

Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

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

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

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

**C** Name of organization: ST JOSEPH HOSPITAL FOUNDATION INC  
 % JENNY LEWIS-WHELAN  
 Doing business as

**D** Employer identification number: 61-1159649

**E** Telephone number: (859) 313-1000

**G** Gross receipts \$ 1,808,153

**F** Name and address of principal officer:  
 LESLIE BUDEKE SMART  
 1451 HARRODSBURG ROADSTE D308  
 LEXINGTON, KY 40504

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

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

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

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 1989 **M** State of legal domicile: KY

## Part I Summary

**1** Briefly describe the organization's mission or most significant activities:  
 SAINT JOSEPH HOSPITAL FOUNDATION SUPPORTS CHI SAINT JOSEPH HEALTH'S DRIVE FOR EXCELLENCE BY INSPIRING DONORS TO MAKE A TANGIBLE (CONTINUED ON SCHEDULE O)

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

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	20
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	16
<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	0
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	207
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	1,090
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	1,030,670	1,299,437
<b>9</b> Program service revenue (Part VIII, line 2g)	0	0
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	124,253	196,225
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-112,791	179,606
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,042,132	1,675,268
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	905,372	1,295,480
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,868		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	137,570	303,410
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,042,942	1,598,890
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-810	76,378

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	6,913,391	6,909,375
<b>21</b> Total liabilities (Part X, line 26)	391,632	49,155
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	6,521,759	6,860,220

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

\*\*\*\*\*  
 Signature of officer \_\_\_\_\_ Date 2021-05-13  
 LESLIE BUDEKE SMART PRESIDENT  
 Type or print name and title \_\_\_\_\_

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date 2021-05-14	Check <input type="checkbox"/> if self-employed	PTIN P01203482
Firm's name ▶ KPMG LLP			Firm's EIN ▶	
Firm's address ▶ 1225 17th Street Suite 800 Denver, CO 80202			Phone no. (303) 296-2323	

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**Part III Statement of Program Service Accomplishments**

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

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

AS AN 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-EZ?  Yes  No

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

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

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

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

**4a** (Code: ) (Expenses \$ 1,295,480 including grants of \$ 1,295,480 ) (Revenue \$ 0 )  
See Additional Data

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

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

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

**4e** Total program service expenses ▶ 1,295,480

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, with sub-questions a-f for items 11 and 14. Each row has a corresponding 'Yes' or 'No' in the rightmost column.

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 main columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and gaming winnings.



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



Section A. Governing Body and Management

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management control, and governance decisions.

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

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower, and document retention policies.

Section 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.
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

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Bruce Tassin BOARD MEM/PRES. ST JOSEPH HOSP	1.0 ..... 59.0	X						0	997,775	95,406
(2) ERIC GILLIAM BOARD MEM/PRES ST. JOSEPH EAST	1.0 ..... 59.0	X						0	490,213	39,932
(3) Steven Frantz Market SVP CFO	1.0 ..... 59.0	X		X				0	485,609	40,246
(4) Leslie BUDDKE Smart PRESIDENT	1.0 ..... 59.0	X		X				0	364,024	21,889
(5) KATHY ARMS BOARD MEMBER	1.0 ..... 0.0	X						0	0	0
(6) DIANE CASHEN BOARD MEMBER	1.0 ..... 0.0	X						0	0	0
(7) TRACY COLON SECRETARY	1.0 ..... 0.0	X		X				0	0	0
(8) JAY INGLE VICE CHAIR	1.0 ..... 0.0	X		X				0	0	0
(9) LAURA HAYDEN BOARD MEMBER	1.0 ..... 0.0	X						0	0	0
(10) LEE C HALL CHAIR	1.0 ..... 0.0	X		X				0	0	0
(11) CLINT LONG BOARD MEMBER	1.0 ..... 0.0	X						0	0	0
(12) DARYL LOVE BOARD MEMBER	1.0 ..... 0.0	X						0	0	0
(13) JULIE WHITMAN BOARD MEMBER	1.0 ..... 0.0	X						0	0	0
(14) ALAN VANARSALL BOARD MEMBER	1.0 ..... 0.0	X						0	0	0
(15) LARRY COWGILL Treasurer	1.0 ..... 0.0	X		X				0	0	0
(16) MISSY LANGE BOARD MEMBER	1.0 ..... 0.0	X						0	0	0
(17) JUDY ALBRECHT BOARD MEMBER	1.0 ..... 0.0	X						0	0	0





**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	158,507				
	<b>d</b> Related organizations . . . . .	<b>1d</b>	285,467				
	<b>e</b> Government grants (contributions)	<b>1e</b>	33,939				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	821,524				
	<b>g</b> Noncash contributions included in lines 1a - 1f:\$	<b>1g</b>	105,315				
	<b>h Total.</b> Add lines 1a-1f . . . . .			1,299,437			
<b>Program Service Revenue</b>	<b>2a</b>	Business Code					
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue.						
	<b>g Total.</b> Add lines 2a-2f. . . . .		0				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		69,352		1,090	68,262	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .		0				
	<b>5</b> Royalties . . . . .		0				
	<b>6a</b> Gross rents	<b>6a</b>	(i) Real				
			(ii) Personal				
		<b>b</b> Less: rental expenses	<b>6b</b>				
		<b>c</b> Rental income or (loss)	<b>6c</b>	0	0		
	<b>d</b> Net rental income or (loss) . . . . .			0			
	<b>7a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	126,873			
			(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	0			
		<b>c</b> Gain or (loss)	<b>7c</b>	126,873			
	<b>d</b> Net gain or (loss) . . . . .			126,873		126,873	
	<b>8a</b> Gross income from fundraising events (not including \$ 158,507 of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>		290,931			
			<b>8b</b>	132,885			
		<b>c</b> Net income or (loss) from fundraising events . . . . .			158,046		158,046
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>		0			
<b>9b</b>			0				
<b>c</b> Net income or (loss) from gaming activities . . . . .				0			
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>		0				
		<b>10b</b>	0				
	<b>c</b> Net income or (loss) from sales of inventory . . . . .			0			
Miscellaneous Revenue	Business Code						
<b>11a</b> MISCELLANEOUS REVENUE	900099		21,560		21,560		
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .			21,560				
<b>12 Total revenue.</b> See instructions . . . . .			1,675,268		1,090	374,741	

