### DLN: 93493137072001

OMB No. 1545-0047

2019

Department of the

**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 <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.

Open to Public Inspection

		nue Service							
		pplicable:	C Name of organization	inning 07-01-2019 , and ending (	06-30-202	.0	D Employ	er identif	ication number
	dress c		ST JOSEPH HOSPITAL FOUNDATION	ON INC			61-1159		
	me cha	-	% JENNY LEWIS-WHELAN Doing business as				01-115	7043	
	tial return	urn ı/terminated	Doing business as						
		return			om/suite		E Telephon	e number	
□ Ар	plicatio	n pending	1451 HARRODSBURG ROAD Suite	STE D30			(859) 3	13-1000	
			City or town, state or province, co LEXINGTON, KY 40504	untry, and ZIP or foreign postal code					
			,				<b>G</b> Gross re	ceipts \$ 1,	,808,153
			F Name and address of principutes of	pal officer:	H(a	) Is this	a group re	turn for	
			1451 HARRODSBURG ROADST	E D308			dinates? I subordinat		□Yes ☑No
<b>.</b>			LEXINGTON, KY 40504			includ		.65	☐ Yes ☐No
<u> </u>	k-exem	npt status:	✓ 501(c)(3) □ 501(c)() •	(insert no.) $\square$ 4947(a)(1) or $\square$ 52				•	instructions)
J W	ebsite	e:► WW	W.SAINTJOSEPHFOUNDATION.	DRG	H(c	) Group	exemption	number	<b>&gt;</b>
					I Yea	r of forma	tion: 1989	M State	of legal domicile: KY
<b>K</b> Forn	n of or	ganization:	Corporation Trust As	sociation 🔲 Other 🟲	- 100	i or ioiiiid	don. 1505	· · otate	or regar dofficies. Kr
Pa	ırt I	Sumi	mary						
			scribe the organization's mission						
യ			SEPH HOSPITAL FOUNDATION S ANGIBLE (CONTINUED ON SCHE	JPPORTS CHI SAINT JOSEPH HEALTH' DULE O)	'S DRIVE FO	OR EXCE	LLENCE BY	INSPIRI	NG DONORS TO
Ě	=		Wester (Committees on Committees)						
Ē	-								
o ve	]	Chask thi	s how >  if the organization s	liscontinued its operations or disposed	l of more th	an 250/	of its not a	casta	
ق ا				ing body (Part VI, line 1a)			OI ILS HEL A	3	20
တ တ	4	Number o	of independent voting members	of the governing body (Part VI, line 1b	o)			4	16
Activities & Governance	5	Total num	nber of individuals employed in a	calendar year 2019 (Part V, line 2a)				5	0
Ę	6	Total num	nber of volunteers (estimate if n	ecessary)				6	207
⋖	7a -	Total unre	elated business revenue from Pa	art VIII, column (C), line 12				7a	1,090
	b i	Net unrel	ated business taxable income fr	om Form 990-T, line 39			•	7b	
						Pric	or Year		Current Year
<u>a</u> i	8 (	Contribut	ions and grants (Part VIII, line 1	1)			1,030,6	570	1,299,437
Ravenue	9	Program :	service revenue (Part VIII, line 2	g)				0	(
Ş.	10	Investme	nt income (Part VIII, column (A)	, lines 3, 4, and 7d )			124,2	253	196,225
	l		enue (Part VIII, column (A), line				-112,7		179,606
	_			nust equal Part VIII, column (A), line 1	2)		1,042,		1,675,268
			, , ,	column (A), lines 1–3 )			905,3		1,295,480
	l		paid to or for members (Part IX,					0	
33	l			penefits (Part IX, column (A), lines 5-1	10) <u> </u>			0	
Expenses			• • •	umn (A), line 11e)	<u> </u>			0	
꿃	l		raising expenses (Part IX, column (D)	s 11a-11d, 11f-24e)	-  -		137,5	570	303,410
			, , , , , , , , , , , , , , , , , , , ,	qual Part IX, column (A), line 25)	$\vdash$		1,042,9	_	1,598,890
		•	less expenses. Subtract line 18					310	76,378
× o	19	Revenue	less expenses. Subtract line 10	monthine 12	Be	ainnina	of Current Y		End of Year
Net Assets or Fund Balances									
Bak	20	Total asse	ets (Part X, line 16)				6,913,3	391	6,909,375
₹ <u>₹</u>	21	Total liab	ilities (Part X, line 26)				391,6		49,155
Zű	22	Net asset	s or fund balances. Subtract line	21 from line 20			6,521,7	759	6,860,220
	rt II		ature Block						*I I+ -£
				mined this return, including accompar te. Declaration of preparer (other thar					
any k	nowle	dge.	· · · · · · · · · · · · · · · · · · ·	· · · · ·					
		*****	ĸ			202	1-05-13		
Sign		Signatu	ure of officer			Date			
Here		LESLIE	BUDDEKE SMART PRESIDENT						
			r print name and title						
		Pi	rint/Type preparer's name	Preparer's signature	Date	14 Cho		PTIN	
Paid	t				2021-05	self-	employed	201203482	<u> </u>
Pre	oare	er   Fi	irm's name F KPMG LLP			Firm	n's EIN ▶		
Use	Onl	ly ြ	irm's address ▶ 1225 17th Street Sui	te 800		Pho	ne no. (303)	296-2323	
			Denver, CO 80202				. ,		
Mav +	he IR	S discuss	·	own above? (see instructions)					∕es □ No

Statement of Program Service Accomplishments   Check if Schedule O contains a response or note to any line in this Part III	Form	990 (2	2019)					Page <b>2</b>
1 Briefly describe the organization's mission:  SA NA AFFILIATE OF 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-E2?  1 If "Yes," describe these new services on Schedule 0.  3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  1 If "Yes," describe these changes on Schedule 0.  4 Describe the organization's program service organization's 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.  4 Code:  1 (Expenses \$ 1,295,480 including grants of \$ 1,295,480 (Revenue \$ 0) See Additional Data  4 (Code:  1 (Expenses \$ including grants of \$ ) (Revenue \$ )  1 (Expenses \$ including grants of \$ ) (Revenue \$ )  1 (Revenue \$ )  1 (Expenses \$ including grants of \$ ) (Revenue \$ )	Pa	rt III	Statement of Prog	gram Service	Accomplis	hments		
1 Briefly describe the organization's mission:  SAN APFILIATE OF COMMONSPRITH HEATHY  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-E2?			Check if Schedule O co	ntains a respons	se or note to a	any line in this Part III .		🗹
Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27	1	Briefly						
the prior Form 990 or 990-E2?  If "Yes," describe these new services on Schedule O.  Joid the organization cease conducting, or make significant changes in how it conducts, any program service?  If "Yes," describe these changes on Schedule O.  If "Yes," 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 \$ 1,295,480 including grants of \$ 1,295,480) (Revenue \$ 0 )  See Additional Data  4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  Acc (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  Acc (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  Acc (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  Acc (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )								OVING THE HEALTH OF
If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?	2	Did th	ne organization undertak	e any significant	program ser	vices during the year wh	ich were not listed on	
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services or a consistent of the organization		the pr	rior Form 990 or 990-EZ	?				🗌 Yes 🗹 No
services?		If "Yes	s," describe these new s	ervices on Sche	dule O.			
If "Yes," describe these changes on Schedule O.  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 \$ 1,295,480 including grants of \$ 1,295,480) (Revenue \$ 0)  See Additional Date  4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )	3	Did th	ne organization cease co	nducting, or mal	e significant	changes in how it condu	cts, any program	
Section 501(c)(3) and 501(c)(4) 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 \$ 1,295,480 including grants of \$ 1,295,480) (Revenue \$ 0 )  See Additional Data  4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )								☐ Yes 🗹 No
4d Other program services (Describe in Schedule O.)  (Expenses \$ including grants of \$ ) (Revenue \$ )  (Expenses \$ including grants of \$ ) (Revenue \$ )  (Expenses \$ including grants of \$ ) (Revenue \$ )	4	Descri Sectio	ibe the organization's pron 501(c)(3) and 501(c)	ogram service a (4) organizations	ccomplishmer are required	to report the amount of		
4d Other program services (Describe in Schedule O.)  (Expenses \$ including grants of \$ ) (Revenue \$ )  (Expenses \$ including grants of \$ ) (Revenue \$ )  (Expenses \$ including grants of \$ ) (Revenue \$ )	4a	(Code:	: )(E	xpenses \$	1,295,480	including grants of \$	1.295.480 ) (Revenue \$	0)
4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )		•			_,,		_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-,
4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )								
4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )	4b	(Code:	: ) (E	xpenses \$		including grants of \$	) (Revenue \$	)
4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )								
(Expenses \$ including grants of \$ ) (Revenue \$ )	4c	(Code:	: ) (E	xpenses \$		including grants of \$	) (Revenue \$	)
(Expenses \$ including grants of \$ ) (Revenue \$ )								
	4d		,		•	¢	) (Revenue ¢	
	40	· ·				<u> </u>	, (nevende 4	

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

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX column (A). line 1? If "Yes." complete Schedule I, Parts I and II . . . . . . . .

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . .

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Yes

Form	orm 990 (2019) Page <b>4</b>											
Pai	Checklist of Required Schedules (continued)											
			Yes	No								
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No								
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b										
С	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? If "Yes," complete Schedule L, Part 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 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No								
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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):											
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No								
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No								
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No								
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🐒	29	Yes									
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No								
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No								
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	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? If "Yes," complete Schedule R, Part I	33		No								
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes									
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No								
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)? If "Yes," complete Schedule R, Part V, line $2$	35b										
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	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? If "Yes," complete Schedule R, Part VI	37	]	No								
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes									
Pa	Statements Regarding Other IRS Filings and Tax Compliance											
	Check if Schedule O contains a response or note to any line in this Part V	. ;										
1-	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   2		Yes	No								
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0											
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming											
·	(gambling) winnings to prize winners?	1c	Yes									

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	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
	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)?  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).	4a		No
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
_	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6</b> b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7</b> c		No
	If "Yes," indicate the number of Forms 8282 filed during the year			
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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			
	Enter the amount of reserves on hand	14a		No
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> .	14a 14b		140
	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?	15		No
16	If "Yes," see instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.	16		No

orm	990 (2019)			Page <b>6</b>
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 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	" respo	onse to	lines 🗸
Se	ction A. Governing Body and Management			
		$\longrightarrow$	Yes	No
la	Enter the number of voting members of the governing body at the end of the tax year  1a 20	-		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent  1b 16			
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?	2		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?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
	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?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	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	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	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	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	-
14	Did the organization have a written document retention and destruction policy?	14		No
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?			
а	The organization's CEO, Executive Director, or top management official	15a	,	No
b	Other officers or key employees of the organization	15b		No
	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?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			
		16b		
	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed►  KY			
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: ▶JENNY LEWIS-WHELAN 198 INVERNESS W NGLEWOOD, CO 80112 (720) 874-1631			
			orm OO	n (2019)

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 • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount
  - 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)

of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- 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

• List all of the organization's <b>former directo</b> organization, more than \$10,000 of reportable co	ompensation fro	om the								
See instructions for the order in which to list the Check this box if neither the organization no			ion c	omn	ens	ated a	anv i	current officer dire	ctor, or trustee	
(A) Name and title	(B) Average hours per week (list any hours	Position that pers	on (do an on on is	(C) o not e bot both	) t chox, u h an		ore	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(W-2/1099- MISC)	organization and related organizations
(1) Bruce Tassin BOARD MEM/PRES. ST JOSEPH HOSP	1.0 59.0	Х						0	997,775	95,406
(2) ERIC GILLIAM BOARD MEM/PRES ST. JOSEPH EAST	1.0 59.0	Х						0	490,213	39,932
(3) Steven Frantz Market SVP CFO	1.0	х		х				0	485,609	40,246
(4) Leslie BUDDEKE Smart PRESIDENT	1.0	х		x				0	364,024	21,889
(5) KATHY ARMS BOARD MEMBER	1.0	х						0	0	0
(6) DIANE CASHEN BOARD MEMBER	1.0	х						0	0	C
(7) TRACY COLON SECRETARY	0.0	_		х				0	0	0
(8) JAY INGLE VICE CHAIR	1.0	х		х				0	0	0
(9) LAURA HAYDEN BOARD MEMBER	1.0	Х						0	0	0
(10) LEE C HALL CHAIR	1.0			х				0	0	0
(11) CLINT LONG BOARD MEMBER	1.0	х						0	0	0
(12) DARYL LOVE BOARD MEMBER	0.0	Х						0	0	0
(13) JULIE WHITMAN BOARD MEMBER	0.0	Х						0	0	0
(14) ALAN VANARSDALL BOARD MEMBER	0.0	-						0	0	C
(15) LARRY COWGILL Treasurer	1.0	х		х				0	0	0
(16) MISSY LANGE BOARD MEMBER	1.0	Х						0	0	0
(17) JUDY ALBRECHT BOARD MEMBER	1.0	х						0	0	0
	0.0							l		Form <b>990</b> (2019)

compensation from the organization ▶ 0

Part VII

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

Page 8

. ~		,,	- <b>,</b>	p ,		,		,			-		
	<b>(A)</b> Name and title	(B) Average hours per week (list any hours	than d	one b	ox, ι n of	t che unles ficer	and a	son	(D) Reportable compensation from the organization	(E) Reportable compensatio from related	n d s	(F) Estima amount o compens from t	ited f other sation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(W-2/1099- MISC)		organizati relato organiza	ed
(18)	JUDY CUMMINS	1.0							_				
BOAR	D MEMBER	0.0	×						0		0		
(19)	Teresa Wallen	1.0	x						0		٥		0
	D MEMBER Gregory S Yeary	0.0									$\dashv$		
	D MEMBER	0.0	x						0		0		0
BOAN	DIMEMBER	0.0											
											_		
	Sub-Total					•	-			<b>'</b>			
_	Fotal from continuation sheets to Part V Fotal (add lines 1b and 1c)	/II, Section A 				•	<u> </u>		0	2,337,621	1		197,473
2	Total number of individuals (including but			sted a	abov	/e) v	vho re	ceive			<u> </u>		
_	of reportable compensation from the orga					, .			Ψ	,			
										_		Yes	No
3	Did the organization list any <b>former</b> offic				emp	loye	e, or h	nighe	est compensated e	mployee on			
	line 1a? If "Yes," complete Schedule J for			•	•	•		•			3		No
4	For any individual listed on line 1a, is the organization and related organizations greindividual									he 	4	Yes	
5	Did any person listed on line 1a receive o services rendered to the organization?If "								ganization or indivi	dual for	5		No No
Se	ection B. Independent Contractors									L	_	1	
1	Complete this table for your five highest of	compensated in									pen	sation	_
	from the organization. Report compensati	(A)	naar ye	ar en	aing	WIT	n or w	itnin	the organization s	(B)		(C)	<u> </u>
	Name and business address Description of services										Compens		
										<u> </u>			
	Total number of independent contractors (in	ncluding but not	limited	d to t	hose	e list	ed abo	ove)	who received mor	e than \$100,000	0 of		

Part	VIII	Ctatamant								
		<del></del> '					line in this Dart VIII			
		Check if Sched	auie '	O contains a	respo	inse or note to any	(A) Total revenue	( <b>B</b> ) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	<b>1</b> a	Federated campa	igns		1a			revenue		512 - 514
nts nts		• Membership dues	_	· · L	1b					
or Sea		: Fundraising even		· L	1c	158,507				
s, c An		Related organiza		Ŀ	1d	285,467				
Gift Ia		Government grants		Ŀ		33,939				
ii š		_		· L	1e	33,939				
io I S	'	<ul> <li>All other contribution and similar amounts above</li> </ul>			1f	821,524				
Contributions, Gifts, Grants and Other Similar Amounts	و ا	Noncash contributio	ns in	cluded in	ĺ					
		lines 1a - 1f:\$			<b>1</b> g	105,315				
ತ ಬ		<b>h Total.</b> Add lines :	1a-1	f			1,299,437			
						Business Code				
	2a									
E e										
e ve	b									
<u>بو</u>	c									
¥.	Č									
3,	d									
Program Service Revenue	e									
ě	-									
	f	All other program	serv	ice revenue.						
	g	Total. Add lines 2	2a-2	f	•	0				
		Investment income imilar amounts)	•	luding divide	nds, i	nterest, and other	69,352	2	1,090	68,262
		Income from invest			npt bo					
	5	Royalties								
				(i) Rea	l	(ii) Personal				
	6a	Gross rents	6a							
		Less: rental					-			
		expenses	6b							
	С	Rental income or (loss)	6c		0		0			
	d	Net rental income	or (	loss)		· · · •		o l		
				(i) Securit	ties	(ii) Other				
	7a	Gross amount from sales of	7a	1	26,873					
		assets other than inventory		-	_0,0,0					
	b	Less: cost or	<u> </u>				_			
		other basis and sales expenses	7b		0	1				
		Cain an (lasa)	7c		26.072					
		Gain or (loss)   Net gain or (loss)	$\Box$		26,873		126,873	3		126,873
		Gross income from fu					, 			,
an		(not including \$ contributions reported		158,507 of						
₹ S		See Part IV, line 18			8a	290,931				
Other Revenue	b	Less: direct expen	ses		8b	132,885	_			
her	c	Net income or (los	s) fr	om fundraisi	ng eve	ents 🕨	158,046	5		158,046
	۵.	Gross income from	aami	na activities						
	Эа	See Part IV, line 19	•	· ·	9a	0				
	b	Less: direct expen	ses		9b	0				
	c	Net income or (los	s) fr	om gaming a	ctiviti	es <b>&gt;</b>		)		
	10-	Gross sales of inve	ntor	v less						
	-00	returns and allowa			10a	0				
	b	Less: cost of good	s sol	d	<b>10</b> b	0	]			
	С	Net income or (los			nvent		_ (			
	11	Miscellaneo				Business Code	21.50			24 500
	11	<b>a</b> MISCELLANEOUS	KEV	ENUE		900099	21,560			21,560
	L									
	b	•								
	_				-					
	C									
	لم	All other revenue		_						
		Total. Add lines 1				•				
		Total revenue. S			•		21,560			
		. o.a. revenue. 3	JU 11	.50, 400,0115	•	• • •	1,675,268	В	1,090	374,741 Form <b>990</b> (2019)

Р	art IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must of	complete all columns	All other organization	ns must complete co	lumn (A)
	Check if Schedule O contains a response or note to ar				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,295,480	1,295,480	-	·
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	0			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees):				
ā	Management	0			
i	Legal	0			
C	Accounting	7,800		7,800	
(	l Lobbying	0			
•	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
ģ	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	290,140		288,272	1,868
12	Advertising and promotion	0			
13	Office expenses	5,470		5,470	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0			
23	Insurance	0			
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				
	b				
	С				
	d				
	e All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,598,890	1,295,480	301,542	1,868
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 ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Forn	า 990	(2019)					Page <b>11</b>
Р	art X	Balance Sheet					
		Check if Schedule O contains a response or no	te to an	y line in this Part IX			🗆
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			0	1	0
	2	Savings and temporary cash investments .		[	188,680	2	262,416
	3	Pledges and grants receivable, net			60,301	3	66,448
	4	Accounts receivable, net	[	221,234	4	96,319	
	5 6	Loans and other payables to any current or for key employee, creator or founder, substantial centity or family member of any of these person Loans and other deceivables from other disqual	tor, or 35% controlled sons (as defined under	0	5	0	
		section $4958(f)(1)$ ), and persons described in s	ection 4	958(c)(3)(B)	0	6	0
2	7	Notes and loans receivable, net			0	7	0
ssets	8	Inventories for sale or use			0	8	0
AS	9	Prepaid expenses and deferred charges			1,264	9	0
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	47,011			
	ь	Less: accumulated depreciation	10b	47,011	0	10c	0
	11	Investments—publicly traded securities .		0	11	0	
	12	Investments—other securities. See Part IV, line	3,535,923	12	3,510,501		
	13	Investments—program-related. See Part IV, line		0	13	0	
	14	Intangible assets		0	14	0	
	15	Other assets. See Part IV. line 11			2.905.989	15	2.973.691

6,913,391

153,787

225.687

0

0 22

0 23

0

12,158

391.632

369,704

6,152,055

6,521,759

6,913,391

16

17 18

19

20

21

24

25

26

27

28

29

30

31

32

33

6,909,375

20,170

3.430

0

0

0

0

25,555

49.155

786,522

6,073,698

6,860,220

6,909,375

Form 990 (2019)

16

17

18

19

20

21

23

24

26

27

28

31

32

33

Liabilities 22

**Fund Balances** 

ō 29

Assets 30 Total assets. Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties .

Organizations that follow FASB ASC 958, check here ▶

Organizations that do not follow FASB ASC 958, check here ▶

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

Other liabilities (including federal income tax, payables to related third parties,

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

or family member of any of these persons . . .

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Grants payable .

Deferred revenue . .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances .

Total liabilities and net assets/fund balances

Form	990 (2019)				Page <b>12</b>
Pa	Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			<u></u>	<b>✓</b>
1	Total revenue (must equal Part VIII, column (A), line 12)	1			,675,268
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,	,598,890
3	Revenue less expenses. Subtract line 2 from line 1	3			76,378
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			,521,759
5	Net unrealized gains (losses) on investments	5			-125,139
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			114,910
9	Other changes in net assets or fund balances (explain in Schedule O)	9			272,312
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		6,	,860,220
Pa	tXII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
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?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:	basis,			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	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?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir Audit Act and OMB Circular A-133?	ngle	3a	Yes	

**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.

Form **990** (2019)

Yes

3b

### Additional Data

Software ID:

Software Version:

**EIN:** 61-1159649

Name: ST JOSEPH HOSPITAL FOUNDATION INC

Form 990 (2019)

Form 990, Part III, Line 4a: SAINT JOSEPH HOSPITAL FOUNDATION WAS INCORPORATED AS A 501(C)(3). TAX-EXEMPT, CHARITABLE FOUNDATION IN 1989 TO RAISE AND ADMINISTER FUNDS IN SUPPORT OF THE CORE VALUES AND STRATEGIC PLAN OF SAINT JOSEPH HOSPITAL, SAINT JOSEPH EAST AND SAINT JOSEPH JESSAMINE. SAINT JOSEPH HOSPITAL FOUNDATION IS GOVERNED BY A BOARD OF DIRECTORS WHICH IS COMPRISED OF INDIVIDUALS WITHIN THE COMMUNITY AND ONE BOARD MEMBER FROM THE PARENT ORGANIZATION. SAINT JOSEPH HEALTH SYSTEM. SAINT JOSEPH HOSPITAL FOUNDATION PROVIDES SUPPORT FOR SEVERAL OUTREACH PROGRAMS AND SERVICES INCLUDING: THE APPALACHIAN OUTREACH PROGRAM, EMPLOYEE ASSISTANCE FUND, NURSING AND ALLIED HEALTH SCHOLARSHIPS, PATIENT AND FAMILY ASSISTANCE FUND, THE SAINT JOSEPH FREE HEALTH CLINIC AND THE EASTERN KENTUCKY MOBILE. IN LATE 2007, THE SAINT JOSEPH HOSPITAL FOUNDATION BEGAN PROVIDING MANAGEMENT AND ADMINISTRATIVE SUPPORT FOR SAINT JOSEPH MOUNT STERLING FOUNDATION AND SAINT JOSEPH BEREA HOSPITAL FOUNDATION. IN 2009. SAINT JOSEPH HOSPITAL FOUNDATION ALSO BEGAN ASSISTING SAINT JOSEPH LONDON FOUNDATION AND FLAGET MEMORIAL HOSPITAL FOUNDATION IN CREATING A STRATEGIC PLAN AND ORGANIZATION. SAINT JOSEPH HOSPITAL FOUNDATION'S CURRENT 17-MEMBER BOARD OF DIRECTORS RAISE FUNDS THROUGH SPECIAL EVENTS, ANNUAL GIVING, MAJOR GIFTS, PLANNED GIVING, CORPORATE/FOUNDATION GRANTS TO HELP FUND THE PROGRAMS AND OUTREACH SERVICES OF SAINT JOSEPH HOSPITAL, SAINT JOSEPH EAST AND SAINT JOSEPH JESSAMINE. IN FY 2020, THE SAINT JOSEPH HOSPITAL FOUNDATION RAISED OVER \$1.2m FOR THE MISSION AND OUTREACH SERVICES AND PAID OUT OVER \$1.29m IN PROGRAM SUPPORT. SAINT JOSEPH HOSPITAL FOUNDATION PROVIDES SUPPORT FOR SEVERAL OUTREACH PROGRAMS AND SERVICES INCLUDING: VIOLENCE PREVENTION, PATIENT FAMILY ASSISTANCE, EMPLOYEE FINANCIAL ASSISTANCE, AND OTHER PROGRAMS WHICH ENHANCE PATIENT CARE, FUND LEADING EDGE MEDICAL RESEARCH, SUPPORT EDUCATION OF HEALTH PROFESSIONALS, AND IMPROVE ACCESS TO HEALTH.

efile	e GR/	APHIC pri	nt - DO NO	OT PROCESS	As Filed Data -			DLN: 93	3493137072001
SCI	IFD	ULE A		Dublic C	harity Status	and Dub	lic Suppe		OMB No. 1545-0047
	m 99		Со	mplete if the org	Charity Status ganization is a section 4947(a)(1) nonexer  Attach to Form 9	on 501(c)(3) or mpt charitable t	ganization or trust.		2019
-		the Treasury	•	Go to <u>www.irs.</u>	gov/Form990 for in			rmation.	Open to Public Inspection
Name	e of th	nue Service h <b>e organiza</b> OSPITAL FOUN						Employer identifica	<u> </u>
51 303	)L11111							61-1159649	
	rt I				s (All organizations			ee instructions.	
	rganiz		•		it is: (For lines 1 throu	-		(A)(:)	
1	Ш	,		,	ociation of churches d			(A)(I).	
2	Ш				)(A)(ii). (Attach Sch	•			
3		A hospital o	or a coopera	tive hospital servi	ce organization descri	ibed in <b>section 1</b>	70(b)(1)(A)(i	ii).	
4		A medical r name, city,		anization operated	d in conjunction with a	a hospital describ	ed in <b>section 1</b>	. <b>70(b)(1)(A)(iii).</b> Er	iter the hospital's
5		(b)(1)(A)	( <b>iv).</b> (Comp	lete Part II.)	of a college or univers	,			ped in <b>section 170</b>
6		A federal, s	tate, or loca	al government or o	governmental unit des	scribed in <b>section</b>	170(b)(1)(A	)(v).	
7				ormally receives a <b>)(vi).</b> (Complete l	substantial part of its	support from a g	governmental u	nit or from the genera	I public described in
8	П				170(b)(1)(A)(vi). (	Complete Part II.	)		
9					scribed in <b>170(b)(1)(</b> e instructions. Enter the				ege or university or a
10		from activit investment	ies related t income and	o its exempt func	(1) more than 331/3% tions—subject to certa ss taxable income (les nolete Part III.)	ain exceptions, a	nd (2) no more	than 331/3% of its su	pport from gross
11	П	•			exclusively to test for	public safety. Se	e section 509	(a)(4).	
12	<b>✓</b>	more public	ly supporte	d organizations de	exclusively for the berescribed in section 50 the type of supporting	09(a)(1) or sect	ion 509(a)(2)	. See section 509(a	e purposes of one or )(3). Check the box
a	✓	organizatio	n(s) the pov		ted, supervised, or co ppoint or elect a major				
b		<b>Type II.</b> A manageme	supporting nt of the sup	organization supe	rvised or controlled in tion vested in the sam nd C.				
c		Type III f	unctionally	integrated. A su	upporting organization ons). <b>You must comp</b>				ted with, its
d		functionally	integrated.	The organization	<ul> <li>A supporting organiz generally must satisfy</li> <li>IV, Sections A and</li> </ul>	y a distribution re			
е					ed a written determina		S that it is a Ty	pe I, Type II, Type III	functionally
f	Fnter	-			ntegrated supporting :	-		1	
g					pported organization(s			<u></u>	
	(i) N	lame of supp organization	orted	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the orga in your governi		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
(A) SAIN	Γ JOSEI	PH HEALTH SY	STEM INC	611334601	3	Yes		1,295,480	C
Total			1					1,295,480	
		work Reduc	tion Act No	tice, see the In	structions for	Cat. No. 11285F	: 5	Schedule A (Form 99	

Sch	edule A (Form 990 or 990-EZ) 2019						Page <b>2</b>
P	art II Support Schedule for	Organizations	Described in S	Sections 170(b	)(1)(A)(iv) ar	nd 170(b)(1)(A	(vi)
	(Complete only if you ch						under Part III.
	If the organization failed	to qualify unde	r the tests listed	below, please	complete Part I	II.)	
	ection A. Public Support  Calendar year		I				
	(or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(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 The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	<b>Total.</b> 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.						
<u>s</u>	ection B. Total Support		T		1	1	
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(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						
10	business is regularly carried on Other income. Do not include gain or						-
	loss from the sale of capital assets						
	(Explain in Part VI.).						
11	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	or the organization	's first, second, th	ird, fourth, or fifth	n tax year as a sec	tion 501(c)(3) org	anization,
	check this box and <b>stop here</b>					▶ [	
S	ection C. Computation of Publi						
14	Public support percentage for 2019 (li	ne 6, column (f) di	vided by line 11,	column (f))		14	-
15	Public support percentage for 2018 Sc	hedule A, Part II,	line 14			15	
16a	<b>33 1/3% support test—2019.</b> If the						
	and <b>stop here.</b> The organization qual	ifies as a publicly s	supported organiza	ation			▶□
b	<b>33 1/3% support test—2018.</b> If th	e organization did	not check a box o	on line 13 or 16a,	and line 15 is 33 i	1/3% or more, chec	k this
	box and <b>stop here.</b> The organization	qualifies as a pub	licly supported or	ganization			▶ 🗆
<b>17</b> a	10%-facts-and-circumstances tes	t— <b>2019.</b> If the org	ganization did not	check a box on lin	ne 13, 16a, or 16b	, and line 14	
	is 10% or more, and if the organization in Part VI how the organization meets	n meets the facts	-and-circumstanci cumstances" test.	es test, check thi The organization	s box and <b>stop n</b> e qualifies as a publ	e <b>re.</b> Explain icly supported	
	organization			-			►□
h	10%-facts-and-circumstances tes	st— <b>2018.</b> If the o	rganization did no	t check a box on I	ine 13, 16a, 16b,	or 17a, and line	
_	15 is 10% or more, and if the organiz	zation meets the "i	facts-and-circums	tances" test, chec	k this box and <b>sto</b>	p here.	
	Explain in Part VI how the organization			-		• •	. $\Box$
_	supported organization		haven 15 40-4	C- 10b 47 4	76		▶⊔
18	_						. □
	instructions		<u> </u>		- Cabadu	lo A (Form 000 o	▶ ⊔

Р	art III Support Schedule for						
	(Complete only if you cl						er Part II. If
S	the organization fails to ection A. Public Support	quality under	the tests listed i	pelow, please co	ompiete Part II.)		
30	Calendar year	( ) 2015	(1) 2016	( ) 2247	(1) 2010	( ) 2010	(O.T.)
	(or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(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						
4	under section 513  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						
<b>L</b>	3 received from disqualified persons Amounts included on lines 2 and 3						
D	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.)						
Se	ection B. Total Support		1	<del></del>			Г
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(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.						
С	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						
12	(Explain in Part VI.) <b>Total support.</b> (Add lines 9, 10c,						
13	11, and 12.).						
14	First five years. If the Form 990 is for	the organization	n's first, second, th	nird, fourth, or fift	h tax year as a sec	tion 501(c)(3) o	ganization <u>,</u>
	check this box and <b>stop here</b>						▶ ⊔
	ection C. Computation of Public S			! (6))		1 1	
15	Public support percentage for 2019 (lin		•			15	
16	Public support percentage from 2018 S	-	<u> </u>			16	
	ection D. Computation of Investr Investment income percentage for 201			line 13 column (f	:))	17	
17 10	Investment income percentage for 201	-		-		17	
18 10-	331/3% support tests—2019. If the		•			18   33 1/3% and lin	e 17 is not
	more than 33 1/3%, check this box and s						
	more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the						
ט	not more than 33 1/3%, check this box	-			•		_
20	Private foundation. If the organization	-	-				
	Frivate foundation. If the organization	ni ulu not check a	a DOX ON UNE 14, I	.a, or iad, check	, unis pox and see I	HSGRUCGONS	. 📂 📖

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

Schedule A (Form 990 or 990-EZ) 2019

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

Page 4

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

No

No

No

No

No

No

No

No

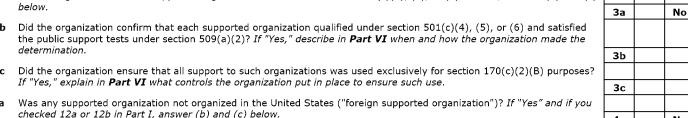
No

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose,			
	describe the designation. If historic and continuing relationship, explain.	1	Yes	
_				

1	If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose,			
	describe the designation. If historic and continuing relationship, explain.	1	Yes	
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 <b>Part VI</b> how the organization determined that the supported organization was described			
	in section 509(a)(1) or (2).	2		No

	describe the designation. If historic and continuing relationship, explain.	1	Yes	İ
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 <b>Part VI</b> how the organization determined that the supported organization was described			
	in section 509(a)(1) or (2).	2		N
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		N

	in section 509(a)(1) or (2).	2	No
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		
	below.	3a	No
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 <b>Part VI</b> when and how the organization made the		
	determination.	3b	
_	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(R) purposes?		



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

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

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

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

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

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

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

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

Substitutions only. Was the substitution the result of an event beyond the organization's control?

supervised by or in connection with its supported organizations.

organization's supported organizations? If "Yes," provide detail in Part VI.

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

amendment to the organizing document).

complete Part I of Schedule L (Form 990 or 990-EZ).

the organization had excess business holdings).

organization had an interest? If "Yes," provide detail in Part VI.

organization's organizing document?

provide detail in Part VI.

answer line 10b below.

6

7

8

10a

cnec	tule A (Form 990 or 990-EZ) 2019		F	age
Par	Supporting Organizations (continued)			
	r		Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		No
b	A family member of a person described in (a) above?	11b		No
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	11c		No
	ction B. Type I Supporting Organizations			110
	stion by Type 2 supporting organizations		Yes	No
L	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? If "No," describe in <b>Part VI</b> 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.			
	· · · · · · · · · · · · · · · · · · ·	1	Yes	
!	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? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting			
	organization.	2		No
Se	ction C. Type II Supporting Organizations			
			Yes	No
	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)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Se	ction D. All Type III Supporting Organizations			
			Yes	No
	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			
	uments in effect on the date of notification, to the extent not previously provided?	1		
	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? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).			
		2		
	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? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Se	ction E. Type III Functionally-Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ons):		
а	The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see	instru	ctions)	
	Activities Test. Answer (a) and (b) below.		Yes	No
а	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? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> 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.	2a		
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? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
	Parent of Supported Organizations. Answer (a) and (b) below.	2b		
а	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> .	3a		
b	Did the organizations? Frovide details in Part VI.  Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.	3h		
	I I I I I I I I I I I I I I I I I I I			

1	Type III Non-Functionally Integrated 509(a)(3) Supporting O  Check here if the organization satisfied the Integral Part Test as a qualifying true.			. Part VIV See
	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (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 Yea (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		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

	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 <b>Part VI</b> ). 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 <b>Part VI</b> ). See instructions	
9	Distributable amount for 2019 from Section C, line 6	

_6	Other distributions (describe in <b>Part VI</b> ). See instruction	ns		
7	<b>Total annual distributions.</b> Add lines 1 through 6.			
8	Distributions to attentive supported organizations to wh details in <b>Part VI</b> ). See instructions	ich the organization is respons	sive (provide	
9	Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019

o∨ide	
(ii) derdistributions Pre-2019	(iii) Distributable Amount for 2019
derdistributions	Distributable
0	vide

8 Distributions to attentive supported organizations to widetails in <b>Part VI</b> ). See instructions						
9 Distributable amount for 2019 from Section C, line 6	9 Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019			
1 Distributable amount for 2019 from Section C, line 6						
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in <b>Part VI</b> ). See instructions.						
<b>3</b> Excess distributions carryover, if any, to 2019:						
a From 2014						
<b>b</b> From 2015						
c From 2016						
<b>d</b> From 2017						

e From 2018. . . . . . f Total of lines 3a through e

instructions)

See instructions.

e Excess from 2019. . . . .

\$

g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see

j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7:

a Applied to underdistributions of prior years **b** Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

6 Remaining underdistributions for 2019. 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 2020. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2015. . . . .

**b** Excess from 2016. . . . . c Excess from 2017. . . . . **d** Excess from 2018. . . . .

Schedule A (Form 990 or 990-EZ) (2019)

### **Additional Data**

### Software ID: Software Version:

**EIN:** 61-1159649

Name: ST JOSEPH HOSPITAL FOUNDATION INC.

Page 8

Schedule A (Form 990 or 990-EZ) 2019 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Part VI

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

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D** 

As Filed Data -

DLN: 93493137072001

Schedule D (Form 990) 2019

Cat. No. 52283D

OMB No. 1545-0047

2019

# **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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

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

	me of the organization JOSEPH HOSPITAL FOUNDATION INC		Em	ployer identification number
ЭI.	JOSEPH HOSPITAL FOUNDATION INC		61-	1159649
Ρā	art I Organizations Maintaining Donor Advi		or Ac	counts.
	Complete if the organization answered "Ye		_	
		(a) Donor advised funds		(b) Funds and other accounts
•	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
ŀ	Aggregate value at end of year			
i	Did the organization inform all donors and donor adviso organization's property, subject to the organization's ex			funds are the $\hfill\Box$ Yes $\hfill\Box$ No
•	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	or donor advisor, or for any other purpos		
Pa	rt II Conservation Easements.	o" on Form 000, Port IV, line 7		
	Complete if the organization answered "Ye Purpose(s) of conservation easements held by the organ	·		
•				
	☐ Preservation of land for public use (e.g., recreation	n or education)	an histo	rically important land area
	Protection of natural habitat	☐ Preservation of a	a certifi	ed historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conservation contribution in the	form of	a conservation  Held at the End of the Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified histori	c structure included in (a)	2c	
d	Number of conservation easements included in (c) acqu structure listed in the National Register	red after 7/25/06, and not on a historic	2d	
1	Number of conservation easements modified, transferre tax year ▶	d, released, extinguished, or terminated b	y the o	rganization during the
ļ	Number of states where property subject to conservation	n easement is located <b>&gt;</b>		
;	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds		g of vio	 lations, ☐ Yes ☐ No
,	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	conser	
,	Amount of expenses incurred in monitoring, inspecting,	handling of violations, and enforcing cons	ervatior	n easements during the year
3	▶ \$ 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
,	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the organization's financial sta		
ar	rt III Organizations Maintaining Collections Complete if the organization answered "Ye		ther S	imilar Assets.
.a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finar	public exhibition, education, or research in	n furthe	
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for pub following amounts relating to these items:			
(	(i) Revenue included on Form 990, Part VIII, line ${f 1}$			. <b>&gt;</b> \$
(	ii)Assets included in Form 990, Part X			. ▶\$
2	If the organization received or held works of art, histori following amounts required to be reported under SFAS	cal treasures, or other similar assets for fi		
а	Revenue included on Form 990, Part VIII, line 1			. ▶\$
b	Assets included in Form 990, Part X			. ▶\$

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

d Equipment .

Par	t III	Organizations Main	ntaining Collectio	ns of Art, His	torical Ti	easur	es, or Other S	Similar Assets (	continued)	
3		the organization's acquis (check all that apply):	sition, accession, and o	other records, ch	•	the follo	owing that are a	significant use of it:	s collection	
а		Public exhibition			d 🗌	Loan o	r exchange progi	rams		
b		Scholarly research			е 🗌	Other .				
С		Preservation for future g	generations							
4	Provid Part X	de a description of the org	ganization's collections	and explain how	v they furth	er the	organization's ex	empt purpose in		
5		g the year, did the organi s to be sold to raise funds							es 🗆 N	lo.
Pai	rt IV	Escrow and Custoo Complete if the orga X, line 21.			990, Part	IV, lin	e 9, or reporte			
1a		e organization an agent, t led on Form 990, Part X?							es 🗆 N	lo
b	If "Ye	es," explain the arrangem	nent in Part XIII and co	mplete the follow	ving table:			Amount		_
c		ning balance		•	=		1c			_
d		ions during the year					. 1d			_
e		butions during the year .								_
f		ig balance					45			_
2a		ਾ ne organization include ar						hility2 🗆 🗸 🗸	es 🗆 N	_  a
		es," explain the arrangeme						_	:5 LIN	
	rt V	Endowment Funds		nere ii the expla	anation nas	been p	orovided in Part A	ш ⊔		
L C	I C V	Complete if the orga		Yes" on Form	990. Part	IV, lin	e 10.			
					( <b>b)</b> Prior yea			(d) Three years back	(e) Four yea	rs back
1a	Beginn	ing of year balance .		4,880,917	4,648	,301	4,572,339	4,462,658	3,	977,661
b	Contrib	outions		100,000	g	,587	50,000			5,000
C	Net inv	estment earnings, gains,	, and losses	16,279	248	,039	191,042	309,681		508,997
d	Grants	or scholarships		0			114,434			
е		expenditures for facilities ograms		125,688	25	,010	50,646	200,000		29,000
f	Admini	istrative expenses		194,940						
g	End of	year balance		4,676,568	4,880	,917	4,648,301	4,572,339	4,	462,658
2	Provid	de the estimated percenta	age of the current year	end balance (lir	ne 1g, colu	mn (a))	held as:			_
а	Board	d designated or quasi-end	dowment ► 11.000	%						
b	Perma	anent endowment >	18.000 %							
С	Temp	orarily restricted endown	nent ▶ 71.000 %							
	The p	ercentages on lines 2a, 2	2b, and 2c should equa	l 100%.						
3a		nere endowment funds no nization by:	ot in the possession of	the organization	that are h	eld and	administered for	the	Yes	No
	(i) ur	nrelated organizations .						3	a(i)	No
	. ,							3	a(ii)	No
b		es" on 3a(ii), are the relate	-			? .			3b	
4	Descr	ribe in Part XIII the intend		zation's endowm	ent funds.					
Pa	rt VI	Land, Buildings, ar			000 5-:	T) ( !:	- 11- 6 5	000 5- 1 1/ 1/	10	
	Descri	Complete if the orga	(a) Cost or other basis				e 11a. See For (c) Accumulated de		1e 10. (d) Book valu	е
	DESCII	paon or property	(investment)	(2) 3333 01 0	54515 (1		(-) riccamulated de		Lay Dook valu	-
1.	ا موا									
	Land	<b>⊢</b>								
b	Building	gs · · · ·								

