NA	N/A				No			No	
(2) THREE SPRING IMAGING LLC 1 Mercado St STE 200A DURANGO, CO 81301 81-3571570	HEALTHCARE SRVC	CO	NA	N/A				No			No	
(3) Valley Physicians Surgery Center At Northridge LLC 18330 Roscoe Blvd Northridge, CA 91328 80-0864336	Surgery	CA	NA	N/A				No			No	
(4) WEST LAKES SURGERY CENTER LLC 12499 UNIVERSITY AVENUE STE 100 CLIVE, IA 50325 20-5345295	HEALTHCARE SRVC	IA	NA	N/A				No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) Alegent HealthCreighton St Joseph Managed Care Services Inc 12809 West Dodge Rd Omaha, NE 68154 47-0802396	Managed Care	NE	NA	C Corporation					No
(1) All Saints Insurance Company SPC Ltd PO BOX 10073 APO Georgetown, GRAND CAYMAN KY11001 CJ 98-0556913	Insurance	CJ	NA	C Corporation					No
(2) ALLIANCE HEALTH PROVIDERS OF BRAZOS Valley Inc 2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2466914	Healthcare	TX	NA	C Corporation					No
(3) Alternative Insurance Management Service Inc 3900 OLYMPIC BLVD STE 400 Erlanger, KY 41018 84-1112049	Management Services	CO	NA	C Corporation					No
(4) AMERICAN NURSING CARE Inc 1700 EDISON DR MILFORD, OH 45150 31-1085414	HOME HEALTH	OH	NA	C Corporation					No
(5) AMERIMED INC 1700 EDISON DR MILFORD, OH 45150 31-1158699	HOME HEALTH	OH	NA	C Corporation					No
(6) BC HOLDING COMPANY INC 1850 BLUEGRASS AVE LOUISVILLE, KY 40215 31-1542851	Fitness Club	KY	NA	C Corporation					No
(7) BrazoSport Health Alliance 1 WEST WAY COURT LAKE JACKSON, TX 77566 76-0518376	Health Care	TX	NA	C Corporation					No
(8) Caduceus Medical Associates INC 5600 Brainerd Road Ste 500 Chattanooga, TN 37411 62-1570736	Healthcare	TN	NA	C Corporation					No
(9) Captive Management Initiatives Ltd PO BOX 10073 APO Georgetown, GRAND CAYMAN KY11001 CJ 98-0663022	Captive Management	CJ	NA	C Corporation					No
(10) Catholic Health Initiatives Center for Translational Research 198 INVERNESS DRIVE WEST Englewood, CO 80112 27-2269511	Research	CO	NA	C Corporation					No
(11) CHI St Luke's Health - Memorial Condominium Association Inc 1201 W Frank Ave Lufkin, TX 75904 83-4184717	Condo Assoc	TX	NA	C Corporation					No
(12) ClearRiver Health 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-4495960	Insurance	TN	NA	C Corporation					No
(13) Coastal Surgical Specialists Inc 921 Oak Park Blvd Suite 101 Pismo Beach, CA 93449 74-3000596	Healthcare	CA	NA	S Corporation					No
(14) Comcare Services Inc 5570 DTC Parkway Englewood, CO 80111 84-0904813	Inactive	CO	NA	C Corporation					No

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(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(16) CONSOLIDATED HEALTH SERVICES 1700 EDISON DR MILFORD, OH 45150 31-1378212	HOME HEALTH	OH	NA	C Corporation					No
(1) Des Moines Medical Center Inc 1111 6TH AVE Des Moines, IA 50314 42-0837382	Real Estate	IA	NA	C Corporation					No
(2) Dignity Health Holding Corporation 185 Berry Street Suite 300 San Francisco, CA 94107 46-0675371	Holding Co	NV	NA	C Corporation					No
(3) Dignity Health Insurance Ltd (Cayman Island corporation) PO Box 1051 KY1-1102 Grand Cayman Islands, GRAND CAYMAN KY11001 CJ 98-1065338	Insurance	CJ	NA	C Corporation					No
(4) Dignity Health Provider Resources Inc 185 Berry Street Suite 300 San Francisco, CA 94107 47-3366764	Health Plan	CA	NA	C Corporation					No
(5) Diversified Health Resources Inc 100 MEDICAL DRIVE LAKE JACKSON, TX 77566 76-0222679	Health Care	TX	NA	C Corporation					No