**Part IX Statement of Functional Expenses**

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

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

	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	1,295,480	1,295,480		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .	0			
<b>4</b> Benefits paid to or for members . . . . .	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	0			
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
<b>7</b> Other salaries and wages . . . . .	0			
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	0			
<b>9</b> Other employee benefits . . . . .	0			
<b>10</b> Payroll taxes . . . . .	0			
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	0			
<b>b</b> Legal . . . . .	0			
<b>c</b> Accounting . . . . .	7,800		7,800	
<b>d</b> Lobbying . . . . .	0			
<b>e</b> Professional fundraising services. See Part IV, line 17	0			
<b>f</b> Investment management fees . . . . .	0			
<b>g</b> 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
<b>12</b> Advertising and promotion . . . . .	0			
<b>13</b> Office expenses . . . . .	5,470		5,470	
<b>14</b> Information technology . . . . .	0			
<b>15</b> Royalties . . . . .	0			
<b>16</b> Occupancy . . . . .	0			
<b>17</b> Travel . . . . .	0			
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
<b>19</b> Conferences, conventions, and meetings . . . . .	0			
<b>20</b> Interest . . . . .	0			
<b>21</b> Payments to affiliates . . . . .	0			
<b>22</b> Depreciation, depletion, and amortization . . . . .	0			
<b>23</b> Insurance . . . . .	0			
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b>				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	1,598,890	1,295,480	301,542	1,868
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	0	<b>1</b>	0
	<b>2</b> Savings and temporary cash investments . . . . .	188,680	<b>2</b>	262,416
	<b>3</b> Pledges and grants receivable, net . . . . .	60,301	<b>3</b>	66,448
	<b>4</b> Accounts receivable, net . . . . .	221,234	<b>4</b>	96,319
	<b>5</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .	0	<b>8</b>	0
	<b>9</b> Prepaid expenses and deferred charges . . . . .	1,264	<b>9</b>	0
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	47,011		
	<b>b</b> Less: accumulated depreciation	47,011	<b>10c</b>	0
	<b>11</b> Investments—publicly traded securities . . . . .	0	<b>11</b>	0
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	3,535,923	<b>12</b>	3,510,501
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	2,905,989	<b>15</b>	2,973,691
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	6,913,391	<b>16</b>	6,909,375	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	153,787	<b>17</b>	20,170
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	225,687	<b>19</b>	3,430
	<b>20</b> Tax-exempt bond liabilities . . . . .	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	0	<b>21</b>	0
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	12,158	<b>25</b>	25,555
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	391,632	<b>26</b>	49,155
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	369,704	<b>27</b>	786,522
	<b>28</b> Net assets with donor restrictions . . . . .	6,152,055	<b>28</b>	6,073,698
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .	6,521,759	<b>32</b>	6,860,220	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	6,913,391	<b>33</b>	6,909,375	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,675,268
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,598,890
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	76,378
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	6,521,759
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-125,139
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	114,910
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	272,312
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	6,860,220

**Part XII Financial Statements and Reporting**

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

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

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

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 61-1159649

**Name:** ST JOSEPH HOSPITAL FOUNDATION INC

Form 990 (2019)

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**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 BERA 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.

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

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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
ST JOSEPH HOSPITAL FOUNDATION INC

Employer identification number  
61-1159649

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . . 1

**g Provide the following information about the supported organization(s).**

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) SAINT JOSEPH HEALTH SYSTEM INC	611334601	3	Yes		1,295,480	0
<b>Total</b>	<b>1</b>				<b>1,295,480</b>	<b>0</b>

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

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

**Section A. Public Support**

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

**Section B. Total Support**

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

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

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

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

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

**Section A. Public Support**

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

**Section B. Total Support**

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

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

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

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

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

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

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

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

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



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)		
<b>2</b>	Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
<b>b</b>	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b>	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

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

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

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

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 61-1159649

**Name:** ST JOSEPH HOSPITAL FOUNDATION INC

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

**Facts And Circumstances Test**

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

# Supplemental Financial Statements

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

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

**Name of the organization**  
ST JOSEPH HOSPITAL FOUNDATION INC

**Employer identification number**  
61-1159649

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

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

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

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

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

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

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

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part IV Escrow and Custodial Arrangements.**

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  **Yes**  **No**

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance . . . . .
- d** Additions during the year . . . . .
- e** Distributions during the year . . . . .
- f** Ending balance . . . . .

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .  **Yes**  **No**

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . .

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	4,880,917	4,648,301	4,572,339	4,462,658	3,977,661
<b>b</b> Contributions . . . . .	100,000	9,587	50,000		5,000
<b>c</b> Net investment earnings, gains, and losses	16,279	248,039	191,042	309,681	508,997
<b>d</b> Grants or scholarships . . . . .	0		114,434		
<b>e</b> Other expenditures for facilities and programs . . . . .	125,688	25,010	50,646	200,000	29,000
<b>f</b> Administrative expenses . . . . .	194,940				
<b>g</b> End of year balance . . . . .	4,676,568	4,880,917	4,648,301	4,572,339	4,462,658

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ 11.000 %
- b** Permanent endowment ▶ 18.000 %
- c** Temporarily restricted endowment ▶ 71.000 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations . . . . .
- (ii)** related organizations . . . . .

	Yes	No
<b>3a(i)</b>		No
<b>3a(ii)</b>		No
<b>3b</b>		

**b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .	0	47,011	47,011	0
<b>e</b> Other . . . . .				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶ 0

**Part VII Investments—Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A) CHI OIP, LP	3,510,501	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)	3,510,501	

**Part VIII Investments—Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) INTERCOMPANY RECEIVABLES	90,869
(2) INTERESTS IN OUTSIDE TRUSTS	2,882,822
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	2,973,691

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2) GIFT ANNUITY PAYABLE	25,555
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	25,555

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



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

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

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

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

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

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

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

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

Return Reference	Explanation

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 61-1159649

**Name:** ST JOSEPH HOSPITAL FOUNDATION INC

## Supplemental Information

Return Reference	Explanation
schedule D,FORM 990, PART V, LINE 1F	<p>THE 2018 990 WAS DONE PRIOR TO RECEIVING THE 2018 AUDIT REPORT. THE 2019 BOY ENDOWMENT BALANCE 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 INCLUDE 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 ENDOWMENT 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 VALUE. 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 DETERMINED THAT THE PORTFOLIO COMPOSITION SHALL ADHERE TO THE GUIDELINES DESCRIBED BELOW DEPENDING 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 INVESTMENT GOALS ARE TO PRESERVE PRINCIPAL AND ACHIEVE LONG-TERM GROWTH. RESTRICTED FUNDS: THESE 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 ASSOCIATED WITH THE FUNDS. THESE FUNDS MAY ALSO INCLUDE UP TO 70% EQUITIES. THE FOUNDATION'S INVESTMENT OBJECTIVES REALIZE THAT PRUDENT INVESTMENT MANAGEMENT IS A DUTY AND PORTFOLIO PERFORMANCE 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 OPERATION OF THE SAINT JOSEPH HOSPITAL IN LEXINGTON, KY. JOSEPH HOSPITAL IN LEXINGTON, KY.</p>