0

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

47,011

47,011

			エロ・コモモ TUHHL ササロ・ド	
	Complete if the organization answered "Yes" on I  (a) Description of security or category  (including page of security)	(b) Book value	(c) Method	d of valuation:
Financia	(including name of security)		Cost or end-of-	year market value
	held equity interests			
CHI OIP	, LP	3,510,501		F
al. (Colum rt VIII	nn (b) must equal Form 990, Part X, col. (B) line 12.)  Investments—Program Related.	3,510,501		
	Complete if the organization answered 'Yes' on I	Form 990, Part IV, line 1		Part X, line 13.  (c) Method of valuation:
	(a) Description of investment		(b) Book value	Cost or end-of-year market  value
				value
	on (b) must equal Form 990, Part X, col.(B) line 13.)		•	
	Other Assets. Complete if the organization answered 'Yes' on F	orm 990, Part IV, line 1	▶ 1d. See Form 990, Par	
rt IX	Other Assets.  Complete if the organization answered 'Yes' on F  (a) Description  DMPANY RECEIVABLES	orm 990, Part IV, line 1	▶ 1d. See Form 990, Par	<b>(b)</b> Book value 90,869
INTERES	Other Assets.  Complete if the organization answered 'Yes' on F  (a) Description	orm 990, Part IV, line 1	▶ 1d. See Form 990, Par	(b) Book value
INTERES	Other Assets.  Complete if the organization answered 'Yes' on F  (a) Description  DMPANY RECEIVABLES	orm 990, Part IV, line 1	▶ 1d. See Form 990, Par	<b>(b)</b> Book value 90,869
INTERES	Other Assets.  Complete if the organization answered 'Yes' on F  (a) Description  DMPANY RECEIVABLES	orm 990, Part IV, line 1	▶ 1d. See Form 990, Par	<b>(b)</b> Book value 90,869
INTERCE	Other Assets.  Complete if the organization answered 'Yes' on F  (a) Description  DMPANY RECEIVABLES	orm 990, Part IV, line 1	Id. See Form 990, Par	<b>(b)</b> Book value 90,869
INTERCO	Other Assets.  Complete if the organization answered 'Yes' on F  (a) Description  DMPANY RECEIVABLES	orm 990, Part IV, line 1	▶ 1d. See Form 990, Par	<b>(b)</b> Book value 90,869
INTERCO	Other Assets.  Complete if the organization answered 'Yes' on F  (a) Description  DMPANY RECEIVABLES	orm 990, Part IV, line 1	▶ 1d. See Form 990, Par	<b>(b)</b> Book value 90,869
INTERCO	Other Assets.  Complete if the organization answered 'Yes' on F  (a) Description  DMPANY RECEIVABLES	orm 990, Part IV, line 1	▶ 1d. See Form 990, Par	<b>(b)</b> Book value 90,869
INTERCO	Other Assets.  Complete if the organization answered 'Yes' on F  (a) Description  DMPANY RECEIVABLES STS IN OUTSIDE TRUSTS	orm 990, Part IV, line 1	1d. See Form 990, Par	(b) Book value 90,869 2,882,822
INTERCO	Other Assets. Complete if the organization answered 'Yes' on F  (a) Description  DMPANY RECEIVABLES STS IN OUTSIDE TRUSTS  Jumn (b) must equal Form 990, Part X, col.(B) line 15.)  Other Liabilities.			(b) Book value  90,869 2,882,822
INTERCO	Other Assets. Complete if the organization answered 'Yes' on F  (a) Description  DMPANY RECEIVABLES STS IN OUTSIDE TRUSTS  Jumn (b) must equal Form 990, Part X, col.(B) line 15.)	orm 990, Part IV, line 1		(b) Book value  90,869 2,882,822  2,973,691  990, Part X, line 25. (b) Book
INTERCO	Other Assets. Complete if the organization answered 'Yes' on F  (a) Description  DMPANY RECEIVABLES STS IN OUTSIDE TRUSTS  Jumn (b) must equal Form 990, Part X, col.(B) line 15.)  Other Liabilities. Complete if the organization answered 'Yes' on F	orm 990, Part IV, line 1		(b) Book value  90,869 2,882,822  2,973,691  990, Part X, line 25. (b)
INTERCO	Other Assets. Complete if the organization answered 'Yes' on F  (a) Description  DMPANY RECEIVABLES BITS IN OUTSIDE TRUSTS  Imm (b) must equal Form 990, Part X, col.(B) line 15.)  Other Liabilities. Complete if the organization answered 'Yes' on F  (a) Description of I	orm 990, Part IV, line 1	▶ 1e or 11f.See Form	(b) Book value  90,869 2,882,822  2,973,691  990, Part X, line 25. (b) Book value
INTERCO	Other Assets. Complete if the organization answered 'Yes' on F  (a) Description  OMPANY RECEIVABLES STS IN OUTSIDE TRUSTS  Imm (b) must equal Form 990, Part X, col.(B) line 15.)  Other Liabilities. Complete if the organization answered 'Yes' on F  (a) Description of I	orm 990, Part IV, line 1	▶ 1e or 11f.See Form	(b) Book value  90,869 2,882,822  2,973,691  990, Part X, line 25. (b) Book value 0
al. (Columnt IX  INTERCO INTERES  al. (Columnt IX  Federal GIFT AN	Other Assets. Complete if the organization answered 'Yes' on F  (a) Description  OMPANY RECEIVABLES STS IN OUTSIDE TRUSTS  Imm (b) must equal Form 990, Part X, col.(B) line 15.)  Other Liabilities. Complete if the organization answered 'Yes' on F  (a) Description of I	orm 990, Part IV, line 1	▶ 1e or 11f.See Form	(b) Book value  90,869 2,882,822  2,973,691  990, Part X, line 25. (b) Book value 0
INTERCO	Other Assets. Complete if the organization answered 'Yes' on F  (a) Description  OMPANY RECEIVABLES STS IN OUTSIDE TRUSTS  Imm (b) must equal Form 990, Part X, col.(B) line 15.)  Other Liabilities. Complete if the organization answered 'Yes' on F  (a) Description of I	orm 990, Part IV, line 1	▶ 1e or 11f.See Form	(b) Book value  90,869 2,882,822  2,973,691  990, Part X, line 25. (b) Book value 0
al. (Columnt IX  INTERCO INTERES  al. (Columnt IX  Federal GIFT AN	Other Assets. Complete if the organization answered 'Yes' on F  (a) Description  OMPANY RECEIVABLES STS IN OUTSIDE TRUSTS  Imm (b) must equal Form 990, Part X, col.(B) line 15.)  Other Liabilities. Complete if the organization answered 'Yes' on F  (a) Description of I	orm 990, Part IV, line 1	▶ 1e or 11f.See Form	(b) Book value  90,869 2,882,822  2,973,691  990, Part X, line 25. (b) Book value 0
al. (Columnt IX  INTERCO INTERES  al. (Columnt X  Federal GIFT AN	Other Assets. Complete if the organization answered 'Yes' on F  (a) Description  OMPANY RECEIVABLES STS IN OUTSIDE TRUSTS  Imm (b) must equal Form 990, Part X, col.(B) line 15.)  Other Liabilities. Complete if the organization answered 'Yes' on F  (a) Description of I	orm 990, Part IV, line 1	▶ 1e or 11f.See Form	(b) Book value  90,869 2,882,822  2,973,691  990, Part X, line 25. (b) Book value 0
al. (Columnt IX  INTERCO INTERES  al. (Columnt IX  Federal GIFT AN	Other Assets. Complete if the organization answered 'Yes' on F  (a) Description  OMPANY RECEIVABLES STS IN OUTSIDE TRUSTS  Imm (b) must equal Form 990, Part X, col.(B) line 15.)  Other Liabilities. Complete if the organization answered 'Yes' on F  (a) Description of I	orm 990, Part IV, line 1	▶ 1e or 11f.See Form	(b) Book value  90,869 2,882,822  2,973,691  990, Part X, line 25. (b) Book value 0
al. (Columnt IX  INTERCO INTERES  al. (Columnt IX  Federal GIFT AN	Other Assets. Complete if the organization answered 'Yes' on F  (a) Description  OMPANY RECEIVABLES STS IN OUTSIDE TRUSTS  Imm (b) must equal Form 990, Part X, col.(B) line 15.)  Other Liabilities. Complete if the organization answered 'Yes' on F  (a) Description of I	orm 990, Part IV, line 1	▶ 1e or 11f.See Form	(b) Book value  90,869 2,882,822  2,973,691  990, Part X, line 25. (b) Book value 0
al. (Columnt IX  INTERCO INTERES  al. (Columnt X  Federal GIFT AN	Other Assets. Complete if the organization answered 'Yes' on F  (a) Description  OMPANY RECEIVABLES STS IN OUTSIDE TRUSTS  Imm (b) must equal Form 990, Part X, col.(B) line 15.)  Other Liabilities. Complete if the organization answered 'Yes' on F  (a) Description of I	orm 990, Part IV, line 1	▶ 1e or 11f.See Form	(b) Book value  90,869 2,882,822  2,973,691  990, Part X, line 25. (b) Book value 0

Schedule D (Form 990) 2019

Page 4

	Complete if the organi	ization answered "Yes" on Form 990, Part	. IV, I	ine 12a.		_
1	Total revenue, gains, and other s	upport per audited financial statements			1	
2	Amounts included on line 1 but no	ot on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on i	nvestments	2a			
b	Donated services and use of facili	ties	2b			
c	Recoveries of prior year grants		2c			
d	Other (Describe in Part XIII.) $\ .$		2d			
е	Add lines 2a through 2d				2e	
3	Subtract line ${f 2e}$ from line ${f 1}$ .				3	
4	Amounts included on Form 990, F	Part VIII, line 12, but not on line 1:				
а	Investment expenses not include	d on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII.) .		4b			
C	Add lines <b>4a</b> and <b>4b</b>				4c	
5	Total revenue. Add lines 3 and 4d	c. (This must equal Form 990, Part I, line 12.)			5	
Par		penses per Audited Financial Statem ization answered 'Yes' on Form 990, Part			Return	1.
1	Total expenses and losses per au	dited financial statements			1	
2	Amounts included on line 1 but no	ot on Form 990, Part IX, line 25:				
а	Donated services and use of facili	ties	2a			
b	Prior year adjustments		2b			
c	Other losses		2c			
d	Other (Describe in Part XIII.) .		2d			
е	Add lines 2a through 2d		•		2e	
3	Subtract line ${f 2e}$ from line ${f 1}$ .				3	
4	Amounts included on Form 990, F	Part IX, line 25, but not on line 1:				
а	Investment expenses not include	d on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.) .		4b			
С	Add lines 4a and 4b				4c	
5	Total expenses. Add lines 3 and 4	4c. (This must equal Form 990, Part I, line 18.	) .		5	
Pai	t XIII Supplemental Info	ormation				
Pro	vide the descriptions required for P lines 2d and 4b; and Part XII, lines	art II, lines 3, 5, and 9; Part III, lines 1a and 4 s 2d and 4b. Also complete this part to provide	4; Par any a	t IV, lines 1b and 2b; Par additional information.	t V, line	4; Part X, line 2; Part
	Return Reference		Ex	planation		
See A	Additional Data Table					
		<del>                                     </del>				

chedule D (Form 990) 2019	Page <b>5</b>
Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2019

## **Additional Data**

### Software ID:

**Software Version:** 

**EIN:** 61-1159649

Name: ST JOSEPH HOSPITAL FOUNDATION INC

Explanation

Supplemental Information

Return Reference

Return Reference	Explanation
schedule D,FORM 990, PART V, LINE 1F	THE 2018 990 WAS DONE PRIOR TO RECEIVING THE 2018 AUDIT REPORT. THE 2019 BOY ENDOWMENT BAL ANCE DOES NOT TIE TO THE BOY BALANCE, PER THE 2019 AUDIT. THE DIFFERENCE HAS BEEN ADDED AS ADMINISTRATIVE EXPENSES ON LINE 1F, IN ORDER TO GET THE END OF YEAR BALANCE TO TIE TO THE AUDIT. SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS ENDOWMENT ASSETS INC LUDE THOSE ASSETS OF DONOR-RESTRICTED FUNDS THAT THE FOUNDATION MUST HOLD IN PERPETUITY AS WELL AS BOARD-DESIGNATED FUNDS. THE FOUNDATION HAS ADOPTED AN INVESTMENT POLICY FOR ITS E NDOWMENT ASSETS THAT ATTEMPTS TO GROW THE VALUE OF THE ENDOWMENT ASSETS. THE FOUNDATION'S BOARD APPOINTS A TREASURER WHO HAS THE RESPONSIBILITY OF MAKING RECOMMENDATIONS CONCERNING THE FOUNDATION'S INVESTMENT POLICIES. THE FOUNDATION'S PRIMARY INVESTMENT OBJECTIVES ARE TO INCREASE THE PURCHASING POWER OF THE VARIOUS ASSETS WHILE PRESERVING THEIR PRINCIPAL VA LUE. THESE OBJECTIVES ARE TO BE ACHIEVED IN CONCERT WITH THE CATHOLIC HEALTH INITIATIVE'S SOCIAL RESPONSIBILITY POLICY. TO ENSURE SUCH OBJECTIVES ARE ATTAINED, THE FOUNDATION HAS D ETERMINED THAT THE PORTFOLIO COMPOSITION SHALL ADHERE TO THE GUIDELINES DESCRIBED BELOW DE PENDING ON FUND RESTRICTIONS: UNRESTRICTED FUNDS: THESE FUNDS WILL BE PLACED IN AN INVESTMENT MIX PROVIDING THE HIGHEST TOTAL RETURN, WHICH MAY INCLUDE UP TO 70% EQUITIES. THE INVE STMENT GOALS ARE TO PRESERVE PRINCIPAL AND ACHIEVE LONG-TERM GROWTH. RESTRICTED FUNDS: THE SE FUNDS WILL BE PLACED IN AN INVESTMENT MIX TO PROMOTE AN ADEQUATE RETURN ON THE FUNDS WHILE THE PRINCIPAL IS MAINTAINED IN ORDER TO MEET CERTAIN INCOME NEEDS THAT MAY BE ASSOCIAT ED WITH THE FUNDS. THESE FUNDS MAY ALSO INCLUDE UP TO 70% EQUITIES. THE FOUNDATION'S INVESTMENT MANCE SHALL BE MONITORED BY THE BOARD ON A REGULAR BASIS. THE FOUNDATION ENDOWMENT FUNDS ARE TO PROVIDE OUTSTANDING HEALTHCARE TO THE COMMUNITY AND SUPPORT THE MAINTENANCE AND OPER

Supplemental Information								
Return Reference	Explanation							
SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740)FOOTNOTE	ST. JOSEPH HOSPITAL FOUNDATION, INC.'S FINANCIAL INFORMATION IS INCLUDED IN THE CONSOLIDAT ED AUDITED FINANCIAL STATEMENTS OF COMMONSPIRIT HEALTH, A RELATED ORGANIZATION. COMMONSPIR IT HEALTH'S FIN 48 (ASC 740) FOOTNOTE FOR THE YEAR ENDED JUNE 30, 2020, 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 OPERAT ES, AND AS SUCH, IS GENERALLY NOT SUBJECT TO FEDERAL OR STATE INCOME TAXES. HOWEVER, COMMO NSPIRIT'S EXEMPT ORGANIZATIONS ARE SUBJECT TO INCOME TAXES ON NET INCOME DERIVED FROM A TR ADE OR BUSINESS, REGULARLY CARRIED ON, WHICH DOES NOT FURTHER THE ORGANIZATIONS' EXEMPT PU RPOSES. NO SIGNIFICANT INCOME TAX PROVISION HAS BEEN RECORDED IN THE ACCOMPANYING CONSOLID ATED FINANCIAL STATEMENTS FOR NET INCOME DERIVED FROM UNRELATED TRADE OR BUSINESS. COMMONS PIRIT'S FOR-PROFIT SUBSIDIARIES ACCOUNT FOR INCOME TAXES RELATED TO THEIR OPERATIONS. THE FOR-PROFIT SUBSIDIARIES RECOGNIZE DEFERRED TAX ASSETS AND LIABILITIES FOR TEMPORARY DIFFER ENCES 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 PE NALTIES ARE RECORDED AS INCOME TAX EXPENSE. FOR THE YEARS ENDED JUNE 30, 2020 AND 2019, CO MMONSPIRIT'S TAXABLE ENTITIES DID NOT HAVE ANY MA TERIAL UNRECOGNIZED INCOME TAXES. COMMONSPIRIT'S TAXABLE ENTITIES DID NOT HAVE ANY MA TERIAL UNRECOGNIZED INCOME TAX BENEFITS AS OF JUNE 30, 2020 AND 2019. COMMONSPIRIT REVIEWS ITS TAX POSITIONS QUARTERLY AND HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX P OSITIONS THAT REQUIRE RECOGNITION IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS".							

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493137072001 OMB No. 1545-0047 SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ) **Fundraising or Gaming Activities** Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. **Employer identification number** Name of the organization ST JOSEPH HOSPITAL FOUNDATION INC 61-1159649 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants Internet and email solicitations ☐ Solicitation of government grants Phone solicitations ☐ Special fundraising events ☐ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col. (i) contributions? Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 50083H Schedule G (Form 990 or 990-EZ) 2019

		(a)Event #1  STARS	( <b>b)</b> Event #2 <b>5K</b>	(c)Other events	(d) Total events (add col. (a) through
Keverkie		(event type)	(event type)	(total number)	col. <b>(c)</b> )
NG	4. Construccione	355,000	F7.205	26.162	440.45
	1 Gross receipts	355,890	57,385	·	449,43
	2 Less: Contributions	147,232 208,658	11,275 46,110		158,50 290,93
	<b>4</b> Cash prizes	0	0	0	
	5 Noncash prizes	639	9,217	0	9,85
200	6 Rent/facility costs	29,230	0	8,967	38,19
Experises	7 Food and beverages	48,361	0	0	48,36
u 3	8 Entertainment	4,050	0	0	4,05
30	9 Other direct expenses	13,465	8,370	10,586	32,42
- 1	<b>10</b> Direct expense summary. Add lines 4 to	through 9 in column (d)		•	132,88
	<b>11</b> Net income summary. Subtract line 10	from line 3, column (d)			158,04
	<b>Gaming.</b> Complete if the org on Form 990-EZ, line 6a.		s" on Form 990, Part 1	► IV, line 19, or reported	
ar	Gaming. Complete if the org		s" on Form 990, Part 1  (b) Pull tabs/Instant bingo/progressive bingo	►  IV, line 19, or reported  (c) Other gaming	more than \$15,000  (d) Total gaming (add col.(a) through col.(c)
ar	Gaming. Complete if the org on Form 990-EZ, line 6a.	anization answered "Ye	(b) Pull tabs/Instant		more than \$15,000  (d) Total gaming (add
Par Kevelkie	Gaming. Complete if the org	anization answered "Ye	(b) Pull tabs/Instant		more than \$15,000  (d) Total gaming (add
Par Kevelkie	Gaming. Complete if the org on Form 990-EZ, line 6a.  1 Gross revenue	anization answered "Ye	(b) Pull tabs/Instant		more than \$15,000  (d) Total gaming (add
Parises Keverile	Gaming. Complete if the org on Form 990-EZ, line 6a.  1 Gross revenue	anization answered "Ye	(b) Pull tabs/Instant		more than \$15,000  (d) Total gaming (add
Medical Experises Kevernie	Gaming. Complete if the org on Form 990-EZ, line 6a.  1 Gross revenue	anization answered "Ye	(b) Pull tabs/Instant		more than \$15,000  (d) Total gaming (add
Par Expenses Kevelkie	Gaming. Complete if the org on Form 990-EZ, line 6a.  1 Gross revenue  2 Cash prizes  3 Noncash prizes	anization answered "Ye	(b) Pull tabs/Instant		more than \$15,000  (d) Total gaming (add
Particology Section Services	Gaming. Complete if the org on Form 990-EZ, line 6a.  1 Gross revenue  2 Cash prizes  3 Noncash prizes	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	more than \$15,000  (d) Total gaming (add
Dieci Experses Keverne	Gaming. Complete if the org on Form 990-EZ, line 6a.  1 Gross revenue  2 Cash prizes  3 Noncash prizes  4 Rent/facility costs  5 Other direct expenses	(a) Bingo  Yes %  No	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	more than \$15,000  (d) Total gaming (add
Dieci Cyperises Keverie	Gaming. Complete if the org on Form 990-EZ, line 6a.  1 Gross revenue  2 Cash prizes  3 Noncash prizes  4 Rent/facility costs  5 Other direct expenses	(a) Bingo  Yes %  No  Chrough 5 in column (d)	(b) Pull tabs/Instant bingo/progressive bingo  Yes % No	(c) Other gaming  Yes % No	more than \$15,000  (d) Total gaming (add
Direct Expenses Reveinte	Gaming. Complete if the org on Form 990-EZ, line 6a.  1 Gross revenue	(a) Bingo  Yes %  No  Chrough 5 in column (d)  t line 7 from line 1, column ion conducts gaming activities in each of	(b) Pull tabs/Instant bingo/progressive bingo  Yes % No  n (d)	(c) Other gaming  Yes % No	(d) Total gaming (add col.(a) through col.(c)
ar and a section of the section of t	Gaming. Complete if the org on Form 990-EZ, line 6a.  1 Gross revenue	(a) Bingo  Yes %  No  Chrough 5 in column (d)  It line 7 from line 1, column ion conducts gaming activities in each of	(b) Pull tabs/Instant bingo/progressive bingo  Yes % No  n (d)	(c) Other gaming  Yes % No	more than \$15,000  (d) Total gaming (add col.(a) through col.(c)

Sche	dule G (Form 990 or 990-EZ) 2019	)					F	Page 3
11	Does the organization conduct ga	aming activities with nonmember	s?			Yes	Пио	
12	Is the organization a grantor, beformed to administer charitable of		member of a partnership or other	entity 		□Yes		
13	Indicate the percentage of gamir	g activity conducted in:						
а	The organization's facility .				13a			%
b	An outside facility				13b			%
14	Enter the name and address of the	ne person who prepares the orga	nization's gaming/special events bo	oks and re	ecords:			
	Name •							
	Address >							
15a	Does the organization have a cor revenue?	tract with a third party from who	om the organization receives gaming			□ <b>v</b>	П.	
b			anization 🕨 \$			⊔ Yes	⊔ но	
	amount of gaming revenue retain							
c	If "Yes," enter name and address	of the third party:						
	Name ►							
	Address >							
16	Gaming manager information:							
	Name ►							
	Gaming manager compensation	<b>▶</b> \$						
	Description of services provided I	<b>&gt;</b>						
	☐ Director/officer	☐ Employee	☐ Independent contrac	tor				
17	Mandatory distributions:							
а			stributions from the gaming proceed			□Yes	Пио	
b	Enter the amount of distributions	required under state law distrib	uted to other exempt organizations	or spent		□ 1es	100	
	in the organization's own exempt	<u> </u>	•					
Pai			ions required by Part I, line 2b, licable. Also provide any additio					 s.
	Return Reference		Explanation					

efile GRAPHIC print - DO I	NOT PROCESS	As Filed Data -					DL	N: 934931370	72001
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Schedule I		Grants and O	thar Accietanc	o to Organiz	ations		<u> </u>	MB No. 1545-004	<del>1</del> 7
(Form 990)	_		ther Assistanc		•			2019	
			and Individuals					<b>4</b> 017	
	Co	mplete if the organiza	tion answered "Yes," o		, line 21 or 22.			Open to Public	
Department of the Treasury		► Go to www	► Attach to Form v.irs.gov/Form990 for		nn .			Inspection	
Internal Revenue Service		F G0 t0 <u>WW</u>	<u>v.m.s.gov/1 o/m/550</u> 101	the latest information	7111·				
Name of the organization	211 7110						Employer identific	ation number	
ST JOSEPH HOSPITAL FOUNDATION	JN INC						61-1159649		
Part I General Informa	ation on Grants	and Assistance							
	o award the grants anization's procedur Assistance to Dom	or assistance? es for monitoring the use	e of grant funds in the Un	ited States.		on Form	990, Part IV, line  Description of ash assistance	Yes  21, for any recip  (h) Purpose or or assistance	
(1) ST JOSEPH HEALTH SYSTEM INC One Saint Joseph Drive Lexington, KY 40504	61-1334601	501(C)(3)	1,295,480		·			PROGRAM SUPI	PORT
2 Enter total number of section	on 501(c)(3) and go	vernment organizations	listed in the line 1 table .				▶ _		1
3 Enter total number of other	organizations listed	d in the line 1 table					▶		
For Paperwork Reduction Act Notice	e, see the Instruction	ns for Form 990.		Cat. No. 50055	5P			edule I (Form 990	) 2019

Schedule I (Form 990) 2019

(4) (5)

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

(6) (7)

Explanation

Return Reference SCHEDULE I, PART I, LINE 2 -THE GRANT INCLUDED IN PART II IS TO ST. JOSEPH HEALTH SYSTEM, INC., WHO ENGAGES 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 RECIPIENT IN PROCEDURES FOR MONITORING ACCORDANCE WITH THEIR CHARITABLE PURPOSE AND AS SUCH, USE OF THE FUNDS GIVEN TO THE GRANTEE IS NOT MONITORED BEYOND THE DISTRIBUTION. USE OF GRANT FUNDS.