(6) First Initiatives Insurance LTD PO BOX 10073 APO Georgetown, GRAND CAYMAN KY11001 CJ 98-0203038	Insurance	CJ	NA	C Corporation					No
(7) Franciscan City Urgent Care Services PS dba City MD - Franciscan Urgent Car e C/O CPGUSA 1345 AVE OF THE AMERICAS NEW YORK, NY 10105 81-2174959	Healthcare	NY	NA	C Corporation					No
(8) Franciscan Services Inc 198 INVERNESS DRIVE WEST Englewood, CO 80112 23-2487967	Healthcare	CO	NA	C Corporation					No
(9) Good Samaritan Outreach Services PO Box 1990 Kearney, NE 68848 47-0659440	Medical Clinic	NE	NA	C Corporation					No
(10) HarvestPlains Health of Iowa 32129 Weyerhaeuser Way S STE 201 FEDERAL WAY, WA 98001 47-3451750	Insurance	WA	NA	C Corporation					No
(11) Health Services of the Pacific Central Coast Inc 1400 E Church Street Santa Maria, CA 93454 77-0074057	Healthcare	CA	NA	C Corporation					No
(12) Health Systems Enterprises Inc PO BOX 1990 Kearney, NE 68848 47-0664558	MGMT	NE	NA	C Corporation					No
(13) Healthcare MGMT Services Organization INC 1149 MARKET ST Tacoma, WA 98402 91-1865474	Health Org	WA	NA	C Corporation					No
(14) HeartlandPlains Health 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-4368223	Insurance	NE	NA	C Corporation					No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(31) Highline Medical Group 1717 S J Street Tacoma, WA 98405 91-1407026	Medical Services	WA	NA	C Corporation					No
(1) Integrated Medical Services 9250 N 3rd Street Suite 4010 Phoenix, AZ 85020 86-0783428	Multi-specialty physicians group	AZ	NA	C Corporation					No
(2) KOMG-Louisville Region Inc 201 Abraham Flexner Way Louisville, KY 40202 83-2481198	Healthcare	KY	NA	C Corporation					No
(3) Management Services Organization of Santa Maria Inc 1400 E Church Street Santa Maria, CA 93454 77-0318135	Health Care Mgmt	CA	NA	C Corporation					No
(4) Medical Office Building Horizontal Property Regime Inc 300 Werner St Hot Springs, AR 71913 71-0720429	Real Estate	AR	NA	C Corporation					No
(5) Medquest 1301 15TH AVENUE WEST Williston, ND 58801 45-0392137	Sale of DME	ND	NA	C Corporation					No
(6) Memorial CV Service Line Management Company LLC 1201 W Frank Ave Lufkin, TX 75904 46-3622849	Heath Care	TX	NA	C Corporation					No
(7) Mercy Park Apartments LTD 1111 6th AVE Des Moines, IA 50314 42-1202422	Housing	IA	NA	C Corporation					No
(8) Mercy Services Corp 2700 STEWART PARKWAY Roseburg, OR 97471 93-0824308	Retail Sales	OR	NA	C Corporation					No
(9) MHI Clinical Services 1201 W Frank Ave Lufkin, TX 75904 46-1967952	Healthcare	TX	NA	C Corporation					No
(10) Millenium Surgery Center Inc 9300 Stockdale Hwy 200 Bakersfield, CA 93311 77-0513445	Healthcare	CA	NA	S Corporation					No
(11) Mountain Management Services Inc 6028 Shallowford Rd Chattanooga, TN 37421 62-1570739	MGMT SVC ORG	TN	NA	C Corporation					No
(12) North Central Health Care Alliance PO Box 5538 Bismark, ND 58506 45-0439894	Healthcare	ND	NA	C Corporation					No
(13) PATIENT TRANSPORT SERVICES INC 1700 EDISON DR MILFORD, OH 45150 31-1100798	HOME HEALTH	OH	NA	C Corporation					No
(14) QCA Health Plan Inc 12615 Chenal Parkway STE 300 Little Rock, AR 72211 71-0794605	Insurance	AR	NA	C Corporation					No

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								Yes	No
(46) QualChoice Advantage 32129 WEYERHAEUSER WAY S STE 201 FEDERAL WAY, WA 98001 47-3433912	Insurance	WA	NA	C Corporation					No