**Supplemental Information**

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740)FOOTNOTE	<p>ST. JOSEPH HOSPITAL FOUNDATION, INC.'S FINANCIAL INFORMATION IS INCLUDED IN THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF COMMONSPIRIT HEALTH, A RELATED ORGANIZATION. COMMONSPIRIT HEALTH'S FIN 48 (ASC 740) FOOTNOTE FOR THE YEAR ENDED JUNE 30, 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 OPERATES, AND AS SUCH, IS GENERALLY NOT SUBJECT TO FEDERAL OR STATE INCOME TAXES. HOWEVER, COMMONSPIRIT'S EXEMPT ORGANIZATIONS ARE SUBJECT TO INCOME TAXES ON NET INCOME DERIVED FROM A TRADE OR BUSINESS, REGULARLY CARRIED ON, WHICH DOES NOT FURTHER THE ORGANIZATIONS' EXEMPT PURPOSES. NO SIGNIFICANT INCOME TAX PROVISION HAS BEEN RECORDED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS FOR NET INCOME DERIVED FROM UNRELATED TRADE OR BUSINESS.</p> <p>COMMONSPIRIT'S FOR-PROFIT SUBSIDIARIES ACCOUNT FOR INCOME TAXES RELATED TO THEIR OPERATIONS. THE FOR-PROFIT SUBSIDIARIES RECOGNIZE DEFERRED TAX ASSETS AND LIABILITIES FOR TEMPORARY DIFFERENCES BETWEEN THE FINANCIAL REPORTING BASIS AND THE TAX BASIS OF THEIR ASSETS AND LIABILITIES, ALONG WITH NET OPERATING LOSS AND TAX CREDIT CARRYOVERS, FOR TAX POSITIONS THAT MEET THE MORE-LIKELY-THAN-NOT RECOGNITION CRITERIA. CHANGES IN RECOGNITION OR MEASUREMENT ARE REFLECTED IN THE PERIOD IN WHICH THE CHANGE IN JUDGEMENT OCCURS. INCOME TAX INTEREST AND PENALTIES ARE RECORDED AS INCOME TAX EXPENSE. FOR THE YEARS ENDED JUNE 30, 2020 AND 2019, COMMONSPIRIT'S TAXABLE ENTITIES RECORDED AN IMMATERIAL AMOUNT OF INTEREST AND PENALTIES AS PART OF THE PROVISION FOR INCOME TAXES. COMMONSPIRIT'S TAXABLE ENTITIES DID NOT HAVE ANY MATERIAL 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 POSITIONS THAT REQUIRE RECOGNITION IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS".</p>



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

		(a)Event #1	(b) Event #2	(c)Other events	(d) Total events
		<b>STARS</b> (event type)	<b>5K</b> (event type)	<b>1</b> (total number)	(add col. (a) through col. (c))
<b>Revenue</b>	<b>1</b> Gross receipts . . . . .	355,890	57,385	36,163	449,438
	<b>2</b> Less: Contributions . . . . .	147,232	11,275	0	158,507
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	208,658	46,110	36,163	290,931
<b>Direct Expenses</b>	<b>4</b> Cash prizes . . . . .	0	0	0	0
	<b>5</b> Noncash prizes . . . . .	639	9,217	0	9,856
	<b>6</b> Rent/facility costs . . . . .	29,230	0	8,967	38,197
	<b>7</b> Food and beverages . . . . .	48,361	0	0	48,361
	<b>8</b> Entertainment . . . . .	4,050	0	0	4,050
	<b>9</b> Other direct expenses . . . . .	13,465	8,370	10,586	32,421
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				132,885
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				158,046	

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

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

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

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

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

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

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

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- 11** Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13** Indicate the percentage of gaming activity conducted in:
 

<b>a</b> The organization's facility	<b>13a</b>	%
<b>b</b> An outside facility	<b>13b</b>	%

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

Name ▶ .....

Address ▶ .....

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

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

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

Name ▶ .....

Address ▶ .....

**16** Gaming manager information:

Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

- Director/officer                       Employee                       Independent contractor

**17** Mandatory distributions:

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

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

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

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

Schedule I (Form 990)

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization ST JOSEPH HOSPITAL FOUNDATION INC

Employer identification number 61-1159649

Part I General Information on Grants and Assistance

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

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Row 1: ST JOSEPH HEALTH SYSTEM INC, 61-1334601, 501(C)(3), 1,295,480, PROGRAM SUPPORT.

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



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

Part III can be duplicated if additional space is needed.

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

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

Return Reference	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.	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 ACCORDANCE WITH THEIR CHARITABLE PURPOSE AND AS SUCH, USE OF THE FUNDS GIVEN TO THE GRANTEE IS NOT MONITORED BEYOND THE DISTRIBUTION.

Schedule J (Form 990) Department of the Treasury Internal Revenue Service

Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2019 Open to Public Inspection

Name of the organization ST JOSEPH HOSPITAL FOUNDATION INC

Employer identification number 61-1159649

Part I Questions Regarding Compensation

Table with 3 columns: Question, Yes, No. Rows include 1a (Travel, Housing, etc.), 1b (Policy), 2 (Substantiation), 3 (Methods), 4 (Severance), 5 (Contingent on revenues), 6 (Contingent on net earnings), 7 (Nonfixed payments), 8 (Contract exception), 9 (Rebuttable presumption).



**Part III Supplemental Information**

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

Return Reference	Explanation
SCHEDULE J, PART I, LINE 3	ARRANGEMENT USED TO ESTABLISH THE TOP MANAGEMENT COMPENSATION FOR THE PRESIDENT OF SAINT JOSEPH HOSPITAL FOUNDATION, INC. WAS ESTABLISHED AND PAID FOR BY ST. JOSEPH HEALTH SYSTEM, INC., A RELATED ORGANIZATION. ST. JOSEPH HEALTH SYSTEM, INC. USED THE FOLLOWING TO 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 - SEVERANCE PAYMENTS	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 POST-TERMINATION PAYMENTS, THESE INDIVIDUALS MUST EXECUTE A GENERAL RELEASE AND SETTLEMENT AGREEMENT. POST-TERMINATION PAYMENT ARRANGEMENTS ARE PERIODICALLY REVIEWED FOR OVERALL REASONABLENESS IN LIGHT OF THE EXECUTIVE'S OVERALL COMPENSATION PACKAGE. 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.
SCHEDULE J, PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	DURING THE 2019 CALENDAR YEAR, CATHOLIC HEALTH INITIATIVES ("CHI"), A RELATED ORGANIZATION, MAINTAINED A SUPPLEMENTAL NON-QUALIFIED DEFERRED COMPENSATION PLAN FOR MBO CEOS/PRESIDENTS AND OTHER CHI EMPLOYEES AT THE LEVEL OF SENIOR VICE PRESIDENT AND ABOVE. DURING 2019 THE FOLLOWING DISTRIBUTIONS WERE MADE BY CHI FROM THE DEFERRED COMPENSATION PLAN: ERIC GILLIAM - \$16,448 BRUCE TASSIN - \$47,616 DUE 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

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

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

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
ST JOSEPH HOSPITAL FOUNDATION INC

Employer identification number  
61-1159649

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .	X	1	25,000	
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .				
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( <u>face shields</u> ) . . . . .	X	5,000	30,000	0
26 Other ▶ ( <u>meals</u> ) . . . . .	X	200	7,000	0
27 Other ▶ ( <u>other</u> ) . . . . .	X	0	43,315	0
28 Other ▶ ( _____ ) . . . . .				