Page **2** 

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Dat	ta -	DLN: 93	49313	37072	:001	
Sch	edule J	C	ompensat	tion Information	0	MB No.	1545-0	0047	
(For	n 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees							
		► Complete if the or	ganization ansv	wered "Yes" on Form 990, Part I\	/, line 23.	2019			
Depar	tment of the Treasury	► Go to <u>www.irs.g</u> e		h to Form 990. r instructions and the latest infor	mation.	Open i	to Pul	blic	
Intern	al Revenue Service	L:			F		ectio		
	ne of the organiza OSEPH HOSPITAL FO				Employer identifica	tion nu	ımber		
- Do	Ougsti	ana Dagaydina Campana			61-1159649				
Pa	rt I Questi	ons Regarding Compense	ation				Yes	No	
1a				of the following to or for a person list ny relevant information regarding the			163		
	First-class	or charter travel		Housing allowance or residence for	personal use				
		companions	닏	Payments for business use of perso					
		nification and gross-up paymen	ts 📙	Health or social club dues or initiat					
	☐ Discretion	ary spending account	Ш	Personal services (e.g., maid, chau	iffeur, chef)				
b				n follow a written policy regarding par ove? If "No," complete Part III to exp		1b			
2				or allowing expenses incurred by all		2			
	directors, truste	es, officers, including the CEO/	executive Directo	or, regarding the items checked on Li	ine ia?				
3				ed to establish the compensation of	the				
				not check any boxes for methods • CEO/Executive Director, but explain	in Part III.				
	Compens	ation committee	П	Written employment contract					
		ent compensation consultant		Compensation survey or study					
	Form 990	of other organizations		Approval by the board or compens	ation committee				
4	During the year related organiza		990, Part VII, Se	ection A, line 1a, with respect to the	filing organization or a				
а	Receive a sever	ance payment or change-of-cor	ntrol payment? .			4a		No	
b		· · ·		alified retirement plan?		4b	Yes		
c				ensation arrangement?		4c		No	
	If "Yes" to any o	of lines 4a-c, list the persons ar	d provide the ap	plicable amounts for each item in Pa	rt III.				
	Only 501(c)(3	), 501(c)(4), and 501(c)(29	) organizations	s must complete lines 5-9					
5				the organization pay or accrue any					
	compensation c	ontingent on the revenues of:							
а	The organization	1?				5a		No	
b						5b		No	
	,	5a or 5b, describe in Part III.							
6		ed on Form 990, Part VII, Section Contingent on the net earnings o		l the organization pay or accrue any					
a	=	1?				6a		No	
b						6b		No	
7	•	6a or 6b, describe in Part III.	on Alline to alla	I the avanciantion provide any confin	a d				
7				l the organization provide any nonfixe art III .     .     .     .     .     .   .		7		No	
8				ured pursuant to a contract that was					
				s section 53.4958-4(a)(3)? If "Yes," o				NI -	
9				e presumption procedure described ir		8		No	
9				e presumption procedure described in		9			
For F	Paperwork Redu	ction Act Notice, see the In	structions for Fo	orm 990. Cat. No.	50053T Schedule	l (Forn	1 990)	2019	

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1 ERIC GILLIAM BOARD MEM/PRES ST. JOSEPH EAST	(i)	0			0	0	0	0
	(ii)	350,574	97,642	41,997	16,646	23,286	530,145	16,402
2 Bruce Tassin BOARD MEM/PRES. ST JOSEPH HOSP	(i)	0			0	0	0	0
	(ii)	672,270	256,948	68,557	77,623	17,783	1,093,181	44,576
3 Leslie BUDDEKE Smart PRESIDENT	(i)	0			0	0	0	0
	(ii)	308,749	49,841	5,434	18,735	3,154	385,913	0
4 Steven Frantz Market SVP CFO	(i)	0			0	0	0	0
	(ii)	397,061	64,520	24,028	17,938	22,308	525,855	0
	-							
	+							

Page 3

Schedule 1 (Form 990) 2019

ESTABLISH THE TOP MANAGEMENT OFFICIAL'S COMPENSATION: (2) INDEPENDENT COMPENSATION CONSULTANT; (3) COMPENSATION SURVEY OR STUDY; (4) APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE. SCHEDULE J. PART I. LINE 4A -FOR REPORTABLE INDIVIDUALS EMPLOYED PRIOR TO 2019, POST-TERMINATION PAYMENTS ARE ADDRESSED IN EXECUTIVE EMPLOYMENT AGREEMENTS FOR EMPLOYEES AT THE LEVEL OF VICE PRESIDENT AND ABOVE. THESE EMPLOYMENT AGREEMENTS REQUIRE THAT IN ORDER FOR THE EXECUTIVE TO RECEIVE SEVERANCE PAYMENTS POST-TERMINATION PAYMENTS, THESE INDIVIDUALS MUST EXECUTE A GENERAL RELEASE AND SETTLEMENT AGREEMENT. POST-TERMINATION PAYMENT

Schedule J (Form 990) 2019

ARRANGEMENTS ARE PERIODICALLY REVIEWED FOR OVERALL REASONABLENESS IN LIGHT OF THE EXECUTIVE'S OVERALL COMPENSATION PACKAGE. OFFICERS. KEY EMPLOYEES AND CERTAIN HIGHLY COMPENSATED EMPLOYEES WHO BEGAN EMPLOYMENT AFTER NOVEMBER 1ST OF 2019 ARE COVERED BY A SEVERANCE POLICY THAT PROVIDES MARKET-STANDARD COMPENSATION, RANGING FROM PAYMENTS OF 9 MONTHS TO 2 YEARS OF BASE COMPENSATION, DEPENDING ON THE EXECUTIVE'S POSITION. IN THE EVENT OF A POSITION ELIMINATION OR OTHER INVOLUNTARY TERMINATION. IN ACCORDANCE WITH THE GUIDELINES OF THE POLICY.

DURING THE 2019 CALENDAR YEAR, CATHOLIC HEALTH INITIATIVES ("CHI"), A RELATED ORGANIZATION, MAINTAINED A SUPPLEMENTAL NON-OUALIFIED DEFERRED COMPENSATION PLAN FOR MBO CEOS/PRESIDENTS AND OTHER CHI EMPLOYEES AT THE LEVEL OF SENIOR VICE PRESIDENT AND ABOVE. DURING 2019 THE FOLLOWING DISTRIBUTIONS WERE MADE BY CHI FROM THE DEFERRED COMPENSATION PLAN: ERIC GILLIAM - \$16,448 BRUCE TASSIN - \$47,616 DUE

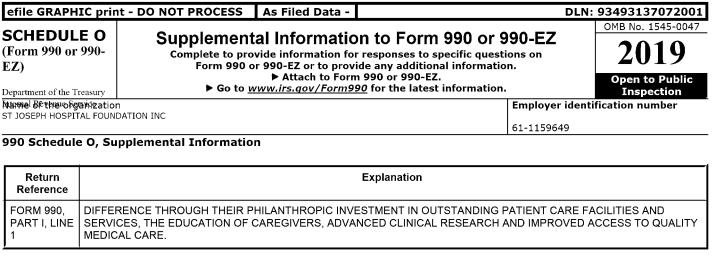
SCHEDULE J, PART I, LINE 4B -SUPPLEMENTAL NONOUALIFIED RETIREMENT PLAN TO THE "SUPER" VESTING RULES UNDER THE CHI DEFERRED COMPENSATION PLAN, PARTICIPANTS WHO HAD MET CERTAIN REQUIREMENTS SUCH AS INVOLUNTARY TERMINATION WITHOUT CAUSE, AGE, AGE AND YEARS OF SERVICE, OR MORE THAN 5 YEARS OF PLAN PARTICIPATION WERE ELIGIBLE TO

RECEIVE THEIR 2019 CONTRIBUTIONS IN CASH DURING THE CALENDAR YEAR. THESE CASH PAYOUTS ARE INCLUDED IN THE PARTICIPANT'S REPORTABLE COMPENSATION IN COLUMN (III) OTHER REPORTABLE COMPENSATION ON SCHEDULE J PART II. DURING 2019, THE FOLLOWING CONTRIBUTIONS AND ANY

ASSOCIATED INVESTMENT INCOME, GAIN OR LOSS THAT WOULD HAVE BEEN MADE BY CHI TO THE DEFERRED COMPENSATION PLAN WERE PAID IN CASH: ERIC GILLIAM - \$16,448

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493137072001 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2019 ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** ST JOSEPH HOSPITAL FOUNDATION INC 61-1159649 Part I **Types of Property** (a) (b) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art-Works of art . . Art-Historical treasures Art—Fractional interests 4 Books and publications Clothing and household goods . . . . . Cars and other vehicles Χ 25,000 7 Boats and planes . . 8 Intellectual property . . . Securities-Publicly traded . 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests . . . . 12 Securities—Miscellaneous . 13 Qualified conservation contribution—Historic structures . . . Qualified conservation contribution—Other . Real estate—Residential . Real estate—Commercial . Real estate—Other . . 18 Collectibles . . . . 19 Food inventory . . 20 Drugs and medical supplies . 21 Taxidermy . . . . . 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . 30.000lo 25 Other ► ( face shields ) Χ 5,000 7,0000 26 Other ▶ ( meals ) Χ 200 Х 43,315 0 Other ► ( other ) 27 28 Other ▶ ( \_\_\_\_\_ Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt 30a Nο **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Nο 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Nο **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, Schedule M (Form 990) (2019) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J

Schedule M (Form 990) (2019)	Page <b>2</b>						
	tion. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization						
is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.							
Return Reference	Explanation						
	Schedule M (Form 990) (2019)						



## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 1A COMMITTEE	DELEGATE BROAD AUTHORITY TO AUTHORITY TO A COMMITTEE PURSUANT TO SECTION 8.6 OF THE BYLAWS OF PROVIDENCE RESIDENTIAL COMMUNITY CORPORATION, THE EXECUTIVE COMMITTEE IS COMPOSED OF ONLY DIRECTORS OF THE CORPORATION AND SHALL BE COMPOSED OF THE CHAIRPERSON OF THE BOARD, THE VICE CHAIRPERSON OF THE BOARD, AND THE PRESIDENT, EACH OF WHOM SHALL SERVE AS AN EX OFFICIO VOTING MEMBER OF THE EXECUTIVE COMMITTEE. EACH INDIVIDUAL APPOINTED TO THE EXECUTIVE COMMITTEE SHALL SERVE FOR A TERM OF ONE (1) YEAR OR UNTIL HIS OR HER SUCCESSOR IS DULY APPOINTED BY THE BOARD OF DIRECTORS. PURSUANT TO SECTION 8.1 OF THE CORPORATION'S BYLAWS, COMMITTEES, SUCH AS THE EXECUTIVE COMMITTEE, THAT ARE GRANTED THE AUTHORITY TO ACT ON BEHALF OF THE BOARD OF DIRECTORS MAY INCLUDE ONLY DIRECTORS OF THE CORPORATION. FURTHER, PURSUANT TO SECTION 8.6 OF THE CORPORATION'S BYLAWS, THE EXECUTIVE COMMITTEE HAS AND MAY EXERCISE SUCH POWERS AS MAY BE DELEGATED TO IT BY THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE ALSO POSSESSES THE POWER TO TRANSACT ROUTINE BUSINESS OF THE CORPORATION IN THE INTERIM PERIOD BETWEEN REGULARLY SCHEDULED MEETINGS OF THE BOARD OF DIRECTORS.

Evalenation

990	Schedule	Ο,	Supplemental	Information

	1
Return Reference	Explanation
FORM 990, PART VI, LINE 6	CLASSES OF MEMBERS OR STOCKHOLDERS ACCORDING TO THE BYLAWS OF ST JOSEPH FOUNDATION, THE EN TITY'S SOLE MEMBER IS ST JOSEPH SERVICES CORPORATION D/B/A ST JOSEPH HEALTH SYSTEM, A TEXA S NONPROFIT ORGANIZATION (HEREINAFTER REFERRED TO AS "ST JOSEPH HEALTH SYSTEM"SJHSTHE "MEM BER.") FORM 990, PART VI, LINE 7A MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BO DY ACCORDING TO THE ORGANIZATION'S BYLAWS, DIRECTORS SHALL BE APPOINTED OR REFUSED BY THE CORPORATE MEMBER. THE CORPORATE MEMBER, AND

990	Schedule	ο,	Supplemental	Information

	†
Return	Explanation
Reference	
FORM 990, PART VI, LINE 6	GE AND STRATEGIC PLANS FOR THE ORGANIZATION PURSUANT TO SECTION 5.5 OF THE ORGANIZATION'S BYLAWS, ST JOSEPH HEALTH SYSTEM OR COMMONSPIRIT HEALTH MAY, IN EXERCISE OF ITS APPROVAL POW ERS, GRANT OR WITHHOLD APPROVAL IN WHOLE OR IN PART, OR MAY, IN ITS COMPLETE DISCRETION, A FTER CONSULTATION WITH THE BOARD AND THE PRESIDENT AND CHIEF EXECUTIVE OFFICER OF THE ORGA NIZATION, RECOMMEND SUCH OTHER OR DIFFERENT ACTIONS AS IT DEEMS APPROPRIATE. (CHCF RESERVE D RIGHTS) EXCEPT AS OTHERWISE PROVIDED IN THE CORPORATION'S ARTICLES OF INCORPORATION OR T HE LAWS OF THE STATE OF ORGANIZATION, CATHOLIC HEALTH CARE FEDERATION ("CHCF") SHALL HAVE SUCH RIGHTS AS ARE RESERVED TO THE CORPORATE MEMBER, ACTING IN ITS CAPACITY AS THE MEMBERS HIP BODY OF CHCF, UNDER THE GOVERNANCE MATRIX, FORM 990, PART VI, LINE 11B ONCE THE RETURN IS PREPARED, THE FORM 990 AND ACCOMPANYING SCHEDULES WERE MADE AVAILABLE TO ALL TRUSTEES EITHER ELECTRONICALLY OR BY HARD COPY, DEPENDING UPON THE TRUSTEES'S PREFERENCE, BEFORE THE COMPANY FINALIZED AND SENT THE DOCUMENTS TO THE IRS, THIS DRAFT WAS ALSO AVAILABLE AT THE ADMINISTRATIVE OFFICES OF THE REPORTING ENTITY FOR TRUSTEES' REVIEW BEFORE THE FINAL FORM 990 AND ACCOMPANYING SCHEDULES WERE FINALIZED AND SENT TO THE IRS. THE REVIEW WAS UNDER THE DIRECTION OF THE CFO AND/OR external tax preparers, IF REQUESTED BY THE TRUSTEES. SUBSEQUENT TO THE RETURN BEING PROVIDED TO THE BOARD, THE EXTERNITY FOR TRUSTEES NEW WITH THE APPROPRIATE FEDERAL AND STATE AGENCIES, MAKING ANY NON-SUBSTANTIVE CHANGES NECE SSARY TO EFFECT E-FILING. ANY SUCH CHANGES ARE NOT RESUBMITTED TO THE BOARD. FORM 990, PAR T VI, LINE 12C THE ORGANIZATION HAS A CONFLICTS OF INTEREST ("COI") POLICY (THE "POLICY") IN PLACE TO MAINTAIN THE INTEGRITY OF ITS ACTIVITIES. THE POLICTS OF INTEREST ("COI") POLICY (THE "POLICY") IN PLACE TO MAINTAIN THE INTEGRITY OF ITS ACTIVITIES. THE POLICY APPLIES TO THE FOLLOWING PERSONS ("COVERED PERSONS"): MEMBERS OF THE COMMONSPIRIT HEALTH ("COMMONSPIRIT HEALTH PRIOR TO ITS AFFILIATION WITH DIGNITY HEALTH ("CHI ENT
	CONFLICT TO HI S/HER DIRECT MANAGER (OR OTHER PERSON AS IS APPROPRIATE PER POLICY). I SUCH DISCLOSURE IS R EQUIRED ON A TRANSACTIONAL BASIS AT THE TIME SUCH CONFLICTS ARISE, WHEN AN INDIVIDUAL BECO MES A COVERED PERSON (E.G. UPON HIRING OR BOARD APPOINTMENT), AND ANNUALLY THEREAFTER. DIS CLOSURES OF PERCEIVED, POTENTI

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 6	AL OR ACTUAL CONFLICTS ARE INITIALLY REVIEWED BY NATIONAL OR REGIONAL LEGAL OR CORPORATE R ESPONSIBILITY TEAM MEMBERS TO DETERMINE WHETHER AN ACTUAL OR POTENTIAL CONFLICT MAY EXIST. IF IT IS DETERMINED THAT A POTENTIAL OR ACTUAL CONFLICT EXISTS, ISSUES ARE ELEVATED TO THE BOARD EXECUTIVE COMMITTEE OR BOARD CHAIR (FOR BOARD OR OFFICER CONFLICTS), OR THE CONFLICTS OF INTEREST REVIEW COMMITTEE (FOR ANY OTHER CONFLICT). THE PROCEDURES FOR ADDRESSING A CONFLICT RELATED TO A PROPOSED TRANSACTION IN THE CASE OF GOVERNING BODIES OR A CORPORATE OFFICER INCLUDE, BUT ARE NOT LIMITED TO 1) DISCLOSURE TO THE BOARD, 2) THE TRUSTEE OR COR PORATE OFFICER BEING EXCUSED FROM THE MEETING DURING DISCUSSION AND VOTE ON THE CONFLICT OF INTEREST (ALTHOUGH HE OR SHE MAY RESPOND TO PERTINENT QUESTIONS IF THE KNOWLEDGE IS RELE VANT), AND 3) BOARD APPROVAL OF THE TRANSACTION BY A MAJORITY OF DISINTERESTED MEMBERS. IN ADDITION, BOARDS CAREFULLY REVIEW AND SCRUTINIZE ANY NONTRANSACTIONAL CONFLICTS OF INTER EST. IN SUCH CIRCUMSTANCES, BY A MAJORITY VOTE OF THE DISINTERESTED TRUSTEES, THE BOARD TA KES WHATEVER ACTION IS DEEMED APPROPRIATE. FOR CONFLICTS NOT INVOLVING A BOARD MEMBER OR O FFICER, THE CONFLICTS OF INTEREST REVIEW COMMITTEE ("C-CIRC") WILL FACILITATE A COI MANAGE MENT PLAN TO MITIGATE THE CONFLICT IF ADEQUATE CONTROLS AREN'T ALREADY IN PLACE. NOTWITHST ANDING THE FOREGOING, AT ITS SOLE DISCRETION, AN ENTITY MAY REJECT A PERSON'S REQUEST TO E NTER INTO THE RELATIONSHIP IN QUESTION, OR REQUIRE THE RELATIONSHIP BE SUFFICIENTLY ALTERE D TO AVOID A POTENTIAL CONFLICT OF INTEREST.