(1) QualChoice Health Plan Services Inc (fka CollabHealth Plan Services Inc) 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-1224037	Admin Services	CO	NA	C Corporation					No
(2) QualChoice Health Inc (fka CollabHealth Managed Solutions Inc) 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-1222808	Holding Co	CO	NA	C Corporation					No
(3) QualChoice Holdings Inc 198 INVERNESS DRIVE WEST Englewood, CO 80112 27-4075520	Holding Co	AR	NA	C Corporation					No
(4) QualChoice Life and Health Insurance Company Inc 12615 Chenal Parkway STE 300 Little Rock, AR 72211 71-0386640	Insurance	AR	NA	C Corporation					No
(5) QualChoice of Nebraska 2401 S 73rd St Omaha, NE 68124 81-0738827	Inactive	NE	NA	C Corporation					No
(6) RiverLink Health 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-4380824	Insurance	OH	NA	C Corporation					No
(7) RiverLink Health of Kentucky Inc 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-4828332	Insurance	KY	NA	C Corporation					No
(8) Ross Park Pharmacy Inc 380 SUMMIT AVE STEUBENVILLE, OH 43952 34-1832654	Pharmacy	OH	NA	C Corporation					No
(9) RUSHWINC Properties Inc 25124 Springfield Court Suite 200 Valencia, CA 91355 75-3160650	Lease negotiations	GA	NA	C Corporation					No
(10) Saint Clare's Primary Care Inc 198 INVERNESS DRIVE WEST Englewood, CO 80112 22-2441202	Billing Services	NJ	NA	C Corporation					No
(11) SJH Services Corporation 198 INVERNESS DRIVE WEST Englewood, CO 80112 23-2307408	Healthcare	CO	NA	C Corporation					No
(12) SJL PHYSICIAN MANAGEMENT SERVICES INC 424 LEWIS HARGETT CR STE 160 Lexington, KY 40503 27-0164198	Mgmt	KY	NA	C Corporation					No
(13) SoundPath Health Inc 32129 Weyerhaeuser Way S STE 201 Federal Way, WA 98001 42-1720801	Insurance	WA	NA	C Corporation					No
(14) St Mary Health Ventures Inc 1050 Linden Avenue Long Beach, CA 90813 95-1912528	Retail Pharmacy	CA	NA	C Corporation					No

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								Yes	No
(61) St Anthony Development Company 1415 Southgate Pendleton, OR 97801 93-1216943	Athletic Club	OR	NA	C Corporation					No
(1) St Joseph Development Company Inc 1717 SOUTH J ST Tacoma, WA 98405 91-1480569	Rental	WA	NA	C Corporation					No
(2) St Luke's Health System Holdings Inc 6624 Fannin STE 800 Houston, TX 77030 76-0637138	Holding Co	TX	NA	C Corporation					No
(3) St Mary's Multi Specialty Clinic 1625 Prater Way Suite 102 Sparks, NV 89434 11-3763590	Healthcare	NV	NA	C Corporation					No
(4) St Vincent Community Health Services Inc TWO ST VINCENT CIRCLE Little Rock, AR 72205 71-0710785	Healthcare	AR	NA	C Corporation					No
(5) StableView Health Inc 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-4373713	Insurance	KY	NA	C Corporation					No
(6) STE Holdings 12809 West Dodge Rd Omaha, NE 68154 82-2383629	Holding Co	NE	SERMC	C Corporation	936,428	3,048,312	100 %	Yes	
(7) Sugar Land Doctor Group 1317 Lake Point Parkway Sugar Land, TX 77478 45-4270163	Medical Clinic	TX	NA	C Corporation					No
(8) Towson Management Inc 7601 OSLER DR Towson, MD 21204 52-1710750	Mgmt Services	MD	NA	C Corporation					No
(9) TRINITY MANAGEMENT SERVICES ORGANIZATION 380 SUMMIT AVE STEUBENVILLE, OH 43952 34-1471026	Mgmt Services	OH	NA	C Corporation					No
(10) US HealthWorks Inc 25124 Springfield Court Suite 200 Valencia, CA 91355 58-2420844	Occupational Medical Services	CA	NA	C Corporation					No
(11) US HealthWorks Medical Group of Alaska LLC 25124 Springfield Court Suite 200 Valencia, CA 91355 63-1219117	Occupational Medical Services	AK	NA	C Corporation					No