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

	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 purposes for the entire holding period? . . . . .		No
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		No
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Return Reference	Explanation
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**SCHEDULE O**  
(Form 990 or 990-EZ)

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

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

▶ Attach to Form 990 or 990-EZ.

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

Department of the Treasury

Internal Revenue Service

Name of the organization  
ST JOSEPH HOSPITAL FOUNDATION INC

Employer identification number

61-1159649

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART I, LINE 1	DIFFERENCE THROUGH THEIR PHILANTHROPIC INVESTMENT IN OUTSTANDING PATIENT CARE FACILITIES AND SERVICES, THE EDUCATION OF CAREGIVERS, ADVANCED CLINICAL RESEARCH AND IMPROVED ACCESS TO QUALITY MEDICAL CARE.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, LINE 1A COMMITTEE	<p>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.</p>



## 990 Schedule O, Organizational Information

Return Reference	Explanation
FORM 990, PART VI, LINE 6	<p>CLASSES OF MEMBERS OR STOCKHOLDERS ACCORDING TO THE BYLAWS OF ST JOSEPH FOUNDATION, THE ENTITY'S SOLE MEMBER IS ST JOSEPH SERVICES CORPORATION D/B/A ST JOSEPH HEALTH SYSTEM, A TEXAS NONPROFIT ORGANIZATION (HEREINAFTER REFERRED TO AS "ST JOSEPH HEALTH SYSTEM" "MEMBER.")</p> <p>FORM 990, PART VI, LINE 7A MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY ACCORDING TO THE ORGANIZATION'S BYLAWS, DIRECTORS SHALL BE APPOINTED OR REFUSED BY THE CORPORATE MEMBER. THE CORPORATE MEMBER MAY APPOINT ONE OR MORE INDIVIDUALS TO THE BOARD OF DIRECTORS, AND MAY AT ANY TIME REMOVE, WITH OR WITHOUT CAUSE, ANY MEMBER OF THE BOARD OF DIRECTORS. ACCORDING TO THE ORGANIZATION'S BYLAWS, DIRECTORS OF THE CORPORATION SHALL BE APPOINTED BY THE CORPORATE MEMBER NO LATER THAN JUNE 30 OF EACH YEAR. THE NAMES AND QUALIFICATIONS OF EACH INDIVIDUAL ACCEPTED BY THE BOARD OF DIRECTORS SHALL BE SUBMITTED TO THE CORPORATE MEMBER, WHO SHALL APPOINT OR REFUSE EACH NOMINEE IN ACCORDANCE WITH THE CORPORATE MEMBER'S BYLAWS AND WITH ENDORSEMENT OF THE SENIOR VICE PRESIDENT OF OPERATIONS. THE CORPORATE MEMBER MAY UNILATERALLY APPOINT ONE OR MORE INDIVIDUALS TO THE BOARD OF DIRECTORS SHOULD THE BOARD FAIL TO FURNISH THE CORPORATE MEMBER WITH A LIST OF INDIVIDUALS QUALIFIED TO SERVE ON THE BOARD OF DIRECTORS OF THE CORPORATION. (CHCF RESERVED RIGHTS) EXCEPT AS OTHERWISE PROVIDED IN THE CORPORATION'S ARTICLES OF INCORPORATION OR THE 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 MEMBERSHIP BODY OF CHCF, UNDER THE GOVERNANCE MATRIX. FORM 990, PART VI, LINE 7B DECISIONS REQUIRING APPROVAL BY MEMBERS OR STOCKHOLDERS THE ORGANIZATION'S CORPORATE MEMBER IS ST JOSEPH SERVICES CORPORATION, D/B/A ST JOSEPH HEALTH SYSTEM. PURSUANT TO SECTION 5.4 OF THE ORGANIZATION'S BYLAWS, BOTH ST JOSEPH HEALTH SYSTEM AND COMMONSPIRIT HEALTH (ST JOSEPH HEALTH SYSTEM'S SOLE CORPORATE MEMBER) HAVE RESERVED POWERS AS OUTLINED IN THE COMMONSPIRIT HEALTH GOVERNANCE MATRIX. PURSUANT TO THE GOVERNANCE MATRIX THE FOLLOWING RIGHTS ARE RESERVED TO THE COMMONSPIRIT HEALTH BOARD DIRECTLY OR THROUGH POWERS DELEGATED TO THE COMMONSPIRIT HEALTH CHIEF EXECUTIVE OFFICER: *SUBSTANTIAL CHANGE IN THE MISSION OR PHILOSOPHY OF THE ORGANIZATION *AMENDMENT OF THE CORPORATE DOCUMENTS OF THE ORGANIZATION *APPROVE MEMBERS OF THE ORGANIZATION'S BOARD *REMOVAL OF A MEMBER OF THE GOVERNING BODY OF THE ORGANIZATION *APPROVAL OF ISSUANCE OF DEBT BY THE ORGANIZATION *APPROVAL OF PARTICIPATION OF THE ORGANIZATION IN A JOINT VENTURE *APPROVAL OF FORMATION OF A NEW CORPORATION BY THE ORGANIZATION *APPROVAL OF A MERGER INVOLVING THE ORGANIZATION *APPROVAL OF THE SALE OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF THE ORGANIZATION *TO REQUIRE THE TRANSFER OF ASSETS BY THE ORGANIZATION TO COMMONSPIRIT HEALTH TO ACCOMPLISH COMMONSPIRIT HEALTH'S GOALS AND OBJECTIVES, AND TO SATISFY COMMONSPIRIT HEALTH DEBTS. *ADOPTION OF LONG RANGE</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>FORM 990, PART VI, LINE 6</p>	<p>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 POWERS, GRANT OR WITHHOLD APPROVAL IN WHOLE OR IN PART, OR MAY, IN ITS COMPLETE DISCRETION, AFTER CONSULTATION WITH THE BOARD AND THE PRESIDENT AND CHIEF EXECUTIVE OFFICER OF THE ORGANIZATION, 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 THE 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 MEMBERSHIP 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 TRUSTEE'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 external Tax preparer FILES THE RETURN WITH THE APPROPRIATE FEDERAL AND STATE AGENCIES, MAKING ANY NON-SUBSTANTIVE CHANGES NECESSARY TO EFFECT E-FILING. ANY SUCH CHANGES ARE NOT RESUBMITTED TO THE BOARD. FORM 990, PART VI, LINE 12C THE ORGANIZATION HAS A CONFLICTS 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") BOARD OF STEWARDSHIP TRUSTEES AND ITS COMMITTEES; COMMONSPIRIT HEALTH CORPORATE OFFICERS; MEMBERS OF THE DIGNITY HEALTH BOARD OF STEWARDSHIP TRUSTEES AND ITS COMMITTEES. IN ADDITION, THE POLICY APPLIES TO ORGANIZATIONS THAT WERE AFFILIATES AND SUBSIDIARIES OF COMMONSPIRIT HEALTH PRIOR TO ITS AFFILIATION WITH DIGNITY HEALTH ("CHI ENTITIES"). COVERED PERSONS OF CHI ENTITIES INCLUDE: MEMBERS OF ANY CHI ENTITY DIRECT AFFILIATE OR SUBSIDIARY BOARD AND THEIR COMMITTEES; EMPLOYEES OF CHI ENTITIES; AND CHI ENTITY RESEARCHERS (AS DEFINED BY THE POLICY). DISCLOSURE, REVIEW AND MANAGEMENT OF PERCEIVED, POTENTIAL OR ACTUAL CONFLICTS OF INTEREST ARE ACCOMPLISHED THROUGH A DEFINED COI DISCLOSURE REVIEW PROCESS. ALL COVERED PERSONS ARE REQUIRED TO DISCLOSE ACTUAL OR POTENTIAL CONFLICTS AND MUST DISCLOSE THAT CONFLICT TO HIS/HER DIRECT MANAGER (OR OTHER PERSON AS IS APPROPRIATE PER POLICY). SUCH DISCLOSURE IS REQUIRED ON A TRANSACTIONAL BASIS AT THE TIME SUCH CONFLICTS ARISE, WHEN AN INDIVIDUAL BECOMES A COVERED PERSON (E.G. UPON HIRING OR BOARD APPOINTMENT), AND ANNUALLY THEREAFTER. DISCLOSURES OF PERCEIVED, POTENTIAL</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, LINE 6	<p>AL OR ACTUAL CONFLICTS ARE INITIALLY REVIEWED BY NATIONAL OR REGIONAL LEGAL OR CORPORATE RESPONSIBILITY 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 CORPORATE 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 RELEVANT), AND 3) BOARD APPROVAL OF THE TRANSACTION BY A MAJORITY OF DISINTERESTED MEMBERS. IN ADDITION, BOARDS CAREFULLY REVIEW AND SCRUTINIZE ANY NON-TRANSACTIONAL CONFLICTS OF INTEREST. IN SUCH CIRCUMSTANCES, BY A MAJORITY VOTE OF THE DISINTERESTED TRUSTEES, THE BOARD TAKES WHATEVER ACTION IS DEEMED APPROPRIATE. FOR CONFLICTS NOT INVOLVING A BOARD MEMBER OR OFFICER, THE CONFLICTS OF INTEREST REVIEW COMMITTEE ("C-CIRC") WILL FACILITATE A COI MANAGEMENT PLAN TO MITIGATE THE CONFLICT IF ADEQUATE CONTROLS AREN'T ALREADY IN PLACE. NOTWITHSTANDING THE FOREGOING, AT ITS SOLE DISCRETION, AN ENTITY MAY REJECT A PERSON'S REQUEST TO ENTER INTO THE RELATIONSHIP IN QUESTION, OR REQUIRE THE RELATIONSHIP BE SUFFICIENTLY ALTERED TO AVOID A POTENTIAL CONFLICT OF INTEREST.</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, LINE 14	<p>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 ARE INCLUDED IN COMMONSPIRIT HEALTH'S CONSOLIDATED AUDITED FINANCIAL STATEMENTS THAT ARE AVAILABLE AT <a href="http://WWW.COMMONSPIRIT.ORG">WWW.COMMONSPIRIT.ORG</a> OR <a href="http://WWW.CATHOLICHEALTHINITIATIVES.ORG">WWW.CATHOLICHEALTHINITIATIVES.ORG</a>. FORM 990, PART XI, LINE 9 OTHER CHANGES IN NET ASSETS OR FUND BALANCES: Transfer to Affiliates \$272,312</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990 PART IX LINE 11G	DESCRIPTION:OTHER TOTAL FEES:290140