990 Schedule O, Supplemental Information

Return Reference	<b>Explanation</b>
FORM 990, PART VI, LINE 14	DOCUMENT RETENTION AND DESTRUCTION POLICY ST JOSEPH HOSPITAL FOUNDATION, INC HAS A DOCUMENT RETENTION AND DESTRUCTION POLICY THAT IS AN OPERATIONAL POLICY. OPERATIONAL POLICIES DO NOT REQUIRE BOARD APPROVAL. FORM 990, PART VI, LINE 15A PROCESS USED TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL SAINT JOSEPH HOSPITAL FOUNDATION'S TOP MANAGEMENT OFFICIAL IS COMPENSATED BY ST. JOSEPH HEALTH SYSTEM, INC., A RELATED NON-PROFIT ORGANIZATION. ST. JOSEPH HEALTH SYSTEM, INC.'S EXECUTIVE LEADERSHIP COMPENSATION IS REVIEWED BY THE EXECUTIVE COMMITTEE TO THE BOARD. AN OUTSIDE CONSULTANT PROVIDED COMPARATIVE DATA BASED ON BASE COMPENSATION, TOTAL COMPENSATION, AND EXECUTIVE BENEFITS. FORM 990, PART VI, LINE 15B PROCESS USED TO ESTABLISH COMPENSATION OF OTHER OFFICERS/KEY EMPLOYEES DURING THE TAX YEAR ENDED 6/30/2020, NO OFFICERS, DIRECTORS OR TRUSTEES RECEIVED COMPENSATION FROM THE ORGANIZATION. ANY EXECUTIVE COMPENSATION PAID TO OFFICERS, DIRECTORS OR TRUSTEES BY RELATED ORGANIZATIONS WAS SET BY THE RELATED ORGANIZATION'S COMPENSATION COMMITTEE UTILIZING BOTH AN INDEPENDENT CONSULTANT AND COMPARABILITY STUDIES TO DETERMINE COMPENSATION. THEREFORE, THESE QUESTIONS ARE MORE APPROPRIATELY ANSWERED AS N/A. FORM 990, PART VI, LINE 19 REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC THE ORGANIZATION'S FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. THE ORGANIZATION'S FINANCIAL STATEMENTS THAT ARE AVAILABLE AT WWW.COMMONSPIRIT.ORG OR WWW.CATHOLICHEALTHINITIATIVES.ORG. FORM 990, PART XI, LINE 9 OTHER CHANGES IN NET ASSETS OR FUND BALANCES: Transfer to Affiliates \$272,312

990 Schedule O, Supplemental Information Return Explanation Reference

FORM 990 DESCRIPTION:OTHER TOTAL FEES:290140
PART IX
LINE 11G

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493137072001 OMB No. 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** 2019 (Form 990) ▶ 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. Open to Public Department of the Treasury Inspection Internal Revenue Service **Employer identification number** Name of the organization ST JOSEPH HOSPITAL FOUNDATION INC. 61-1159649 Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (b) (e) Direct controlling Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets or foreign country) 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) (g) Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) Primary activity or foreign country) (if section 501(c)(3)) (13) controlled entity? Yes No For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50135Y Schedule R (Form 990) 2019

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

See Additional Data Table (a) Name, address, and EIN of		(b)	(c)	(d)	(e)	(f)	(g) Share of	(1	h)	(i)	6	o	(k)
Name, address, and EIN of related organization		Primary activity	Legal domicile (state or foreign country)	entity	Predominant income(related unrelated, excluded from tax under sections 512-514)	Share of d, total incom	Share of e end-of-year assets	Disprop alloca	ortionate utions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	aging o	ercentage wnership
					314)			Yes	No		Yes	No	
Part IV Identification of Related Organi because it had one or more related						nization ans	wered "Ye	s" on F	orm 9	990, Part IV	, line	34	
See Additional Data Table					,,								
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	Le dor (state d	( <b>c)</b> egal micile or foreign		entity (C	(e) pe of entity corp, S corp, or trust)	(f) Share of total income		(g) e of end- year assets	of- Perce owne	ntage	(13)	(i) ion 512(b) controlled entity?
		cou	intry)							_		Ye	s No

Pa	rt V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
<b>1</b> D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			Г
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to related organization(s)	<b>1</b> b	Yes	
С	Gift, grant, or capital contribution from related organization(s)	1c	Yes	i
d	Loans or loan guarantees to or for related organization(s)	<b>1</b> d		No
е	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	<b>1</b> f		No
	Sale of assets to related organization(s)	<b>1</b> g		No
	Purchase of assets from related organization(s)	1h		No
	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
	Performance of services or membership or fundraising solicitations for related organization(s)	11	Yes	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	i
0	Sharing of paid employees with related organization(s)	10	Yes	
р	Reimbursement paid to related organization(s) for expenses	<b>1</b> p	Yes	
q	Reimbursement paid by related organization(s) for expenses	<b>1</b> q		No
r	Other transfer of cash or property to related organization(s)	1r		No

р	Reimbursement paid to related organization(s) for expenses				1p Yes	;
q	Reimbursement paid by related organization(s) for expenses				<b>1</b> q	No
						<del> </del>
r	Other transfer of cash or property to related organization(s)				1r	No
s	Other transfer of cash or property from related organization(s)				1s	No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, in	ncluding covered re	lationships and tran	saction thresholds.		
	(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amo	unt involve	ed

Page **3** 

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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	or	(e) e all partners section 501(c)(3) ·ganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General d managin partner?	g ?	(k) Percentage ownership
			317)	Yes	No			Yes	No		Yes	No	
										Schedul	e R (Form	1990	0) 2019

Schedule R (Form 990) 2019									
Part VII	Supplemental Info	pplemental Information							
	Provide additional information for responses to questions on Schedule R. (see instructions).								
Retu	ırn Reference	Explanation							

Software ID: Software Version:

**EIN:** 61-1159649

Name: ST JOSEPH HOSPITAL FOUNDATION INC

Form 990, Schedule R, Part II - Identification of Relate						
(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))	<b>(f)</b> Direct controlling entity	(g) Section 512 (b)(13) controlled entity?
	HOSPITAL	NE	F01(-)(2)	3	ACH	Yes No
12809 W DODGE RD OMAHA, NE 68154 47-0765154	HOSFITAL	NE	501(c)(3)	3	ACH	INO
12809 W DODGE RD OMAHA, NE 68154	HOSPITAL	NE	501(c)(3)	3	CHI NEBRASKA	No
47-0757164	HOSPITAL	NE NE	501(c)(3)	3	CHI NEBRASKA	No
7500 MERCY RD OMAHA, NE 68124 47-0484764						
	HOSPITAL	IA	501(c)(3)	3	CHI NEBRASKA	No
631 N 8TH ST MISSOURI VALLEY, IA 51555 42-0776568						
6901 N 72ND ST OMAHA, NE 68122 47-0376615	HOSPITAL	NE	501(c)(3)	3	CHI NEBRASKA	No
104 W 17TH ST	HOSPITAL	NE	501(c)(3)	3	CHI NEBRASKA	No
SCHUYLER, NE 68661 47-0399853	LICCONTAL	TA	F01(-)(3)		CHIANERDACKA	N
PO BOX 368 CORNING, IA 50841	HOSPITAL	IA	501(c)(3)	3	CHI NEBRASKA	No
42-0782518	LTERM CARE	MN	501(c)(3)	10	CSH	No
300 SE 8TH AVE LITTLE FALLS, MN 56345 41-1351177						
	SENIOR LIVING	MN	501(c)(3)	10	SFH	No
601 OAK ST BRECKENRIDGE, MN 56520 41-1850500						
345 S Halcyon Rd Arroyo Grande, CA 93420	FUND. FDN	CA	501(c)(3)	12 Type 1	DH	No
20-3256066	HOSPITAL	CA	501(c)(3)	3	DCC	No
420 34TH Street Bakersfield, CA 93301 95-1802779						
350 West Thomas Rd Phoenix, AZ 85013	FUND. FDN	AZ	501(c)(3)	7	DH	No
86-0174371	PHYSICIANS	TX	501(c)(3)	12 Type 1	SLCHS	No
17200 ST LUKES WAY STE 170 THE WOODLANDS, TX 77384 27-4499340						
	PHYSICIANS	TX	501(c)(3)	3	SLHS	No
6624 FANNIN ST STE 1100 HOUSTON, TX 77030 76-0458535						
198 INVERNESS DR WEST ENGLEWOOD, CO 80112	HEALTHCARE	PA	501(c)(3)	12 Type 1	CSH	No
23-2187242	FUND. FDN	TX	501(c)(3)	12 Type 1	BRHS	No
1 West Way Ct LAKE JACKSON, TX 77566 76-0080110						
100 MEDICAL DR LAKE JACKSON, TX 77566 80-0240261	PHYSICIANS	тх	501(c)(3)	3	BRHS	No
2801 FRANCISCAN DR	HOSPITAL	TX	501(c)(3)	3	SJSC	No
BRYAN, TX 77802 74-2759890	HEALTHCARE	TX	501(c)(3)	10	SJSC	No
2801 FRANCISCAN DR BRYAN, TX 77802 74-2913931	ILALINCARE		501(c)(3)			OVI
	FUND. FDN	CA	501(c)(3)	12 Type 1	DCC	No
1401 South Grand AVE Los Angeles, CA 90015 95-4000909						

Form 990, Schedule R, Part II - Identification of Relate (a)	ed Tax-Exempt Organiza   (b)	itions (c)	(d)	(e)	(f)	(g)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state	Exempt Code section	Public charity status	Direct controlling S entity	ection 512 (b)(13)
		or foreign country)	Section	(if section 501(c) (3))		controlled entity?
				(5))		Yes No
	HOSPITAL	ND	501(c)(3)	3	CSH	No
800 N 4TH ST						
CARRINGTON, ND 58421 45-0227311						
	HOSPITAL	СО	501(c)(3)	3	CSH	No
9100 East Mineral Circle Centennial, CO 80112						
84-0405257	HOCOTAL		F04(-)(2)		CCU	NI -
	HOSPITAL	IA	501(c)(3)	3	CSH	No
1111 6TH AVE DES MOINES, IA 50314						
42-0680448	FUND. FDN	СО	501(c)(3)	7	CHIC	No
1150 Kelly Johnson Blvd 204						
COLORADO SPRINGS, CO 80920 84-0902211						
04-0902211	HEALTHCARE	СО	501(c)(3)	12 Type 1	CSH	No
1150 Kelly Johnson Blvd 204						
COLORADO SPRINGS, CO 80920 27-0930004						
	PHYSICIANS	СО	501(c)(3)	12 Type 1	CHINS	No
198 INVERNESS DR WEST						
ENGLEWOOD, CO 80112 46-0992796						
	SURGERY CTR	OR	501(c)(3)	10	ММС	No
2700 STEWART PKWY ROSEBURG, OR 97471						
26-3946191						
	CLINIC	CA	501(c)(3)	3	DCC	No
300 OLD RIVER Rd STE 200 BAKERSFIELD, CA 93311						
84-4171789	HOSPITAL	KS	E01(c)(2)	3	CSH	No.
2545 22 1944	HOSPITAL	K5	501(c)(3)	3	С5П	No
3515 BRdWAY GREAT BEND, KS 67530						
48-0543724	FUND. FDN	MN	501(c)(3)	10	CSH	No
4816 AMBER VALLEY PKWY S						
FARGO, ND 58104 27-1966847						
27-1900047	FUND. FDN	NE	501(c)(3)	7	ACH	No
12809 W DODGE RD						
OMAHA, NE 68154 47-0648586						
	HEALTHCARE	KY	501(c)(3)	12 Type 1	CSH	No
3900 OLYMPIC BLVD STE 400 ERLANGER, KY 41018						
20-2741651						
	HEALTHCARE	ОН	501(c)(3)	12 Type 1	SFH	No
5942 RENAISSANCE PLACE STE A TOLEDO, OH 43623						
34-1892096	HOSPITAL	GA	501(c)(3)	3	MHCS	No
400 CDOCC CDECCENT CIDELE	HOSPITAL	J GA	301(c)(3)		MHCS	ING.
100 GROSS CRESCENT CIRCLE FORT OGLETHORPE, GA 30742						
82-2748395	HEALTHCARE	со	501(c)(3)	10	CHI NS	No
198 INVERNESS DR WEST						
ENGLEWOOD, CO 80112 45-1261716						
	HEALTHCARE	со	501(c)(3)	12 Type 1	CSH	No
198 INVERNESS DR WEST						
ENGLEWOOD, CO 80112 45-2532084						
	HEALTHCARE	NE	501(c)(3)	12 Type 1	CSH	No
12809 West Dodge Rd Omaha, NE 68510						
36-3233121			 	10.7	lanu.	
	HEALTHCARE	PA	501(c)(3)	12 Type 1	CSH	No
1929 LINCOLN HWY E STE 150 LANCASTER, PA 17602						
23-2342997	COMMUNITY	NM	501(c)(3)	12 Type 1	CSH	No
1516 ETH CT NW	COMMONITY	INITI	301(0)(3)	12 Type I	CSII	I NO
1516 5TH ST NW ALBUQUERQUE, NM 87102						
71-0897107	HOSPITAL	AR	501(c)(3)	3	CHISVHS	No
300 WERNER ST					33	110
HOT SPRINGS, AR 71913						
71-0236913						

Form 990, Schedule R, Part II - Identification of Relate (a)	ed Tax-Exempt Organiza   (b)	tions (c)	(d)	(e)	(f)	(g)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state	Exempt Code section	Public charity status		Section 512 (b)(13)
		or foreign country)		(if section 501(c) (3))		controlled entity?
						Yes No
	HOLDING CO	AR	501(c)(3)	12 Type 1	SVIMC	No
300 WERNER ST HOT SPRINGS, AR 71913						
26-1125064	PHYSICIANS	AR	501(c)(3)	3	CHISVHS	No
300 WERNER ST	FITISICIANS	A.	301(c)(3)		CHISVIIS	110
HOT SPRINGS, AR 71913 26-1125131						
20-1123131	HEALTHCARE	со	501(c)(3)	12 Type 1	NA	No
198 INVERNESS DR WEST						
ENGLEWOOD, CO 80112 47-0617373						
	INVESTMENTS	CA	501(c)(3)	12 Type 1	CSH	No
185 BERRY STREET STE 300 SAN FRANCISCO, CA 94107						
85-0919176	HEALTHCARE	со	501(c)(3)	12 Type 1	CSH	No
198 INVERNESS DR WEST						
ENGLEWOOD, CO 80112 27-1050565						
	HOSPITAL	CA	501(c)(3)	3	DCC	No
1805 Medical CTR DR San Bernardino, CA 92411						
95-1643373	HOLDING CO	ОН	501(c)(4)	NONE	GSH	No
619 OAK ST ACCOUNTING-3 W	HOLDING CO	J On	301(0)(4)	NONE	ВЗП	l No
CINCINNATI, OH 45206 23-7419853						
23-7419033	FUND. FDN	IA	501(c)(3)	12 Type 1	AH-CMHMV	No
631 N 8TH ST						
MISSOURI VALLEY, IA 51555 42-1294399						
	HOSPITAL	KY	501(c)(3)	3	SJHS	No
One Saint Joseph DR LEXINGTON, KY 40504						
61-1400619	HOSPITAL	СО	501(c)(3)	3	CSH	No
185 Berry Street Ste 300	1100111112					
San Francisco, CA 94107 81-5009488						
	HOSPITAL	CA	501(c)(3)	3	CSH	No
185 BERRY STREET STE 300 SAN FRANCISCO, CA 94107						
94-1196203			504( )(0)			
200 M O. L. DD	Senior CTR SR	CA	501(c)(3)	7	DH	No
200 Mercy Oaks DR Redding, CA 96003						
23-7115371	FUND. FDN	CA	501(c)(3)	12 Type 1	DH	No
185 Berry Street						
San Francisco, CA 94107 46-2037641						
	FUND. FDN	CA	501(c)(3)	12 Type 1	DH	No
2101 N Waterman AVE San Bernardino, CA 92404						
23-7440086	FUND. FDN	AZ	501(c)(3)	12 Type 1	DH	No
475 South Dobson Rd				,,		
74-2418514						
	Self Insuranc	CA	501(c)(3)	12 Type 1	DH	No
185 Berry Street San Francisco, CA 94107						
94-3006034	C-IF T	NO.7	E01( )(2)	12.7	DII.	
105 Daving Chroads	Self Insuranc	NV	501(c)(3)	12 Type 1	DH	No
185 Berry Street San Francisco, NV 94107						
81-3800752	M/S OUTP. MED	CA	501(c)(3)	12 Type 1	DCC	No
3400 Data DR						
Rancho Cordova, CA 95670 68-0220314						
	Self Insuranc	CA	501(c)(3)	12 Type 1	DH	No
185 Berry Street San Francisco, CA 94107						
94-6612446	Community 11		E01(-)(2)	12.7	DII	
4555.6	Community Hea	CA	501(c)(3)	12 Type 1	DH	No
1555 Soquel DR Santa Cruz, CA 95065						
77-0056778						

Form 990, Schedule R, Part II - Identification of Relate (a)	d Tax-Exempt Organiza (b)	tions (c)	(d)	(e)	(f)	(g)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state	Exempt Code section	Public charity status	Direct controlling Sec	tion 512 b)(13)
		or foreign country)	Section	(if section 501(c) (3))	со	ntrolled entity?
				(3))	Ye	
	FUND. FDN	CA	501(c)(3)	12 Type 1	DH	No
1555 Soquel DR						
Santa Cruz, CA 95065 94-2450442						
	Op&M of housi	CA	501(c)(3)	10	DHS	No
1555 Soquel DR						
Santa Cruz, CA 95065 77-0127719						
	HEALTHCARE	TX	501(c)(3)	12 Type 1	SLHS	No
2801 VIA FORTUNA Ste 500 AUSTIN, TX 78746						
45-4736213						
	HOSPITAL	WA	501(c)(3)	3	FHS	No
1455 BATTERSBY AVE ENUMCLAW, WA 98022						
91-0715805	HOSPITAL	KY	501(c)(3)	3	кон	No
4305 NEW SHEPHERDSVILLE RD	TIOST TIME		301(0)(3)			
BARDSTOWN, KY 40004						
61-1345363	FUND. FDN	KY	501(c)(3)	12 Type 1	FH	No
4305 NEW SHEPHERDSVILLE RD						
BARDSTOWN, KY 40004 56-2351341						
	HEALTHCARE	ОН	501(c)(3)	10	CHILC	No
4111 N HOLLAND-SYLVANIA RD						
TOLEDO, OH 43623 34-1931806						
	FUND. FDN	WA	501(c)(3)	10	FHS	No
1717 SOUTH J ST TACOMA, WA 98405						
91-1145592						4
	HOSPITAL	WA	501(c)(3)	3	CSH	No
1717 SOUTH J ST TACOMA, WA 98405						
91-0564491	PHYSICIANS	MO	501(c)(3)	10	CSH	No
TACOMA ENC CTR BLDC 1145 DRAWAY	FITTSICIANS	MO	301(c)(3)		CSIT	110
TACOMA FNC CTR BLDG 1145 BRdWAY TACOMA, WA 98402						
43-1882377	HEALTHCARE	WA	501(c)(3)	10	FHS	No
1313 BRdWAY STE 200						
TACOMA, WA 98402 91-1939739						
	HEALTHCARE	WI	501(c)(3)	10	CSH	No
3601 S CHICAGO AVE						
SOUTH MILWAUKEE, WI 53172 39-1093829						
	FUND. FDN	CA	501(c)(3)	12 Type 1	DCC	No
1911 Johnson AVE San Luis Obispo, CA 93401						
20-3256125						
	HOSPITAL	ND	501(c)(3)	3	SAMC	No
407 THIRD AVE SOUTHEAST GARRISON, ND 58540						
45-0227752	FUND. FDN	CA	501(c)(3)	12 Type 1	DCC	No
1420 South Central AVE	, 5,15,15,1			12.7501		
Glendale, CA 91204						
95-3625651	MINISTRIES	со	501(c)(3)	12 Type 1	CSH	No
198 INVERNESS DR WEST						
ENGLEWOOD, CO 80112 20-1536108						
	EDUCATION	ОН	501(c)(3)	2	GSH	No
619 OAK ST ACCOUNTING-3 W						
CINCINNATI, OH 45206 31-1778403						
	FUND. FDN	ОН	501(c)(3)	12 Type 1	GSH	No
619 OAK ST ACCOUNTING-3 W CINCINNATI, OH 45206						
31-1206047			F04 ( ) (5)	1		<del>     </del>
	HOSPITAL	NE	501(c)(3)	3	CHI NEBRASKA	No
PO BOX 1990 KEARNEY, NE 68848						
47-0379755	FUND. FDN	NE	501(5)(2)	7	GSH	No
ALL W DICT CT	רטוזט. רטוז	INE	501(c)(3)	<b> </b>	ЭП	140
111 W 31ST ST KEARNEY, NE 68847						
47-0659443						1

Form 990, Schedule R, Part II - Identification of Related (a)	Tax-Exempt Organizat	tions (c)	(d)	(e)	(f)	(g)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state	Exempt Code section	Public charity status	Direct controlling   Sec	tion 512 b)(13)
		or foreign country)	section	(if section 501(c)	Со	ntrolled
				(3))	Ye	s No
	HOSPITAL	WA	501(c)(3)	3	FHS	No
2520 CHERRY AVE						
BREMERTON, WA 98310 91-0565546						
	FUND. FDN	WA	501(c)(3)	7	НМС	No
2520 CHERRY AVE						
BREMERTON, WA 98310 91-1197626						
	FUND. FDN	KY	501(c)(3)	12 Type 1	кон	No
1451 HARRODSBURG RD STE D-308 LEXINGTON, KY 40504						
83-2170324		<u> </u>	1	ļ		
	FUND. FDN	MN	501(c)(3)	12 Type 1	SFMC	No
2400 ST FRANCIS DR BRECKENRIDGE, MN 56520						
76-0761782	HOSPITAL	WA	501(c)(3)	3	FHS	No
16251 SYLVESTER RD SW						
BURIEN, WA 98166 91-0712166						
	SHELTER	IA	501(c)(3)	7	CHI-IA CORP	No
1111 6TH AVE						
DES MOINES, IA 50314 42-1323808						
	HOSPITAL	KY	501(c)(3)	3	кон	No
250 E Liberty St Ste 500 LOUISVILLE, KY 40202						
61-1029768						
	HEALTHCARE	KY	501(c)(3)	10	JHSMH	No
100 E Liberty St Ste 800 LOUISVILLE, KY 40202						
61-1352729	HEALTHCARE	KY	501(c)(3)	12 Type 1	CSH	No
200 ARRAHAM ELEVALER WAY	HEALTHCARE	Kī	501(6)(3)	12 Type 1	СЅП	INO
200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202						
61-1029769	HOSPITAL	MN	501(c)(3)	3	CSH	No
600 MAIN AVE S						
BAUDETTE, MN 56623 41-0758434						
12 0/30 13 1	FUND. FDN	ND	501(c)(3)	7	LHC	No
600 MAIN AVE S						
BAUDETTE, MN 56623 41-1893795						
	HOSPITAL	ND	501(c)(3)	3	CSH	No
905 MAIN ST LISBON, ND 58054						
82-0558836	PROPERTY MGMT	TX	F01(-)(3)	12.71	MHSET	N-
PO POV 4447	PROPERTY MGMT	'^	501(c)(3)	12 Type 1	MUZEI	No
PO BOX 1447 LUFKIN, TX 75901						
82-0563768	HOSPITAL	TX	501(c)(3)	3	SJSC	No
2801 FRANCISCAN DR						
BRYAN, TX 77802 74-2761145						
	LIVING ASSIST	KY	501(c)(3)	10	CHILC	No
2344 AMSTERDAM Rd						
VILLA HILLS, KY 51017 61-0654635						
	FUND. FDN	CA	501(c)(3)	12 Type 1	DH	No
1400 E Church Street Santa Maria, CA 93454						
95-3818027	HOSPITAL	CA	501(c)(3)	3	DCC	No
768 Mountain Ranch Rd	NOSITIAL					100
San Andreas, CA 95249						
68-0127677	FUND. FDN	TN	501(c)(3)	7	MHCS	No
2525 DE SALES AVE						
CHATTANOOGA, TN 37404 62-1839548						
	HOSPITAL	TN	501(c)(3)	3	CSH	No
2525 DE SALES AVE						
CHATTANOOGA, TN 37404 62-0532345						
	HEALTHCARE	TN	501(c)(3)	10	MHCS	No
5600 BRAINERD RD STE 500 CHATTANOOGA, TN 37411						
03-0417049						1