(12) US HealthWorks Medical Group of Arizona Inc 25124 Springfield Court Suite 200 Valencia, CA 91355 58-2625710	Occupational Medical Services	AZ	NA	C Corporation					No
(13) US HealthWorks Medical Group of Florida Inc 25124 Springfield Court Suite 200 Valencia, CA 91355 58-2654983	Occupational Medical Services	FL	NA	C Corporation					No
(14) US HealthWorks Medical Group of Georgia Inc 25124 Springfield Court Suite 200 Valencia, CA 91355 58-2625714	Occupational Medical Services	GA	NA	C Corporation					No

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								Yes	No
(76) US HealthWorks Medical Group of Kentucky Inc 25124 Springfield Court Suite 200 Valencia, CA 91355 47-3277440	Occupational Medical Services	KY	NA	C Corporation					No
(1) US HealthWorks Medical Group of Maine Inc 25124 Springfield Court Suite 200 Valencia, CA 91355 58-2654976	Occupational Medical Services	ME	NA	C Corporation					No
(2) US HealthWorks Medical Group of Ohio Inc 25124 Springfield Court Suite 200 Valencia, CA 91355 31-1540841	Occupational Medical Services	OH	NA	C Corporation					No
(3) US HealthWorks of Colorado Inc 25124 Springfield Court Suite 200 Valencia, CA 91355 81-1053593	Occupational Medical Services	CO	NA	C Corporation					No
(4) US HealthWorks of Illinois Inc 25124 Springfield Court Suite 200 Valencia, CA 91355 46-1384805	Occupational Medical Services	IL	NA	C Corporation					No
(5) US HealthWorks of Indiana Inc 25124 Springfield Court Suite 200 Valencia, CA 91355 35-1991196	Occupational Medical Services	IN	NA	C Corporation					No
(6) US HealthWorks of Kansas City Inc 25124 Springfield Court Suite 200 Valencia, CA 91355 46-2754415	Occupational Medical Services	KS	NA	C Corporation					No
(7) US HealthWorks of Minnesota Inc 25124 Springfield Court Suite 200 Valencia, CA 91355 45-2494357	Occupational Medical Services	MN	NA	C Corporation					No
(8) US HealthWorks of New Jersey Inc 25124 Springfield Court Suite 200 Valencia, CA 91355 04-3323869	Occupational Medical Services	NJ	NA	C Corporation					No
(9) US HealthWorks of North Carolina Inc 25124 Springfield Court Suite 200 Valencia, CA 91355 56-2029468	Occupational Medical Services	NC	NA	C Corporation					No
(10) US HealthWorks of Pennsylvania Inc 25124 Springfield Court Suite 200 Valencia, CA 91355 58-2660955	Occupational Medical Services	PA	NA	C Corporation					No
(11) US HealthWorks of Tennessee Inc 25124 Springfield Court Suite 200 Valencia, CA 91355 45-2697510	Occupational Medical Services	TN	NA	C Corporation					No
(12) US HealthWorks of Washington Inc 25124 Springfield Court Suite 200 Valencia, CA 91355 91-1173613	Occupational Medical Services	WA	NA	C Corporation					No
(13) US HealthWorks of Wisconsin Inc 25124 Springfield Court Suite 200 Valencia, CA 91355 46-1384564	Occupational Medical Services	WI	NA	C Corporation					No
(14) USHW Holding Corporation 25124 Springfield Court Suite 200 Valencia, CA 91355 20-8050895	Occupational Medical Services	DE	NA	C Corporation					No

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								Yes	No
(91) USHW of California Inc 25124 Springfield Court Suite 200 Valencia, CA 91355 95-4585828	Occupational Medical Services	CA	NA	C Corporation					No
(1) USHW of Texas Inc 25124 Springfield Court Suite 200 Valencia, CA 91355 74-2785392	Occupational Medical Services	TX	NA	C Corporation					No