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
ST JOSEPH HOSPITAL FOUNDATION INC

**Employer identification number**

61-1159649

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

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

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

See Additional Data Table

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

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

See Additional Data Table

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

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

See Additional Data Table

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

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

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

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

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

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





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

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

<b>Return Reference</b>	<b>Explanation</b>

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 61-1159649  
**Name:** ST JOSEPH HOSPITAL FOUNDATION INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
12809 W DODGE RD OMAHA, NE 68154 47-0765154	HOSPITAL	NE	501(c)(3)	3	ACH		No
12809 W DODGE RD OMAHA, NE 68154 47-0757164	HOSPITAL	NE	501(c)(3)	3	CHI NEBRASKA		No
7500 MERCY RD OMAHA, NE 68124 47-0484764	HOSPITAL	NE	501(c)(3)	3	CHI NEBRASKA		No
631 N 8TH ST MISSOURI VALLEY, IA 51555 42-0776568	HOSPITAL	IA	501(c)(3)	3	CHI NEBRASKA		No
6901 N 72ND ST OMAHA, NE 68122 47-0376615	HOSPITAL	NE	501(c)(3)	3	CHI NEBRASKA		No
104 W 17TH ST SCHUYLER, NE 68661 47-0399853	HOSPITAL	NE	501(c)(3)	3	CHI NEBRASKA		No
PO BOX 368 CORNING, IA 50841 42-0782518	HOSPITAL	IA	501(c)(3)	3	CHI NEBRASKA		No
300 SE 8TH AVE LITTLE FALLS, MN 56345 41-1351177	LTERM CARE	MN	501(c)(3)	10	CSH		No
601 OAK ST BRECKENRIDGE, MN 56520 41-1850500	SENIOR LIVING	MN	501(c)(3)	10	SFH		No
345 S Halcyon Rd Arroyo Grande, CA 93420 20-3256066	FUND. FDN	CA	501(c)(3)	12 Type 1	DH		No
420 34TH Street Bakersfield, CA 93301 95-1802779	HOSPITAL	CA	501(c)(3)	3	DCC		No
350 West Thomas Rd Phoenix, AZ 85013 86-0174371	FUND. FDN	AZ	501(c)(3)	7	DH		No
17200 ST LUKES WAY STE 170 THE WOODLANDS, TX 77384 27-4499340	PHYSICIANS	TX	501(c)(3)	12 Type 1	SLCHS		No
6624 FANNIN ST STE 1100 HOUSTON, TX 77030 76-0458535	PHYSICIANS	TX	501(c)(3)	3	SLHS		No
198 INVERNESS DR WEST ENGLEWOOD, CO 80112 23-2187242	HEALTHCARE	PA	501(c)(3)	12 Type 1	CSH		No
1 West Way Ct LAKE JACKSON, TX 77566 76-0080110	FUND. FDN	TX	501(c)(3)	12 Type 1	BRHS		No
100 MEDICAL DR LAKE JACKSON, TX 77566 80-0240261	PHYSICIANS	TX	501(c)(3)	3	BRHS		No
2801 FRANCISCAN DR BRYAN, TX 77802 74-2759890	HOSPITAL	TX	501(c)(3)	3	SJSC		No
2801 FRANCISCAN DR BRYAN, TX 77802 74-2913931	HEALTHCARE	TX	501(c)(3)	10	SJSC		No
1401 South Grand AVE Los Angeles, CA 90015 95-4000909	FUND. FDN	CA	501(c)(3)	12 Type 1	DCC		No