Form 990, Schedule R, Part II - Identification of Relat (a)	ed Tax-Exempt Organiza	ations (c)	(d)	(e)	(f)	(g)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state	Exempt Code section	Public charity status	Direct controlling entity	Section 512 (b)(13)
		or foreign country)	Section	(if section 501(c) (3))	Circley	controlled entity?
						Yes No
	HOSPITAL	TX	501(c)(3)	3	SLHS	No
PO BOX 1447						
LUFKIN, TX 75902 75-0755367						
	HOSPITAL	TX	501(c)(3)	3	MHSET	No
PO BOX 1447 LUFKIN, TX 75902						
76-0436439	HOSPITAL	TX	501(c)(3)	3	MHSET	No
PO BOX 1447	TIOSI TINE		301(0)(3)		1111521	
LUFKIN, TX 75902 75-2663904						
73 2303304	PHYSICIANS	TX	501(c)(3)	12 Type 1	MHSET	No
1201 FRANK AVE						
LUFKIN, TX 95904 75-2721155						
	HOSPITAL	TX	501(c)(3)	3	MHSET	No
PO BOX 1447 LUFKIN, TX 95902						
75-2492741	AUXILIARY	IA	501(c)(3)	12 Type 1	MF-DM IA	No
AAAA CTU AVE	AUXILIAKT	IA IA	301(0)(3)	12 Type 1	IMF-DIM IA	INO
1111 6TH AVE DES MOINES, IA 50314						
42-6076069	PHYSICIANS	IA	501(c)(3)	10	CHI-IA CORP	No
1111 6TH AVE						
DES MOINES, IA 50314 42-1193699						
	EDUCATION	IA	501(c)(3)	2	CHI-IA CORP	No
1111 6TH AVE						
DES MOINES, IA 50314 42-1511682						
	FUND. FDN	CA	501(c)(3)	12 Type 1	DH	No
PO Box 119 Bakersfield, CA 93302						
77-0201321	FUND. FDN	IA	501(c)(3)	7	CHI-IA CORP	No
1111 6TH AVE	ronsirism		301(0)(0)			""
DES MOINES, IA 50314 23-7358794						
23 7330771	FUND. FDN	OR	501(c)(3)	7	ммс	No
2700 STEWART PKWY						
ROSEBURG, OR 97471 93-6088946						
	FUND. FDN	IA	501(c)(3)	12 Type 1	AHMH-Corning	No
PO BOX 368 CORNING, IA 50841						
42-1461064	FUND. FDN	ND	501(c)(3)	12 Type 1	MHVC	No
570 CHAUTAUQUA BLVD	TOND. TON	ND ND	301(0)(3)	12 Type 1	MITVE	100
VALLEY CITY, ND 58072 45-0435338						
+J-0+JJJJ0	FUND. FDN	IA	501(c)(3)	12 Type 1	АНВМНЅ	No
800 MERCY DR						
COUNCIL BLUFFS, IA 51503 42-1178204						
	HOSPITAL	ND	501(c)(3)	3	CSH	No
1031 7TH ST NE DEVILS LAKE, ND 58301						
45-0227012	FUND. FDN	ND ND	501(c)(3)	7	MHDL	No
1031 7TH ST NE	ITOND. FUN	IND	301(0)(3)	(	I I I I I I I I I I I I I I I I I I I	NO
1031 7TH ST NE DEVILS LAKE, ND 58301						
35-2367360	HOSPITAL	ND	501(c)(3)	3	CSH	No
570 CHAUTAUQUA BLVD						
VALLEY CITY, ND 58072 45-0226553						
	Senior Hous/R	CA	501(c)(3)	10	DH	No
3865 J Street Sacramento, CA 95816						
68-0117340						
	HOSPITAL	ND	501(c)(3)	3	CSH	No
1301 15TH AVE WEST WILLISTON, ND 58801						
45-0231183	HOSPITAL	IA	501(c)(3)	3	CHI-IA CORP	No
ONE CT JOSEPHS DR	INUSPITAL	IA IA	301(0)(3)	٦	CHI-IA CURP	NO
ONE ST JOSEPHS DR CTRVILLE, IA 52544						
42-0680308						

Form 990, Schedule R, Part II - Identification of Relat (a)	(b)	(c)	(d)	(e)	(f)	(g)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state	Exempt Code section	Public charity status	Direct controlling entity	Section 512 (b)(13)
		or foreign country)		(if section 501(c) (3))	·	controlled entity?
						Yes No
	HOSPITAL	IA	501(c)(3)	3	CHI-IA CORP	No
204 N 4th Ave E Newton, IA 50314						
42-1470935	FUND. FDN	CA	501(c)(3)	12 Type 1	DH	No
301 E 13th Street						
Merced, CA 95340 77-0035928						
	HOSPITAL	OR	501(c)(3)	3	CSH	No
2700 STEWART PKWY ROSEBURG, OR 97471						
93-0386868	FUND. FDN	ND	501(c)(3)	12 Type 1	MMC	No
1301 15TH AVE WEST				,,		
WILLISTON, ND 58801 45-0381803						
	HOSPITAL	NE	501(c)(3)	3	CHI NEBRASKA	No
7500 S 91ST ST LINCOLN, NE 68526						
39-2031968	MANAGEMENT	ND	501(c)(3)	7	NCHA	No
2223 East Rosser AVE		2		ĺ		
Bismarck, ND 58501 91-1845296						
	FUND. FDN	CA	501(c)(3)	12 Type 1	DCC	No
18300 Roscoe Blvd Northridge, CA 91328						
23-7444901	LICCRITAL	ND	F01(a)(3)	3	CCII	No.
1200 N 7TH ST	HOSPITAL	ND	501(c)(3)	3	CSH	No
1200 N 714 S1 OAKES, ND 58474 45-0231675						
43-0231073	FUND. FDN	ND	501(c)(3)	12 Type 1	осн	No
1200 N 7TH ST						
OAKES, ND 58474 71-0966606						
	Clinic	CA	501(c)(3)	3	DCC	No
1400 E Church Street Santa Maria, CA 93454						
77-0447575	PROPERTY MGMT	TX	501(c)(3)	12 Type 1	MHSET	No
PO BOX 1447						
LUFKIN, TX 75902 75-2493116						
	HOSPITAL	CA	501(c)(3)	3	DH	No
3400 Data DR Rancho Cordova, CA 95670						
46-5322209	HEALTHCARE	ОН	501(c)(3)	10	CHILC	No
2025 HAYES AVE						
SANDUSKY, OH 44870 34-1658625						
	HOLDING CO	ОН	501(c)(3)	12 Type 1	CHILC	No
2025 HAYES AVE SANDUSKY, OH 44870						
34-1826099	LIVING COMM	ОН	501(c)(3)	10	CHILC	No
5055 PROVIDENCE DR						
SANDUSKY, OH 44870 34-1896807						
	COMMUNITY	со	501(c)(3)	7	СНІС	No
1925 E ORMAN AVE STE G52 PUEBLO, CO 81004						
84-1234295	HOSPITAL	WA	501(c)(3)	3	FHS	No
16251 Sylvester Rd SW						
Burien, WA 98166 91-1170040						
	Senior CTR SR	со	501(c)(3)	7	CHIC	No
9100 E Mineral Circle Centennial, CO 80112						
84-1183335	HEALTHCARE	NJ	501(c)(3)	10	SCHS	No
25 POCONO RD	TEACH ICARE	143	301(0)(0)		55.15	140
DENVILLE, NJ 07834 22-2876836						
	MANAGEMENT	NJ	501(c)(3)	10	СЅН	No
25 POCONO RD						
DENVILLE, NJ 07834 22-3639733						

Form 990, Schedule R, Part II - Identification of Relate (a)	ed Tax-Exempt Organiza   (b)	ntions (c)	(d)	(e)	(f)	(g)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state	Exempt Code section	Public charity status	Direct controlling Sec	tion 512 b)(13)
		or foreign country)		(if section 501(c) (3))	co	ntrolled entity?
					Ye	
	HEALTHCARE	NJ	501(c)(3)	3	SCHS	No
25 POCONO RD DENVILLE, NJ 07834						
22-3319886	FUND. FDN	NE	501(c)(3)	7	SERMC	No
555 S 70TH ST	. 5.15.17.5.1			ľ		
LINCOLN, NE 68510 47-0625523						
	HOSPITAL	NE	501(c)(3)	3	SERMC	No
555 S 70TH ST LINCOLN, NE 68510						
36-3233120	HOSPITAL	NE	501(c)(3)	3	CHI NEBRASKA	No
555 S 70TH ST	TIOSI TINE	1,12	301(0)(3)		CHI NEDIVICIO	"
LINCOLN, NE 68510 47-0379836						
	HOSPITAL	NE	501(c)(3)	3	CHI NEBRASKA	No
2620 W FAIDLEY GRAND ISLAND, NE 68803						
47-0376601	FUND. FDN	NE	F01(a)(3)	7	SFMC	No
PO BOX 9804	I OND. FUN	INE	501(c)(3)	ľ	STIFIC	INO
GRAND ISLAND, NE 68802 47-0630267						
47 0030207	HOSPITAL	CA	501(c)(3)	3	DCC	No
900 Hyde Street San Francisco, CA 94109						
94-1156295	FUND FDN	10/		<u> </u>	07110	
205 FCTILL CT	FUND. FDN	KY	501(c)(3)	7	SJHS	No
305 ESTILL ST BEREA, KY 40403						
26-0152877	HOSPITAL	KY	501(c)(3)	3	кон	No
200 ABRAHAM FLEXNER WAY						
LOUISVILLE, KY 40202 61-1334601						
	FUND. FDN	KY	501(c)(3)	7	SJHS	No
1001 SAINT JOSEPH LANE LONDON, KY 40741						
26-0438748	FUND. FDN	KY	501(c)(3)	7	SJHS	No
225 FALCON DR						
MOUNT STERLING, KY 40353 27-2884584						
	FUND. FDN	ND	501(c)(3)	12 Type 1	SJHHC	No
2500 Fairway Street DICKINSON, ND 58601						
36-3418207	INACTIVE	CA	501(c)(3)	12 Type 1	DH	No
438 West Las Tunas DR						
San Gabriel, CA 91776 95-3430341						
	FUND. FDN	NE	501(c)(3)	12 Type 1	AHMHS	No
104 W 17TH ST SCHUYLER, NE 68661						
36-3630014	HOSPITAL	CA	501(c)(3)	3	DCC	No
155 Glasson Way						
Grass Valley, CA 95945 94-1439787						
	HOSPITAL	МО	501(c)(3)	3	CSH	No
198 INVERNESS DR WEST ENGLEWOOD, CO 80112						
44-0545809	FUND. FDN	CA	501(c)(3)	12 Type 1	DH	No
2323 De La Vina St Ste 104						
Santa Barbara, CA 93105 23-7137119						
	INACTIVE	CA	501(c)(3)	12 Type 1	DH	No
601 E Micheltorena Street Santa Barbara, CA 93103						
77-0022302	FUND. FDN	CA	501(c)(3)	12 Type 1	DH	No
1600 North Rose AVE			\-/\-/			
Oxnard, CA 93030 20-2865781						
	FUND. FDN	AZ	501(c)(3)	12 Type 1	DH	No
350 West Thomas Rd Phoenix, AZ 85013						
94-2941245						

Form 990, Schedule R, Part II - Identification of Related (a)	Tax-Exempt Organizat	tions (c)	(d)	(e)	(f)	(g)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state	Exempt Code section	Public charity status	Direct controlling Sec	tion 512 b)(13)
		or foreign country)	Section	(if section 501(c) (3))	co	ntrolled entity?
				(3))	Ye	
	FUND. FDN	CA	501(c)(3)	12 Type 1	DH	No
1800 N California Street Stockton, CA 95204						
51-0432777	FUND FON		E01(a)(3)	13 Type 1	DH	No.
1050 linder AVE	FUND. FDN	CA	501(c)(3)	12 Type 1	<b>В</b>	No
1050 Linden AVE Long Beach, CA 90813						
23-7153876	INACTIVE	CA	501(c)(3)	12 Type 1	DH	No
1050 Linden AVE						
Long Beach, CA 90813 23-7373088						
	FUND. FDN	CA	501(c)(3)	12 Type 1	DH	No
450 Stanyan Street San Francisco, CA 94117						
94-3336143						
	FUND. FDN	NV	501(c)(3)	12 Type 1	DH	No
3001 St Rose Parkway Henderson, NV 89052						
88-0349432	HOSPITAL	ND	501(c)(3)	3	CSH	No
900 EAST BRdWAY AVE						
BISMARCK, ND 58501 45-0226711						
	HOSPITAL	OR	501(c)(3)	3	CSH	No
2801 St Anthony Way PENDLETON, OR 97801						
93-0391614						
	FUND. FDN	OR	501(c)(3)	12 Type 1	SAH	No
2801 St Anthony Way PENDLETON, OR 97801						
93-0992727	HOSPITAL	AR	501(c)(3)	3	SVIMC	No
FOUR HOSPITAL DR	THOSE TIME	/ / //				"
MORRILTON, AR 72110 71-0245507						
71-0243307	HOSPITAL	KS	501(c)(3)	3	CSH	No
401 EAST SPRUCE ST						
GARDEN CITY, KS 67846 48-0543721						
	FUND. FDN	KS	501(c)(3)	12 Type 1	SCH	No
401 EAST SPRUCE ST GARDEN CITY, KS 67846						
20-0598702	LIVING COMM	OH	501(c)(3)	10	CHILC	No
12469 Five Point Rd	LIVING COMM		301(c)(3)	10	CHIEC	I NO
TOLEDO, OH 43551 27-0163752						
2/-0103/32	HEALTHCARE	OR	501(c)(4)	NONE	CSH	No
198 INVERNESS DR WEST						
ENGLEWOOD, CO 80112 93-0433692				<u> </u>		
	LTERM CARE	MN	501(c)(3)	10	CSH	No
2400 ST FRANCIS DR BRECKENRIDGE, MN 56520						
41-0729978	ELDERLY CARE	L NJ	501(c)(3)	8	SCHS	No
19 POCONO RD	LLDERLI CARE	ראו	501(0)(3)		5015	140
DENVILLE, NJ 07834 22-2536017						
55-57300T/	HOSPITAL	MN	501(c)(3)	3	CSH	No
2400 ST FRANCIS DR						
BRECKENRIDGE, MN 56520 41-0695598						
	FUND. FDN	TX	501(c)(3)	12 Type 1	SJSC	No
2801 FRANCISCAN DR BRYAN, TX 77802						
74-2351158	HEALTHCARE	TX	501/63/23	10	SJSC	No
2801 FRANCISCAN DR	HLALINCAKE		501(c)(3)		3330	INO
BRYAN, TX 77802						
74-2847594	HOSPITAL	MD	501(c)(3)	3	CSH	No
201 INTERNATIONAL CIRCLE STE 212						
HUNT VALLEY, MD 21030 52-0591461						
	PHYSICIANS	TX	501(c)(3)	3	SJSC	No
2801 FRANCISCAN DR						
BRYAN, TX 77802 20-3159302				<u> </u>		

Maint Servers, or SET of resided agas action   Prince 's solidy   Legal densite   Servery Certs   Off Servers (1987)   Prince 's solidy   Off Servers (1987)   Off Servers (198	Form 990, Schedule R, Part II - Identification of Rela (a)	ted Tax-Exempt Organiz	ations   (c)	(d)	(e)	(f)	(g)
March   Marc	Name, address, and EIN of related organization	Primary activity	Legal domicile	Exempt Code	Public charity	Direct controlling	Section 512
Proceedings						,	controlled
201 FEBRUARY DE CONTROL DE CONTRO							
Mart		PHYSICIANS	MD	501(c)(3)	12 Type 1	SJMC	No
MOSTPH_   IX	201 INTERNATIONAL CIRCLE STE 212 HUNT VALLEY, MD 21030						
200   PRINCESSOR   1	52-1311775	HOSPITAL	TX	501(c)(3)	3	SJSC	No
STATE   177900   STATE   STA	2801 FRANCISCAN DR						
	BRYAN, TX 77802 74-1282696						
SCHOOL 17, 17992   SCHOOL 17,		HOSPITAL	TX	501(c)(3)	3	SJSC	No
15-1503173	2801 FRANCISCAN DR BRYAN, TX 77802						
	45-4088170	HEALTHCARE	TY	501(c)(3)	10	SISC	No
MANAGEMENT   TX   S02(0)(3)   22 Type 1   SUIS   ModelMENT   TX   S02(0)(3)   22 Type 1   SUIS   ModelMENT   ModelMENT   TX   S02(0)(3)   23   CSH   ModelMENT	2801 FRANCISCAN DR	HEALITICARE		301(0)(3)			110
MANAGEMENT   TX   \$51(c)(3)   \$2 * 796 1	BRYAN, TX 77802						
NEWFORK 17, 1992		MANAGEMENT	TX	501(c)(3)	12 Type 1	SLHS	No
PROSPETAL NO SOLICIOS SOLICIO SOLI	2801 FRANCISCAN DR						
	74-2455161	UOGDITAL		504(-)(2)		logu.	
MOSPITAL   HID   STIL((13)   3   C5H   No	600 DI EACANT AVE	HUSPITAL	MN	201(c)(3)	3	CSH	No
MOSPITAL   NO   SOLICIO	PARK RAPIDS, MN 56470						
DICKING NO. NO. S0001	41-0695603	HOSPITAL	ND	501(c)(3)	3	CSH	No
SECURION   STATE   SECURITY   S	2500 Fairway St						
### HOSPITAL TX 501(c(1) 3 S.HS NO HOSPITAL TX 501(c(1) 3 S.HS	DICKINSON, ND 58601 45-0226429						
TRIVILE, DI 45458    MOSPITAL   TX   S01(c)(1)   3   S. INS   No		LIVING COMM	ОН	501(c)(3)	10	CHILC	No
## HOSPITAL TX \$01(c)(3) 3 S.HS No Moderate	8100 CLYO Rd CTRVILLE, OH 45458						
BEAT ANALITY STE 2503	34-1940863	HOSPITAL	TX	501(c)(3)	3	SLHS	No
## MOSPITAL TX \$01(c)(3) 3 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	6624 FANNIN ST STE 2505						
	HOUSTON, TX 77030 27-3733278						
HOUSTON, TX 77030 HOUSTON, TX 77030 HOSPITAL FORPITAL TX S01(c)(3) 3 SLHS No HOSPITAL TX S01(c)(3) 7 SLHS No HOUSTON, TX 77030 HOSPITAL TX S01(c)(3) 7 SLHS No HOSPITAL TX S01(c)(3) 7 SLHS No HOSPITAL TX S01(c)(3) 7 SLHS No HOSPITAL TX S01(c)(3) 12 Type 1 CSH No HOSPITAL TX S01(c)(3) 12 Type 1 CSH No HOSPITAL TX S01(c)(3) 12 Type 1 SLHS No HOSPITAL HOSP		HOSPITAL	TX	501(c)(3)	3	SLHS	No
MOSPITAL   NOSPITAL	6624 FANNIN ST STE 2505 HOUSTON TX 77030						
Moderation   Mod	26-1947374	HOSBITAL		501(c)(3)	2	C L LIC	No
HOSPITAL TX 501(c)(3) 3 SLHS No 6624 FANNIN ST STE 1100 HOSPITAL TX 501(c)(3) 3 SLHS No HOSPITAL TX 501(c)(3) 3 SLHS No HOSPITAL TX 501(c)(3) 7 SLHS No HOSPITAL TX 501(c)(3) 7 SLHS No HOSPITAL TX 501(c)(3) 7 SLHS No HOSPITAL TX 501(c)(3) 12 Type 1 CSH No HOSPITAL TX 501(c)(3) 12 Type 1 CSH No HOSPITAL TX 501(c)(3) 3 SLHS No HOSPITAL TX 501(c)(3) 3 SLHS No HOSPITAL TX 501(c)(3) 3 SLHS No HOSPITAL TX 501(c)(3) 12 Type 1 SLHS No HOSPITAL NO HOSPITAL NE 68410 HOSPITAL N	6624 FANNIN ST STE 2505	HOSPITAL		301(0)(3)		32113	100
HOSPITAL TX 501(c)(3) 3 SLHS No HOSPITAL TX 501(c)(3) 3 SLHS No HOUSTON, TX 77030 76-0536234  FUND. FDN TX 501(c)(3) 7 SLHS No HOUSTON, TX 77030 76-0536234  FUND. FDN TX 501(c)(3) 7 SLHS No HOUSTON, TX 77004 75-051623 70 SLHS No HOUSTON, TX 77004 75-0536232 HOSPITAL TX 501(c)(3) 12 Type 1 CSH No HOSPITAL TX 501(c)(3) 3 SLHS No HOUSTON, TX 77225 76-0536232 HOSPITAL TX 501(c)(3) 3 SLHS No HOUSTON, TX 77030 76-0536232 HOSPITAL TX 501(c)(3) 12 Type 1 SLHS No HOUSTON, TX 77004 76-0531716 PROPERTY MGMT TX 501(c)(3) 12 Type 1 SLHS No HOUSTON, TX 77004 76-0531716 PROPERTY MGMT TX 501(c)(3) 12 Type 1 SLCDC-SL No HOUSTON, TX 77030 75-120349 HOSPITAL NE 501(c)(3) 3 CHI NEBRASKA No HOSPITAL NE 501(c)(3) 7 SMCH NO HOSPITAL NO HOSPITA	HOUSTON, TX 77030						
HOUSTON, TX 77030 FUND. FDN TX 501(c)(3) 7 SLHS No  1213 HERMANN DR STE 855 HOUSTON, TX 77004 15-3811485  MANVAGEMENT TX 501(c)(3) 12 Type 1 CSH No  MOUSTON, TX 77225 76-0536232  HOSPITAL TX 501(c)(3) 3 SLHS No  6624 FANNIN ST STE 2505 HOUSTON, TX 77030 26-3734606  PROPERTY MGMT TX 501(c)(3) 12 Type 1 SLHS No  1213 HERMANN DR STE 855 HOUSTON, TX 77030  PROPERTY MGMT TX 501(c)(3) 12 Type 1 SLHS No  1213 HERMANN DR STE 2505 HOUSTON, TX 77030  6624 FANNIN ST STE 2505 HOUSTON, TX 77004 FOR 5031716  PROPERTY MGMT TX 501(c)(3) 12 Type 1 SLHS No  16624 FANNIN ST STE 2505 HOUSTON, TX 77004 FOR 5031716  PROPERTY MGMT TX 501(c)(3) 12 Type 1 SLCDC-SL No  1301 Grundman Boulevard NERRASKA CITY, NE 68410 FUND. FDN NE 501(c)(3) 7 SMCH No  1314 3R0 AVE NEBRASKA CITY, NE 68410 FUND. FDN NE 501(c)(3) 12 Type 1 SVIMC No  170-97-9707604 FUND. FDN AR 501(c)(3) 12 Type 1 SVIMC No	20 0333302	HOSPITAL	TX	501(c)(3)	3	SLHS	No
FUND. FDN   TX   501(c)(3)   7   SLHS   No	6624 FANNIN ST STE 1100						
1213 HERMANN DR STE 855 HOUSTON, TX 77004  MANAGEMENT TX 501(c)(3) 12 Type 1 CSH No PO Box 20269 HOUSTON, TX 77225 PO Box 20269 HOUSTON, TX 77225 HOSPITAL TX 501(c)(3) 3 SLHS No HOUSTON, TX 77030 PROPERTY MGMT TX 501(c)(3) 12 Type 1 SLHS No 1213 HERMANN DR STE 2505 HOUSTON, TX 77030 PROPERTY MGMT TX 501(c)(3) 12 Type 1 SLHS No 1213 HERMANN ST STE 2505 HOUSTON, TX 77004 PROPERTY MGMT TX 501(c)(3) 12 Type 1 SLCDC-SL No 16624 FANNIN ST STE 2505 HOUSTON, TX 77004 PROPERTY MGMT TX 501(c)(3) 12 Type 1 SLCDC-SL No 1301 Grundman Boulevard WERRASKA CITY, NE 68410 PROPERTY MGMT NE 501(c)(3) 7 SMCH No 1314 3RD AVE WEBRASKA CITY, NE 68410 PROPS TVINCENT CIRCLE  FUND. FDN AR 501(c)(3) 12 Type 1 SVIMC No 1011 TITLE ROCK, PA 72205	76-0536234						
HOUSTON, TX 77004  45-3811485  MANAGEMENT  TX  501(c)(3)  12 Type 1  CSH  No  PO Box 20269  HOUSTON, TX 77225  76-0336232  HOSPITAL  TX  501(c)(3)  3 SLHS  No  6624 FANNIN ST STE 2505  HOUSTON, TX 77030  26-3734606  PROPERTY MGMT  TX  501(c)(3)  12 Type 1  SLHS  No  13 SLHS  No  14 SUBJECT SUBJ	4343 HERMANN DR GTE GEE	FUND. FDN	l IX	501(c)(3)	/	SLHS	No
MANAGEMENT TX 501(c)(3) 12 Type 1 CSH No PO Box 20269 HOUSTON, TX 77225 76-0536232 HOSPITAL TX 501(c)(3) 3 SLHS No 6624 FANNIN ST STE 2505 HOUSTON, TX 77030 26-3734606 PROPERTY MGMT TX 501(c)(3) 12 Type 1 SLHS No HOUSTON, TX 77004 76-0531716 PROPERTY MGMT TX 501(c)(3) 12 Type 1 SLCDC-SL No 6624 FANNIN ST STE 2505 HOUSTON, TX 77004 76-0531716 PROPERTY MGMT TX 501(c)(3) 12 Type 1 SLCDC-SL No 6624 FANNIN ST STE 2505 HOUSTON, TX 77030 45-4120549 HOSPITAL NE 501(c)(3) 3 CHI NEBRASKA No 1301 Grundman Boulevard NEBRASKA CITY, NE 68410 47-0443636 FUND. FDN NE 501(c)(3) 7 SMCH No 1314 3RD AVE NEBRASKA CITY, NE 68410 47-0707604 FUND. FDN AR 501(c)(3) 12 Type 1 SVIMC NO N	HOUSTON, TX 77004						
HOUSTON, TX 77225 76-0536232  HOSPITAL  TX 501(c)(3) 3 SLHS  NO  6624 FANNIN ST STE 2505 HOUSTON, TX 77030 26-3734606  PROPERTY MGMT  TX 501(c)(3) 12 Type 1  SLHS  NO  1213 Hermann DR Ste 855 HOUSTON, TX 77004  76-0531716  PROPERTY MGMT  TX 501(c)(3) 12 Type 1  SLCDC-SL  NO  6624 FANNIN ST STE 2505 HOUSTON, TX 77030  HOSPITAL  NE 501(c)(3) 3 CHI NEBRASKA  NO  1301 Grundman Boulevard NEBRASKA CITY, NE 68410 47-0443636  FUND. FDN  NE 501(c)(3) 7 SMCH  NO  1314 3RD AVE NEBRASKA CITY, NE 68410 47-0707064  FUND. FDN  AR 501(c)(3) 12 Type 1  SVIMC  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	45-3611465	MANAGEMENT	TX	501(c)(3)	12 Type 1	CSH	No
HOSPITAL   TX   S01(c)(3)   3   SLHS   No	PO Box 20269						
### 100 ST VINCENT CIRCLE LITTLE ROOK # 72205  ### 2015 A 2016 A	76-0536232						
### HOUSTON, TX 77030 26-3734606  PROPERTY MGMT  TX  \$01(c)(3)  \$12 Type 1  \$LHS  No  1213 Hermann DR Ste 855  HOUSTON, TX 77004  76-0531716  PROPERTY MGMT  TX  \$01(c)(3)  \$12 Type 1  \$LCDC-SL  No  6624 FANNIN ST STE 2505  HOUSTON, TX 77030  45-4120549  HOSPITAL  NE  \$01(c)(3)  \$3  \$CHI NEBRASKA  No  1301 Grundman Boulevard  NEBRASKA CITY, NE 68410  47-0433636  FUND. FDN  NE  \$01(c)(3)  7  \$MCH  No  1314 3RD AVE  NEBRASKA CITY, NE 68410  47-0707604  FUND. FDN  AR  \$01(c)(3)  12 Type 1  \$VIMC  No  No  TWO ST VINCENT CIRCLE  LITTLE ROCK, AR 72205		HOSPITAL	TX	501(c)(3)	3	SLHS	No
PROPERTY MGMT TX 501(c)(3) 12 Type 1 SLHS No  1213 Hermann DR Ste 855 HOUSTON, TX 77004 76-0531716  PROPERTY MGMT TX 501(c)(3) 12 Type 1 SLCDC-SL No  6624 FANNIN ST STE 2505 HOUSTON, TX 77030 45-4120549  HOSPITAL NE 501(c)(3) 3 CHI NEBRASKA No  1301 Grundman Boulevard NEBRASKA CITY, NE 68410 47-0443636  FUND. FDN NE 501(c)(3) 7 SMCH No  1314 3RD AVE NEBRASKA CITY, NE 68410 47-0707604  FUND. FDN AR 501(c)(3) 12 Type 1 SVIMC No  TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205	HOUSTON, TX 77030						
1213 Hermann DR Ste 855 HOUSTON, TX 77004 76-0531716  PROPERTY MGMT  TX  S01(c)(3)  12 Type 1  SLCDC-SL  No  6624 FANNIN ST STE 2505 HOUSTON, TX 77030 45-4120549  HOSPITAL  NE  S01(c)(3)  3 CHI NEBRASKA  No  1301 Grundman Boulevard NEBRASKA CITY, NE 68410 47-0443636  FUND. FDN  NE  S01(c)(3)  7  SMCH  No  1314 3RD AVE NEBRASKA CITY, NE 68410 47-0707604  FUND. FDN  AR  S01(c)(3)  7  SMCH  No  No  TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205	26-3734606	PROPERTY MGMT	TX	501(c)(3)	12 Type 1	SLHS	No
76-0531716  PROPERTY MGMT  TX  501(c)(3)  12 Type 1  SLCDC-SL  No  6624 FANNIN ST STE 2505 HOUSTON, TX 77030  45-4120549  HOSPITAL  NE  501(c)(3)  3  CHI NEBRASKA  No  1301 Grundman Boulevard NEBRASKA CITY, NE 68410 47-0443636  FUND. FDN  NE  501(c)(3)  7  SMCH  No  1314 3RD AVE NEBRASKA CITY, NE 68410 47-0707604  FUND. FDN  AR  501(c)(3)  12 Type 1  SVIMC  No  TWO ST VINCENT CIRCLE LITTILE ROCK, AR 72205	1213 Hermann DR Ste 855						
6624 FANNIN ST STE 2505 HOUSTON, TX 77030 45-4120549  HOSPITAL  NE 501(c)(3) 3 CHI NEBRASKA No  1301 Grundman Boulevard NEBRASKA CITY, NE 68410 47-0443636  FUND. FDN  NE 501(c)(3) 7 SMCH  No  1314 3RD AVE NEBRASKA CITY, NE 68410 47-0707604  FUND. FDN  AR 501(c)(3) 12 Type 1 SVIMC  No  TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205	HOUSTON, TX 77004 76-0531716						
HOUSTON, TX 77030 45-4120549  HOSPITAL  NE  501(c)(3)  3  CHI NEBRASKA  No  1301 Grundman Boulevard NEBRASKA CITY, NE 68410 47-0443636  FUND. FDN  NE  501(c)(3)  7  SMCH  No  1314 3RD AVE NEBRASKA CITY, NE 68410 47-0707604  FUND. FDN  AR  501(c)(3)  12 Type 1  SVIMC  No  TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205		PROPERTY MGMT	TX	501(c)(3)	12 Type 1	SLCDC-SL	No
## HOSPITAL NE 501(c)(3) 3 CHI NEBRASKA NO NO NE 1301 Grundman Boulevard NEBRASKA CITY, NE 68410 ## PUND. FDN NE 501(c)(3) 7 SMCH NO NO NO NE 1314 3RD AVE NEBRASKA CITY, NE 68410 ## PUND. FDN AR 501(c)(3) 12 Type 1 SVIMC NO TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205	6624 FANNIN ST STE 2505 HOUSTON, TX 77030						
1301 Grundman Boulevard NEBRASKA CITY, NE 68410 47-0443636  FUND. FDN  NE  501(c)(3)  7  SMCH  No  1314 3RD AVE NEBRASKA CITY, NE 68410 47-0707604  FUND. FDN  AR  501(c)(3)  12 Type 1  SVIMC  No  TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205	45-4120549	HOSPITAI	NF	501(c)(3)	3	CHI NEBRASKA	No.
NEBRASKA CITY, NE 68410 47-0443636  FUND. FDN  NE  501(c)(3)  7  SMCH  No  1314 3RD AVE NEBRASKA CITY, NE 68410 47-0707604  FUND. FDN  AR  501(c)(3)  12 Type 1  SVIMC  No  TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205	1301 Grundman Boulevard			(-)(-)	_		
FUND. FDN NE 501(c)(3) 7 SMCH No  1314 3RD AVE NEBRASKA CITY, NE 68410 47-0707604  FUND. FDN AR 501(c)(3) 12 Type 1 SVIMC No  TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205	NEBRASKA CITY, NE 68410 47-0443636						
NEBRASKA CITY, NE 68410 47-0707604  FUND. FDN  AR  501(c)(3)  12 Type 1  SVIMC  No  TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205		FUND. FDN	NE	501(c)(3)	7	SMCH	No
47-0707604 FUND. FDN AR 501(c)(3) 12 Type 1 SVIMC No TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205	1314 3RD AVE						
TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205	47-0707604			E04/ \/C;	1.2 =	la marcina de la	
LITTLE ROCK, AR 72205		FUND. FDN	AR	501(c)(3)	12 Type 1	SVIMC	No
	TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 51-0169537						

Form 990, Schedule R, Part II - Identification of Related			1	1		
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	<b>(f)</b> Direct controlling entity	(g) Section 512 (b)(13) controlled entity?
	HOSPITAL	AR	501(c)(3)	3	CSH	Yes No
TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 71-0236917	HOSFITAL	AIN	301(0)(3)		CSII	No
	HEALTHCARE	AR	501(c)(3)	10	SVIMC	No
TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 71-0830696						
1715 INDIAN WOOD CIR 200 MAUMEE, OH 43537 34-1412964	HEALTHCARE	ОН	501(c)(3)	12 Type 1	CSH	No
1715 INDIAN WOOD CIR 200 MAUMEE, OH 43537	FUND. FDN	ОН	501(c)(3)	12 Type 1	SFH	No
45-5357161	ASSIST LIVING	ОН	501(c)(3)	10	CHILC	No
5000 PROVIDENCE DR SANDUSKY, OH 44870 34-1826097						
100 MEDICAL DR LAKE JACKSON, TX 77566 74-1385192	HOSPITAL	тх	501(c)(3)	3	SLHS	No
74 1505152	HOSPITAL	ОН	501(c)(3)	3	CSH	No
619 OAK ST ACCOUNTING-3 W CINCINNATI, OH 45206 31-0537486						
	PHYSICIANS	NE	501(c)(3)	12 Type 1	CHI NEBRASKA	No
2000 Q ST STE 500 LINCOLN, NE 68503 47-0780857						
9100 E Mineral Circle Centennial, CO 80112 84-0927232	HOSPITAL	со	501(c)(3)	3	СНІС	No
04-0927232	FUND. FDN	ОН	501(c)(3)	12 Type 1	THS	No
380 SUMMIT AVE STEUBENVILLE, OH 43952 31-1329423						
	HEALTHCARE	ОН	501(c)(3)	12 Type 1	NA	No
380 SUMMIT AVE STEUBENVILLE, OH 43952 34-1818681						
819 NORTH FIRST STREET DENNISON, OH 44621 27-5401105	HOSPITAL	ОН	501(c)(3)	3	THS	No
27 3401103	ASSIST LIVING	ОН	501(c)(3)	7	THS	No
ONE ROSS PARK BLVD STEUBENVILLE, OH 43952 34-1522484						
	HOSPITAL	MN	501(c)(3)	3	CSH	No
815 SE 2ND ST LITTLE FALLS, MN 56345 41-0721642						
801 PAGE DR FARGO, ND 58103 45-0226714	LTERM CARE	ND	501(c)(3)	10	CSH	No
	HOME HEALTH	NJ	501(c)(3)	10	SCHS	No
191 WOODPORT RD SPARTA, NJ 07871 22-1768334						

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (c) (h) (e) Lègal General (g) Disproprtionate Predominant (k) (b) Domicile Direct Share of total Share of end-ofor allocations? Code V-UBI amount in Percentage Name, address, and EIN of income(related Primary activity Managing (State Controlling income year assets Box 20 of Schedule K-1 ownership related organization unrelated, Partner? Entity excluded from (Form 1065) Foreign tax under Country sections 512-514) Yes Yes No No American Mercy Home Care LLC HOME HEALTH NA OH N/A 0 0 0 % Nο Nο 1700 EDISON DR MILFORD, OH 45150 83-0486150 ARIZONA CARE NETWORK -Care Network ΑZ DCC N/A 0 0 No No 0 % NEXT LLC 350 W Thomas Rd Phoenix, AZ 85018 47-4696671 Arizona Care Network LLC (ACN Care Network ΑZ DCC N/A 0 0 No No 350 W Thomas Rd Phoenix, AZ 85013 45-4494682 Audubon Land Company LLC СО CHIC N/A 0 0 No Real Estate No 0 % 630 Spointe Court 200 COLORADO SPRINGS, CO 84-1513085 AVON EMERGENCY & URGENT HC SRVC СО CHIC 0 0 N/A No 0 % No CARE CTR LLC 9100 E Mineral Circle Centennial, CO 80112 81-1727282 BAYLOR CHI ST LUKES HEALTH HC SRVC ΤX SLHS N/A 0 0 No No 0 % SrvC LLC 6624 Fannin St Ste 1100 HOUSTON, TX 77030 47-2079184 BERGAN MERCY SURGERY CTR AMBUL SURG CTR ACH 0 0 ΝE N/A No No 0 % 7710 Mercy Rd Ste 200 OMAHA, NÉ 68124 20-8671994 BERYWOOD OFFICE PHYS OFFICE TN MHCS N/A 0 0 0 % No Nο PROPERTIES LLC 2501 Citico ave CHATTANOGA, TN 37404 62-1875199 BIOLIFE DIGNITY HEALTH DHI LLC Health SRVC CH N/A 0 0 No No 0 % INTERNATIONAL LTD 709 Wing on Plza 62 Mody RD TST E Kowloon Hong Kong CH **BLUEGRASS REGIONAL** DIAG IMAGING ΚY SJHS N/A 0 0 No No 0 % IMAGING CTR 1218 S BRoDWAY STE 310 LEXINGTON, KY 40504 61-1386736 0 CBCC Outsmarting Cancer LLC Rad/Onc/Cyberknif CA DH N/A No No 0 % 6501 Truxtun ave Bakersfield, CA 93309 46-1602286 SFMC 0 0 CENTRAL NEBRASKA REHAB Physical Therapy NE N/A No No 0 % SRVC LLC 3004 W FAIDLEY ave GRAND ISLAND, NE 68803 81-0653461 CENTURA-SCA HOLDINGS LLC OP SURGERY CTR ΑL CHIC N/A 0 0 No No 0 % 569 BROOK VILLAGE STE 901 BIRMINGHAM, AL 35209 47-4823023 474,527 3,425,672 1,090 CHI OPERATING INVESTMENT INVESTMENTS CO CSH excluded No No 0.060 % PROGRAM LP 198 INVERNESS DR WEST ENGLEWOOD, CO 80112 47-0727942 SURGERY CTR CHICAMSURG Surgery CTRs CO CHIC N/A 0 0 No No 0 % 1A Burton Hills Blvd Nashville, TN 37215 46-5683027

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (c) (h) (e) General Lègal (g) Disproprtionate (k) (b) Predominant (i) Domicile Direct Share of total | Share of endor Primary activity income(related, allocations? Code V-UBI amount in Percentage Name, address, and EIN of Managing (State Controlling income of-year assets Box 20 of Schedule K-1 ownership related organization unrelated, Partner? or Entity excluded from (Form 1065) Foreign tax under Country sections 512-514) Yes Nο Yes No Colorado Springs CK Leasing LLC REAL ESTATE CO CHIC N/A 0 0 No No 0 % 630 Spointe Court 200 COLORADO SPRINGS, CO 80906 26-2982714 CM HOME CARE SRVC of HOME HEALTH ОН NA N/A 0 No 0 % Nο Springfield LLC 1700 EDISON DR MILFORD, OH 45150 31-1746556 DE JV LLC NV DH N/A 0 0 Nο 0 % **Emergency Care** No 8686 New Trails DR The Woodlands, TX 77381 32-0496548 DHHP Surgery CTRs LLC SURGERY CA DCC N/A 0 0 No 0 % No 1513 S Grand ave Ste 350 Los Angeles, CA 90015 83-1847466 DHRT Holdings LLC Holding Company DE DHHC N/A 0 0 Νo No 0 % 185 Berry Street STE 300 San Francisco, CA 94107 35-2484591 Dignity- GoHealthUrgent Care DE DCC 0 mgt SRVC N/A No Νo 0 % 5555 Glenridge Connector STE Atlanta, GA 30342 35-2548698 HC SRVC DE NΑ N/A 0 0 Dignity Health at Home LLC Νo No 0 % 1700 EDISON DR MILFORD, OH 45150 82-4674115 Dignity Health Specialty Pharmacy Spec. Pharm SRVC DE DCC N/A 0 0 No 0 % No 185 Berry Street STE 300 San Francisco, CA 94107 32-0589462 0 0 Dignity Home Recovery Care LLC Home Recov. Prgm DE DCC N/A Νo 0 % No 49 Music SQ West STE 401 Nashville, TN 37203 83-2832522 DIGNITYUSP LAS VEGAS SURG ΤX locc N/A 0 % Surgery 0 0 No No CTRS LLC 15305 Dallas PKWY STE 1600 LB 28 Addison, TX 75001 20-2999237 DignityUSP NorCal Surgery CTRs SURGERY ΤX DHMF N/A 0 0 No No 0 % 15305 Dallas PKWY STE 1600 LB 28 Addison, TX 75001 20-2468509 DIGNITYUSP PHOENIX SURGERY ТХ DCC N/A 0 0 % Surgery 0 No No CTRS LLC 15305 Dallas PKWY STE 1600 LB Addison, TX 75001 13-4248908 DignityUSPJohn Muir East Bay SURGERY DHMF ΤX N/A 0 No No 0 % Surg Ctrs 15305 Dallas PKWY STE 1600 LB Addison, TX 75001 35-2584991 DCC No Dignity-Abrazo Health Network mgt SRVC ΑZ N/A 0 0 No 0 % 3030 N Central ave STE 1402 Phoenix, AZ 85012 46-5477985 Dominican Magnetic Resonance Imaging CTR CA DH N/A 0 No No 0 % Imaging CTR 1545 Soquel DR Santa Cruz, CA 94065

77-0095477

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)	<b>(f)</b> Share of total income	(g) Share of end- of-year assets	(h) Disproprtional allocations?  Yes No	Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j Gen o Mana Parti	eral r aging ner?	(k) Percentage ownership
ECCS ACQUISITION COMPANY LLC 2940 N CIRCLE DR	AMBUL SURG CTR	со	СНІС	N/A	0	0	No			No	0 %
COLORADO SPRINGS, CO 80909 35-2656413											
Folsom Sierra Endoscopy CTR LP 1650 Creekside DR 1600 Folsom, CA 95630 68-0482416	Endoscopy	CA	DH	N/A	0	0	No			No	0 %
Lake LLC	Real Estate	WA	NA	N/A	0	0	No			No	0 %
6622 Wollochet Dr NW Gig Harbor, WA 98335 46-3494108	ue enve	)A(A	FUE	A1/A	0	0					0.07
FRANCISCAN SPECIALTY CARE LLC 680 S FOURTH STREET LOUISVILLE, KY 40202	HC SRVC	WA	FHS	N/A	Ü	U	No			No	0 %
81-3725123 GS HOME CARE Srvc of Vincenne IN LLC	HOME HEALTH	ОН	NA	N/A	0	0	No			No	0 %
1700 EDISON DR MILFORD, OH 45150 20-1792869											
HC SL VINTAGE I LLC 18000 W SARAH LANE STE 250	PROPERTY HLDG		SL HOSP- VINTAGE	N/A	0	0	No			No	0 %
BROOKFIELD, WI 53045 27-0453767 HC SUPPORT SERVICES LLC	LAUNDRY	NE	na	N/A	0	0	No			No	0 %
PO BOX 9804 GRAND ISLAND, NE 68802 72-1546196	LACINDICT	IVL	Tid	IV A		Ü				140	0 70
Heartland Oncology LLC 2337 E Crawford St Salina, KS 67401	ONCOLOGY	KS	SCH	N/A	0	0	No			No	0 %
46-4265403  LAKESIDE AMBULATORY SURG CTR LLC  17031 LAKESIDE HILLS DR	AMBUL SURG CTR	NE	ACH	N/A	0	0	No			No	0 %
OMAHA, NE 68130 20-4267902	ENDOCCODY CD (C		1011		0	0					
LAKESIDE ENDOSCOPY CTR LLC 17001 LAKESIDE HILLS PLZ STE 201 OMAHA, NE 68130 20-5544496	ENDOSCOPY SRVC	NE	ACH	N/A	U	Ü	No			No	0 %
LINCOLN CK LEASING LLC 555 S 70TH STREET Lincoln, NE 68510	Real Estate	NE	SERMC	N/A	0	0	No			No	0 %
26-2496856 Memorial Medical Plaza	Real estate	CA	ВМН	N/A	0	0	No			No	0 %
3838 San Dimas STE B 201 Bakersfield, CA 93301 36-4510880											
Mercy Davis Cancer CTR MGT Co LLC	mgt of Cancer CTR	CA	DH	N/A	0	0	No			No	0 %
2740 M Street Merced, CA 95340 94-3358445											
Mercy Rehabilitation Hospital LLC 680 S FOURTH STREET LOUISVILLE, KY 40202 81-4437201	HC SRVC	TX	CHI IA	N/A	0	0	No			No	0 %
Military Road Properties LLC  181 S 333rd Street STE 250 Federal Way, WA 98003 91-2067879	Real Estate	WA	NA	N/A	0	0	No			No	0 %