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

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations								
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?		
						Yes	No	
300 WERNER ST HOT SPRINGS, AR 71913 26-1125064	HOLDING CO	AR	501(c)(3)	12 Type 1	SVIMC		No	
300 WERNER ST HOT SPRINGS, AR 71913 26-1125131	PHYSICIANS	AR	501(c)(3)	3	CHISVHS		No	
198 INVERNESS DR WEST ENGLEWOOD, CO 80112 47-0617373	HEALTHCARE	CO	501(c)(3)	12 Type 1	NA		No	
185 BERRY STREET STE 300 SAN FRANCISCO, CA 94107 85-0919176	INVESTMENTS	CA	501(c)(3)	12 Type 1	CSH		No	
198 INVERNESS DR WEST ENGLEWOOD, CO 80112 27-1050565	HEALTHCARE	CO	501(c)(3)	12 Type 1	CSH		No	
1805 Medical CTR DR San Bernardino, CA 92411 95-1643373	HOSPITAL	CA	501(c)(3)	3	DCC		No	
619 OAK ST ACCOUNTING-3 W CINCINNATI, OH 45206 23-7419853	HOLDING CO	OH	501(c)(4)	NONE	GSH		No	
631 N 8TH ST MISSOURI VALLEY, IA 51555 42-1294399	FUND. FDN	IA	501(c)(3)	12 Type 1	AH-CMHMV		No	
One Saint Joseph DR LEXINGTON, KY 40504 61-1400619	HOSPITAL	KY	501(c)(3)	3	SJHS		No	
185 Berry Street Ste 300 San Francisco, CA 94107 81-5009488	HOSPITAL	CO	501(c)(3)	3	CSH		No	
185 BERRY STREET STE 300 SAN FRANCISCO, CA 94107 94-1196203	HOSPITAL	CA	501(c)(3)	3	CSH		No	
200 Mercy Oaks DR Redding, CA 96003 23-7115371	Senior CTR SR	CA	501(c)(3)	7	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	CA	501(c)(3)	12 Type 1	DH		No	
475 South Dobson Rd Chandler, AZ 85224 74-2418514	FUND. FDN	AZ	501(c)(3)	12 Type 1	DH		No	
185 Berry Street San Francisco, CA 94107 94-3006034	Self Insuranc	CA	501(c)(3)	12 Type 1	DH		No	
185 Berry Street San Francisco, NV 94107 81-3800752	Self Insuranc	NV	501(c)(3)	12 Type 1	DH		No	
3400 Data DR Rancho Cordova, CA 95670 68-0220314	M/S OUTP. MED	CA	501(c)(3)	12 Type 1	DCC		No	
185 Berry Street San Francisco, CA 94107 94-6612446	Self Insuranc	CA	501(c)(3)	12 Type 1	DH		No	
1555 Soquel DR Santa Cruz, CA 95065 77-0056778	Community Hea	CA	501(c)(3)	12 Type 1	DH		No	

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

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
PO BOX 1447 LUFKIN, TX 75902 75-0755367	HOSPITAL	TX	501(c)(3)	3	SLHS		No
PO BOX 1447 LUFKIN, TX 75902 76-0436439	HOSPITAL	TX	501(c)(3)	3	MHSET		No
PO BOX 1447 LUFKIN, TX 75902 75-2663904	HOSPITAL	TX	501(c)(3)	3	MHSET		No
1201 FRANK AVE LUFKIN, TX 95904 75-2721155	PHYSICIANS	TX	501(c)(3)	12 Type 1	MHSET		No
PO BOX 1447 LUFKIN, TX 95902 75-2492741	HOSPITAL	TX	501(c)(3)	3	MHSET		No
1111 6TH AVE DES MOINES, IA 50314 42-6076069	AUXILIARY	IA	501(c)(3)	12 Type 1	MF-DM IA		No
1111 6TH AVE DES MOINES, IA 50314 42-1193699	PHYSICIANS	IA	501(c)(3)	10	CHI-IA CORP		No
1111 6TH AVE DES MOINES, IA 50314 42-1511682	EDUCATION	IA	501(c)(3)	2	CHI-IA CORP		No
PO Box 119 Bakersfield, CA 93302 77-0201321	FUND. FDN	CA	501(c)(3)	12 Type 1	DH		No
1111 6TH AVE DES MOINES, IA 50314 23-7358794	FUND. FDN	IA	501(c)(3)	7	CHI-IA CORP		No
2700 STEWART PKWY ROSEBURG, OR 97471 93-6088946	FUND. FDN	OR	501(c)(3)	7	MMC		No
PO BOX 368 CORNING, IA 50841 42-1461064	FUND. FDN	IA	501(c)(3)	12 Type 1	AHMH-Corning		No
570 CHAUTAUQUA BLVD VALLEY CITY, ND 58072 45-0435338	FUND. FDN	ND	501(c)(3)	12 Type 1	MHVC		No
800 MERCY DR COUNCIL BLUFFS, IA 51503 42-1178204	FUND. FDN	IA	501(c)(3)	12 Type 1	AHBMHS		No
1031 7TH ST NE DEVILS LAKE, ND 58301 45-0227012	HOSPITAL	ND	501(c)(3)	3	CSH		No
1031 7TH ST NE DEVILS LAKE, ND 58301 35-2367360	FUND. FDN	ND	501(c)(3)	7	MHDL		No
570 CHAUTAUQUA BLVD VALLEY CITY, ND 58072 45-0226553	HOSPITAL	ND	501(c)(3)	3	CSH		No
3865 J Street Sacramento, CA 95816 68-0117340	Senior Hous/R	CA	501(c)(3)	10	DH		No
1301 15TH AVE WEST WILLISTON, ND 58801 45-0231183	HOSPITAL	ND	501(c)(3)	3	CSH		No
ONE ST JOSEPHS DR CTRVILLE, IA 52544 42-0680308	HOSPITAL	IA	501(c)(3)	3	CHI-IA CORP		No