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

Form 990, Schedule R, Part 1	III - Identification	of Relat	ed Organizat 		is a Partners 	nip 		1	(j	<b>,</b>	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	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) Disproprtionat allocations?  Yes No	Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	Gene or Mana	eral r ging ner?	<b>(k)</b> Percentage ownership
NEBRASKA SPINE HOSPITAL LLC	SPINE HOSPITAL	NE	ACH	N/A	0	0	No No		1.55	No	0 %
6901 N 72ND ST STE 20300 OMAHA, NE 68122 27-0263191											
NICU Operating CO of Santa Cruz LLC	Neonatal HC	CA	DH	N/A	0	0	No			No	0 %
1555 Soquel DR Santa Cruz, CA 95065 46-0502935											
	AMBUL SURG CTR	AR	SVIMC	N/A	0	0	No			No	0 %
2209 WILDWOOD AVE SHERWOOD, AR 72120 71-0799771											
NORTHERN PLAINS LABORATORY LLC	Diagnostic SRVC	ND	SAMC	N/A	0	0	No			No	0 %
401 N 9 STREET BISMARK, ND 58501 84-1641341											
NSC Channel Islands LLC	Ambul SURG CTR	CA	DCC	N/A	0	0	No			No	0 %
3000 Riverchase Galleria STE 500 Birmingham, AL 35244 77-0418197											
OMG Arizona LLC	Med Office	AZ	DCC	N/A	0	0	No			No	0 %
130 Sutter Street 2nd Flr San Francisco, CA 94104 47-1708588											
ORTHOCOLORADO LLC	ORTHO HOSPITAL	со	CHIC	N/A	0	0	No			No	0 %
11650 WEST 2ND PLACE LAKEWOOD, CO 80228 37-1577105											
Park Rapids Area Health Care	HC SRVC	MN	NA	N/A	0	0	No			No	0 %
600 Pleasant ave S Park Rapids, MN 56470 20-4926259											
Pasadena Urgency CTR LLC	URGENT CARE	TX	SLHS	N/A	0	0	No			No	0 %
4600 E SAM HOUSTON PKWY South											
PASADENA, TX 77505 81-2482854											
Patient Transport Services of Columbus	Ambulance	ОН	NA	N/A	0	0	No			No	0 %
1700 EDISON DR MILFORD, OH 45150 26-4601285											
PENINSULA RADIATION ONCOLOGY LLC	HC SRVC	WA	FHS	N/A	0	0	No			No	0 %
314 MLK JR WAY STE 11 TACOMA, WA 98405 87-0808610											
Penrad Imaging LLC	Med Imaging	со	CHIC	N/A	0	0	No			No	0 %
1390 Kelly Johnson Blvd COLORADO SPRINGS, CO 80920 84-1072619											
Performance Med Equip & Respir SRVC LL	Holding Company	WA	NA	N/A	0	0	No			No	0 %
19625 62nd ave S STE 101 Kent, WA 98032 45-2901632											
Plaza Surgery CTR LP	Surgery	CA	HSPCC Inc	N/A	0	0	No			No	0 %
525 E Plaza DR STE 100 Santa Maria, CA 93454 77-0573567											
PMC HOSPITAL LLC	HOSPITAL	TX	SLHS	N/A	0	0	No			No	0 %
3100 MAIN ST STE 500 HOUSTON, TX 77002 27-3280598											

Form 990, Schedule R, Part	III - Identification	of Relat	ed Organizati	ions Taxable a	s a Partners	ship						
(a) Name, address, and EIN of related organization	<b>(b)</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)	(h Dispropi allocat	tionate	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j Gen o Mana Parti	eral r iging ner?	(k) Percentage ownership
Precision Medicine Alliance LLC	Diag. SRVC	со	NA	N/A	0	0		No			No	0 %
198 INVERNESS DR WEST ENGLEWOOD, CO 80112 35-2569159												
Pueblo Ambulatory Surgery CTR LLC	SURGERY CTR	со	CHIC	N/A	0	0		No			No	0 %
25 Montebello Rd Pueblo, CO 81003 62-1488737												
Radiation Oncology CTRs of Ventura Count	IMAGING	CA	DH	N/A	0	0		No			No	0 %
1700 N ROSE ave STE 120 OXNARD, CA 93030 77-0191706												
RBR Management LLC	Ambulance	NV	DH	N/A	0	0		No			No	0 %
91 Corporate Park DR STE 120 Henderson, NV 89074 27-1466450												
Reid-ANC Home Care Services LLC	HOME HEALTH	IN	NA	N/A	0	0		No			No	0 %
1700 EDISON DR MILFORD, OH 45150 37-1454747												
SAINT JOSEPH - SCA HOLDINGS LLC	OP SURGERY	DE	SJHS	N/A	0	0		No			No	0 %
1451 Harrodsburg RD LEXINGTON, KY 40503 45-3801157												
SAINT JOSEPH-ANC HOME CARE	HOME HEALTH	KY	CHINHC	N/A	0	0		No			No	0 %
SERVICES  1700 EDISON DR MILFORD, OH 45150 26-3330545												
Santa Cruz Comprehensive	Imaging	CA	DH	N/A	0	0		No			No	0 %
Imaging LLC 1661 Soquel DR STE G Santa Cruz, CA 95065 01-0550623												
-	REAL ESTATE	CA	DHS	N/A	0	0		No			No	0 %
1555 Soquel DR Santa Cruz, CA 95065 77-0285236												
Santa Cruz Surgery CTR LLC	SURGERY	CA	DH	N/A	0	0		No			No	0 %
3003 PAUL SWEET RD SANTA CRUZ, CA 95065 77-0194916												
Southeastern Home Care LLC	HOME HEALTH	ОН	NA	N/A	0	0		No			No	0 %
1700 EDISON DR MILFORD, OH 45150 27-1219638	Surgen	TV	Port City On	N/A	0	0		No			No	0 %
St Joseph's Surgery CTR LP 15305 Dallas PKWY STE 1600 LB	Surgery	TX	Port City Op	*/ C				110			וייי	U /U
28 Addison, TX 75001												
20-1019390 St Elizabeth Home Care Services	HOME HEALTH	KY	NA	N/A	0	0		No			No	0 %
LLC 1700 EDISON DR MILFORD, OH 45150 26-1236191												
	REAL ESTATE	со	CHIC	N/A	0	0		No			No	0 %
5390 N ACADEMY BLVD STE 300 COLORADO SPRINGS, CO 80918 26-3134100												
ST LUKE'S DIAGNOSTIC CATH LAB LLP	DIAGNOSTICS		SLHS HOLDINGS	N/A	0	0		No			No	0 %
6624 FANNIN ST STE 800 HOUSTON, TX 77030 71-0959365												

(j) (c) (e) (h) (d) (f) General Legal Disproprtionate (a) Predominant Share of total | Share of end-Domicile Direct or Primary activity

N/A

N/A

N/A

N/A

N/A

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

TX

CA

CA

CO

CA

ISLHSH

locc

рн

СНІС

locc

6624 FANNIN STE 2505 HOUSTON, TX 77030 30-0427437

6624 FANNIN STE 800 HOUSTON, TX 77030 46-2795726

SLEEP CTR LLC

1700 Rose ave Oxnard, CA 93030 77-0332349

Northridge LLC 18330 Roscoe Blvd Northridge, CA 91328 80-0864336

ST LUKE'S THE WOODLANDS

Templeton Surgery CTR LLC

1310 Las Tablas RD STE 104 Templeton, CA 94365 20-2246616

THREE SPRING IMAGING LLC

1 Mercado St STE 200A DURANGO, CO 81301 81-3571570

Valley Phys SURG CTR At

The Medical Pavilion at St John's Real Estate

DIAGNOSTICS

Surgery

HC SRVC

Surgery

related organization	Fillially activity	(State or Foreign Country)	Entity	unrelated, excluded from tax under sections 512-514)	income	of-year assets	unocacions.		Box 20 of Schedule K-1 (Form 1065)	Managing Partner?		ownership
				512-514)			Yes	No		Yes	No	
ST LUKE'S LAKESIDE HOSPITAL LLC	HOSPITAL	TX	SL CDC-W	N/A	0	0		No			No	0 %

0

0

0

0

0

No

No

Νo

No

No

(k)

Percentage

No

No

No

No

No

0 %

0 %

0 %

0 %

0 %

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (b) (c) (d) (e) (f) (g) (h) (i) Name, address, and EIN of Primary activity Legal Direct controlling Type of entity Share of total Share of end-of-Percentage Section 512 related organization domicile entity (C corp, S corp, income ownership (b)(13)year (state or foreign or trust) assets controlled country) entity? Yes No C Corp 0 0 % AHCreighton St Joseph Mnged Care SRVC Managed Care NE CHI Nebraska Ω Nο 12809 West Dodge Rd Omaha, NE 68154 47-0802396 All Saints Insurance Company SPC Ltd CJ CSH C Corp 0 0 % Nο Insurance PO BOX 10073 APO Georgetown, GRAND CAYMAN KY1-1001 98-0556913 AH PROVIDERS OF BRAZOS Valley Inc Healthcare TX SJSC C Corp 0 0 0 % No 2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2466914 Alternative Insurance MGT SRVC Inc CSH MGT Services CO C Corp 0 0 0 % Nο 3900 OLYMPIC BLVD STE 400 Erlanger, KY 41018 84-1112049 AMERICAN NURSING CARE Inc. HOME HEALTH ОН CHS C Corp 0 0 % No 1700 EDISON DR MILFORD, OH 45150 31-1085414 AMERIMED INC HOME HEALTH ОН ANC C Corp 0 0 0 % No 1700 EDISON DR MILFORD, OH 45150 31-1158699 BC HOLDING COMPANY INC ΚY JHSMH C Corp 0 0 0 % Fitness Club No 1850 BLUEGRASS AVE LOUISVILLE, KY 40215 31-1542851 TX BRHS C Corp 0 BrazoSport Health Alliance Health Care 0 0 % Nο 1 WEST WAY COURT LAKE JACKSON, TX 77566 76-0518376 Caduceus Medical Associates INC Healthcare TN мнсs C Corp 0 0 0 % No 5600 Brainerd Road Ste 500 Chattanooga, TN 37411 62-1570736 Captive MGT Initiatives Ltd CJ CSH 0 0 % Captive MGT C Corp Ω No PO BOX 10073 APO Georgetown, GRAND CAYMAN KY1-1001 CJ 98-0663022 CO CSHRI CHI CTR for Translational Research C Corp 0 0 0 % Nο Research 198 INVERNESS DRIVE WEST Englewood, CO 80112 27-2269511 CHI SLH - Memor Condominium Assn Inc TX MHSET 0 0 % Condo Assoc C Corp 0 Nο 1201 W Frank Ave Lufkin, TX 75904 83-4184717 QCHPS 0 0 % ClearRiver Health Insurance ΤN C Corp 0 No 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-4495960 DCC Coastal Surgical Specialists Inc Healthcare CA S Corp 0 0 % Nο 921 Oak Park Blvd Suite 101 Pismo Beach, CA 93449 74-3000596 Comcare SRVC Inc Inactive CO CHIC C Corp 0 0 0 % No 5570 DTC Parkway

Englewood, CO 80111 84-0904813

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (d) (i) (b) (c) (e) (g) (h) Lègal Name, address, and EIN of Primary activity Direct controlling Type of entity Share of total Share of end-of-Percentage Section 512 related organization domicile entity (C corp, S corp, income year ownership (b)(13)(state or foreign controlled or trust) assets country) entity? Yes No Consolidated Health SRVC HOME HEALTH ОН CSH C Corp 0 0 % No 1700 EDISON DR MILFORD, OH 45150 31-1378212 Des Moines Medical CTR Inc Real Estate IΑ CHI-IA Corp C Corp 0 0 % Nο 1111 6TH AVE Des Moines, IA 50314 42-0837382 Dignity Health Holding Corp NV locc 0 0 0 % No Holding Co C Corp 185 Berry Street Suite 300 San Francisco, CA 94107 46-0675371 DH Insurance Ltd (Cayman Island Corp) C.I DН 0 0 % No Insurance C Corp PO Box 1051 KY1-1102 Grand Cayman Islands, GRAND CAYMAN KY1-1001 CJ 98-1065338 Health Plan CA DCC 0 0 % Dignity Health Provider Resources Inc C Corp 0 No 185 Berry Street Suite 300 San Francisco, CA 94107 47-3366764 Diversified Health Resources Inc TX BRHS C Corp 0 0 % Health Care 0 Nο 100 MEDICAL DRIVE LAKE JACKSON, TX 77566 76-0222679 First Initiatives Insurance LTD Insurance CJ CSH C Corp 0 0 0 % No PO BOX 10073 APO Georgetown, GRAND CAYMAN KY1-1001 98-0203038 Franciscan City Urgent Care SRVS PS NY FHS C Corp 0 0 % No Healthcare C/O CPGUSA 1345 AVE OF THE AMERICAS NEW YORK, NY 10105 81-2174959 C Corp Franciscan SRVC Inc Healthcare CO CSH 0 0 0 % Nο 198 INVERNESS DRIVE WEST Englewood, CO 80112 23-2487967 Good Samaritan Outreach SRVC Medical Clinic ΝE CHI Nebraska C Corp 0 0 0 % No PO Box 1990 Kearney, NE 68848 47-0659440 HarvestPlains Health of Iowa WA QCHPS 0 0 % No Insurance C Corp 0 32129 Weyerhaeuser Way S STE 201 FEDERAL WAY, WA 98001 47-3451750 Health SRVC of the Pacific Cntrl Coast Healthcare CA locc 0 0 % No C Corp 0 1400 E Church Street Santa Maria, CA 93454 77-0074057 Health Systems Enterprises Inc MGMT NE GSH C Corp 0 0 % No 0 PO BOX 1990 Kearney, NE 68848 47-0664558 Healthcare MGMT SRVC Organization INC Health Org. WA FHS C Corp 0 0 0 % No 1149 MARKET ST Tacoma, WA 98402 91-1865474 HeartlandPlains Health ΝE QCHPS C Corp 0 0 % No Insurance 198 INVERNESS DRIVE WEST

Englewood, CO 80112 46-4368223

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (b) (c) (d) (h) (i) (a) (e) (f) (g) Name, address, and EIN of Primary activity Legal Direct controlling Type of entity Share of total Share of end-of-Percentage Section 512 related organization domicile entity (C corp, S corp, (b)(13)income ownership year (state or foreign controlled or trust) assets country) entity? Yes No C Corp Highline Medical Group Medical SRVC WA Інмс 0 0 % Ω Nο 1717 S J Street Tacoma, WA 98405 91-1407026 Integrated Medical SRVC ΑZ DCC C Corp 0 0 % Nο M/S phys. group 9250 N 3rd Street Suite 4010 Phoenix, AZ 85020 86-0783428 C Corp KOMG-Louisville Region Inc JHSMH 0 Healthcare ΚY 0 % No 201 Abraham Flexner Way Louisville, KY 40202 83-2481198 MGT SRVC Organization of Santa Maria Inc CA DН 0 0 Health Care Mgt C Corp 0 % Nο 1400 E Church Street Santa Maria, CA 93454 77-0318135 Med Office Bld Horizontal Prop Regime Real Estate AR CHI-SVHS C Corp 0 0 0 % No 300 Werner St Hot Springs, AR 71913 71-0720429 ND Medquest Sale of DME MMC Williston C Corp 0 0 0 % Nο 1301 15TH AVENUE WEST Williston, ND 58801 45-0392137 Memorial CV SRVC Line MGT Company LLC Heath Care TX MHSET C Corp 0 0 0 % No 1201 W Frank Ave Lufkin, TX 75904 46-3622849 Mercy Park Apartments LTD Housing IΑ CHI-IA Corp C Corp 0 0 0 % No 1111 6th AVE Des Moines, IA 50314 42-1202422 ммс Mercy SRVC Corp Retail Sales OR C Corp 0 0 % Nο 2700 STEWART PARKWAY Roseburg, OR 97471 93-0824308 C Corp MHI Clinical SRVC TX MHSET 0 0 % Νo Healthcare 1201 W Frank Ave Lufkin, TX 75904 46-1967952 Millennium Surgery CTR Inc Healthcare CA Івмн S Corp 0 0 % No 9300 Stockdale Hwy 200 Bakersfield, CA 93311 77-0513445 Mountain MGT SRVC Inc MGT SVC ORG TN MHCS C Corp 0 0 0 % No 6028 Shallowford Rd Chattanooga, TN 37421 62-1570739 North Central Health Care Alliance Healthcare ND SAMC 0 0 % C Corp 0 Nο PO Box 5538 Bismark, ND 58506 45-0439894

PATIENT TRANSPORT SRVC INC

32129 WEYERHAEUSER WAY S STE 201

1700 EDISON DR MILFORD, OH 45150 31-1100798

47-3433912

QualChoice Advantage

FEDERAL WAY, WA 98001

HOME HEALTH

Insurance

ОН

WA

ANC

QCHPS

C Corp

C Corp

0

0 %

0 %

Νo

No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (b) (c) (d) (h) (i) (a) (e) (f) (g) Section 512 Name, address, and EIN of Primary activity Legal Direct controlling Type of entity Share of total Share of end-of-Percentage related organization domicile (C corp, S corp, ownership (b)(13)entity income year (state or foreign or trust) assets controlled country) entity? Yes No QualChoice Health Plan Services Inc Admin SRVC CO QCHI C Corp 0 0 % Nο 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-1224037 QCH Inc (fka CH Managed Solutions Inc Holding Co CO CSH C Corp 0 0 % No 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-1222808 OualChoice Holdings Inc Holdina Co **OCHPS** C Corp 0 AR 0 % No 198 INVERNESS DRIVE WEST Englewood, CO 80112 27-4075520 OualChoice of Nebraska **OCHPS** 0 0 Inactive NE C Corp 0 % No 2401 S 73rd St Omaha, NE 68124 81-0738827 RiverLink Health Insurance ОН **QCHPS** C Corp 0 0 0 % No 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-4380824 RiverLink Health of Kentucky Inc Insurance ΚY **QCHPS** C Corp 0 0 0 % No 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-4828332 C Corp Ross Park Pharmacy Inc Pharmacy ОН **TSHS** 0 0 0 % No 380 SUMMIT AVE STEUBENVILLE, OH 43952 34-1832654 sccc Saint Clare's Primary Care Inc Billing SRVC NJ C Corp 0 0 0 % No 198 INVERNESS DRIVE WEST Englewood, CO 80112 22-2441202 SJH SRVC Corp CO Healthcare FSI C Corp 0 0 % Nο 198 INVERNESS DRIVE WEST Englewood, CO 80112 23-2307408 SJL PHYSICIAN MGT SRVC INC ΚY SJHS C Corp 0 0 % No Management 424 LEWIS HARGETT CR STE 160 Lexington, KY 40503 27-0164198 SoundPath Health Inc Insurance WA **QCHPS** C Corp 0 0 % No 32129 Weyerhaeuser Way S STE 201 Federal Way, WA 98001 42-1720801 St Mary Health Ventures Inc Retail Pharm. CA DН C Corp 0 0 0 % No 1050 Linden Avenue Long Beach, CA 90813 95-1912528 OR SAH 0 0 % St Anthony Development Company Athletic Club C Corp 0 Nο 1415 Southgate

C Corp

C Corp

0

0

0 %

0 %

No

No

WA

TX

FSI

SLHS

Pendleton, OR 97801 93-1216943

6624 Fannin STE 800 Houston, TX 77030 76-0637138

1717 SOUTH J ST Tacoma, WA 98405 91-1480569

St Joseph Development Company Inc

St Luke's Health System Holdings Inc

Rental

Holding Co

(d) (f) (g) (h) (i) (c) (e) Name, address, and EIN of Primary activity Legal Direct controlling Type of entity Share of total Share of end-of-Percentage Section 512 related organization domicile (b)(13)entity (C corp, S corp, income ownership vear (state or foreign or trust) assets controlled entity? country) Yes No SVIMC St Vincent Community Health SRVC Inc Healthcare AR C Corp 0 % Nο TWO ST VINCENT CIRCLE Little Rock, AR 72205 71-0710785 STE Holdings Holding Co NE SERMC C Corp 0 % Nο 12809 West Dodge Rd Omaha, NE 68154

SLCDC-SL

FSI

THS

IC Corp

C Corp

C Corp

0 %

0 %

0 %

0

Nο

Nο

Nο

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

Medical Clinic

Mgmt SRVC

Mgmt SRVC

TX

MD

ОН

82-2383629

45-4270163

Towson MGT Inc.

7601 OSLER DR Towson, MD 21204 52-1710750

380 SUMMIT AVE STEUBENVILLE, OH 43952

34-1471026

Sugar Land Doctor Group

1317 Lake Point Parkway Sugar Land, TX 77478

TRINITY MGT SRVC ORGANIZATION