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

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							Section 512 (b)(13) controlled entity?	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g)		
						Yes	No	
25 POCONO RD DENVER, NJ 07834 22-3319886	HEALTHCARE	NJ	501(c)(3)	3	SCHS		No	
555 S 70TH ST LINCOLN, NE 68510 47-0625523	FUND. FDN	NE	501(c)(3)	7	SERMC		No	
555 S 70TH ST LINCOLN, NE 68510 36-3233120	HOSPITAL	NE	501(c)(3)	3	SERMC		No	
555 S 70TH ST LINCOLN, NE 68510 47-0379836	HOSPITAL	NE	501(c)(3)	3	CHI NEBRASKA		No	
2620 W FAIDLEY GRAND ISLAND, NE 68803 47-0376601	HOSPITAL	NE	501(c)(3)	3	CHI NEBRASKA		No	
PO BOX 9804 GRAND ISLAND, NE 68802 47-0630267	FUND. FDN	NE	501(c)(3)	7	SFMC		No	
900 Hyde Street San Francisco, CA 94109 94-1156295	HOSPITAL	CA	501(c)(3)	3	DCC		No	
305 ESTILL ST BEREA, KY 40403 26-0152877	FUND. FDN	KY	501(c)(3)	7	SJHS		No	
200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 61-1334601	HOSPITAL	KY	501(c)(3)	3	KOH		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	KY	501(c)(3)	7	SJHS		No	
2500 Fairway Street DICKINSON, ND 58601 36-3418207	FUND. FDN	ND	501(c)(3)	12 Type 1	SJHHC		No	
438 West Las Tunas DR San Gabriel, CA 91776 95-3430341	INACTIVE	CA	501(c)(3)	12 Type 1	DH		No	
104 W 17TH ST SCHUYLER, NE 68661 36-3630014	FUND. FDN	NE	501(c)(3)	12 Type 1	AHMHS		No	
155 Glasson Way Grass Valley, CA 95945 94-1439787	HOSPITAL	CA	501(c)(3)	3	DCC		No	
198 INVERNESS DR WEST ENGLEWOOD, CO 80112 44-0545809	HOSPITAL	MO	501(c)(3)	3	CSH		No	
2323 De La Vina St Ste 104 Santa Barbara, CA 93105 23-7137119	FUND. FDN	CA	501(c)(3)	12 Type 1	DH		No	
601 E Micheltorena Street Santa Barbara, CA 93103 77-0022302	INACTIVE	CA	501(c)(3)	12 Type 1	DH		No	
1600 North Rose AVE Oxnard, CA 93030 20-2865781	FUND. FDN	CA	501(c)(3)	12 Type 1	DH		No	
350 West Thomas Rd Phoenix, AZ 85013 94-2941245	FUND. FDN	AZ	501(c)(3)	12 Type 1	DH		No	

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						Yes	No	
1800 N California Street Stockton, CA 95204 51-0432777	FUND. FDN	CA	501(c)(3)	12 Type 1	DH		No	
1050 Linden AVE Long Beach, CA 90813 23-7153876	FUND. FDN	CA	501(c)(3)	12 Type 1	DH		No	
1050 Linden AVE Long Beach, CA 90813 23-7373088	INACTIVE	CA	501(c)(3)	12 Type 1	DH		No	
450 Stanyan Street San Francisco, CA 94117 94-3336143	FUND. FDN	CA	501(c)(3)	12 Type 1	DH		No	
3001 St Rose Parkway Henderson, NV 89052 88-0349432	FUND. FDN	NV	501(c)(3)	12 Type 1	DH		No	
900 EAST BRdWAY AVE BISMARCK, ND 58501 45-0226711	HOSPITAL	ND	501(c)(3)	3	CSH		No	
2801 St Anthony Way PENDLETON, OR 97801 93-0391614	HOSPITAL	OR	501(c)(3)	3	CSH		No	
2801 St Anthony Way PENDLETON, OR 97801 93-0992727	FUND. FDN	OR	501(c)(3)	12 Type 1	SAH		No	
FOUR HOSPITAL DR MORRILTON, AR 72110 71-0245507	HOSPITAL	AR	501(c)(3)	3	SVIMC		No	
401 EAST SPRUCE ST GARDEN CITY, KS 67846 48-0543721	HOSPITAL	KS	501(c)(3)	3	CSH		No	
401 EAST SPRUCE ST GARDEN CITY, KS 67846 20-0598702	FUND. FDN	KS	501(c)(3)	12 Type 1	SCH		No	
12469 Five Point Rd TOLEDO, OH 43551 27-0163752	LIVING COMM	OH	501(c)(3)	10	CHILC		No	
198 INVERNESS DR WEST ENGLEWOOD, CO 80112 93-0433692	HEALTHCARE	OR	501(c)(4)	NONE	CSH		No	
2400 ST FRANCIS DR BRECKENRIDGE, MN 56520 41-0729978	LTERM CARE	MN	501(c)(3)	10	CSH		No	
19 POCONO RD DENVER, NJ 07834 22-2536017	ELDERLY CARE	NJ	501(c)(3)	8	SCHS		No	
2400 ST FRANCIS DR BRECKENRIDGE, MN 56520 41-0695598	HOSPITAL	MN	501(c)(3)	3	CSH		No	
2801 FRANCISCAN DR BRYAN, TX 77802 74-2351158	FUND. FDN	TX	501(c)(3)	12 Type 1	SJSC		No	
2801 FRANCISCAN DR BRYAN, TX 77802 74-2847594	HEALTHCARE	TX	501(c)(3)	10	SJSC		No	
201 INTERNATIONAL CIRCLE STE 212 HUNT VALLEY, MD 21030 52-0591461	HOSPITAL	MD	501(c)(3)	3	CSH		No	
2801 FRANCISCAN DR BRYAN, TX 77802 20-3159302	PHYSICIANS	TX	501(c)(3)	3	SJSC		No	

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						Yes	No	
201 INTERNATIONAL CIRCLE STE 212 HUNT VALLEY, MD 21030 52-1311775	PHYSICIANS	MD	501(c)(3)	12 Type 1	SJMC		No	
2801 FRANCISCAN DR BRYAN, TX 77802 74-1282696	HOSPITAL	TX	501(c)(3)	3	SJSC		No	
2801 FRANCISCAN DR BRYAN, TX 77802 45-4088170	HOSPITAL	TX	501(c)(3)	3	SJSC		No	
2801 FRANCISCAN DR BRYAN, TX 77802 46-3265423	HEALTHCARE	TX	501(c)(3)	10	SJSC		No	
2801 FRANCISCAN DR BRYAN, TX 77802 74-2455161	MANAGEMENT	TX	501(c)(3)	12 Type 1	SLHS		No	
600 PLEASANT AVE PARK RAPIDS, MN 56470 41-0695603	HOSPITAL	MN	501(c)(3)	3	CSH		No	
2500 Fairway St DICKINSON, ND 58601 45-0226429	HOSPITAL	ND	501(c)(3)	3	CSH		No	
8100 CLYO Rd CTRVILLE, OH 45458 34-1940863	LIVING COMM	OH	501(c)(3)	10	CHILC		No	
6624 FANNIN ST STE 2505 HOUSTON, TX 77030 27-3733278	HOSPITAL	TX	501(c)(3)	3	SLHS		No	
6624 FANNIN ST STE 2505 HOUSTON, TX 77030 26-1947374	HOSPITAL	TX	501(c)(3)	3	SLHS		No	
6624 FANNIN ST STE 2505 HOUSTON, TX 77030 26-0335902	HOSPITAL	TX	501(c)(3)	3	SLHS		No	
6624 FANNIN ST STE 1100 HOUSTON, TX 77030 76-0536234	HOSPITAL	TX	501(c)(3)	3	SLHS		No	
1213 HERMANN DR STE 855 HOUSTON, TX 77004 45-3811485	FUND. FDN	TX	501(c)(3)	7	SLHS		No	
PO Box 20269 HOUSTON, TX 77225 76-0536232	MANAGEMENT	TX	501(c)(3)	12 Type 1	CSH		No	
6624 FANNIN ST STE 2505 HOUSTON, TX 77030 26-3734606	HOSPITAL	TX	501(c)(3)	3	SLHS		No	
1213 Hermann DR Ste 855 HOUSTON, TX 77004 76-0531716	PROPERTY MGMT	TX	501(c)(3)	12 Type 1	SLHS		No	
6624 FANNIN ST STE 2505 HOUSTON, TX 77030 45-4120549	PROPERTY MGMT	TX	501(c)(3)	12 Type 1	SLCDC-SL		No	
1301 Grundman Boulevard NEBRASKA CITY, NE 68410 47-0443636	HOSPITAL	NE	501(c)(3)	3	CHI NEBRASKA		No	
1314 3RD AVE NEBRASKA CITY, NE 68410 47-0707604	FUND. FDN	NE	501(c)(3)	7	SMCH		No	
TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 51-0169537	FUND. FDN	AR	501(c)(3)	12 Type 1	SVIMC		No	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
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						Yes	No
TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 71-0236917	HOSPITAL	AR	501(c)(3)	3	CSH		No
TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 71-0830696	HEALTHCARE	AR	501(c)(3)	10	SVIMC		No
1715 INDIAN WOOD CIR 200 MAUMEE, OH 43537 34-1412964	HEALTHCARE	OH	501(c)(3)	12 Type 1	CSH		No
1715 INDIAN WOOD CIR 200 MAUMEE, OH 43537 45-5357161	FUND. FDN	OH	501(c)(3)	12 Type 1	SFH		No
5000 PROVIDENCE DR SANDUSKY, OH 44870 34-1826097	ASSIST LIVING	OH	501(c)(3)	10	CHILC		No
100 MEDICAL DR LAKE JACKSON, TX 77566 74-1385192	HOSPITAL	TX	501(c)(3)	3	SLHS		No
619 OAK ST ACCOUNTING-3 W CINCINNATI, OH 45206 31-0537486	HOSPITAL	OH	501(c)(3)	3	CSH		No
2000 Q ST STE 500 LINCOLN, NE 68503 47-0780857	PHYSICIANS	NE	501(c)(3)	12 Type 1	CHI NEBRASKA		No
9100 E Mineral Circle Centennial, CO 80112 84-0927232	HOSPITAL	CO	501(c)(3)	3	CHIC		No
380 SUMMIT AVE STEBENVILLE, OH 43952 31-1329423	FUND. FDN	OH	501(c)(3)	12 Type 1	THS		No
380 SUMMIT AVE STEBENVILLE, OH 43952 34-1818681	HEALTHCARE	OH	501(c)(3)	12 Type 1	NA		No
819 NORTH FIRST STREET DENNISON, OH 44621 27-5401105	HOSPITAL	OH	501(c)(3)	3	THS		No
ONE ROSS PARK BLVD STEBENVILLE, OH 43952 34-1522484	ASSIST LIVING	OH	501(c)(3)	7	THS		No
815 SE 2ND ST LITTLE FALLS, MN 56345 41-0721642	HOSPITAL	MN	501(c)(3)	3	CSH		No
801 PAGE DR FARGO, ND 58103 45-0226714	LTERM CARE	ND	501(c)(3)	10	CSH		No
191 WOODPORT RD SPARTA, NJ 07871 22-1768334	HOME HEALTH	NJ	501(c)(3)	10	SCHS		No

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
American Mercy Home Care LLC 1700 EDISON DR MILFORD, OH 45150 83-0486150	HOME HEALTH	OH	NA	N/A	0	0		No			No	0 %
ARIZONA CARE NETWORK - NEXT LLC 350 W Thomas Rd Phoenix, AZ 85018 47-4696671	Care Network	AZ	DCC	N/A	0	0		No			No	0 %
Arizona Care Network LLC (ACN LLC) 350 W Thomas Rd Phoenix, AZ 85013 45-4494682	Care Network	AZ	DCC	N/A	0	0		No			No	0 %
Audubon Land Company LLC 630 Spointe Court 200 COLORADO SPRINGS, CO 80906 84-1513085	Real Estate	CO	CHIC	N/A	0	0		No			No	0 %
AVON EMERGENCY & URGENT CARE CTR LLC 9100 E Mineral Circle Centennial, CO 80112 81-1727282	HC SRVC	CO	CHIC	N/A	0	0		No			No	0 %
BAYLOR CHI ST LUKES HEALTH SrvC LLC 6624 Fannin St Ste 1100 HOUSTON, TX 77030 47-2079184	HC SRVC	TX	SLHS	N/A	0	0		No			No	0 %
BERGAN MERCY SURGERY CTR LLC 7710 Mercy Rd Ste 200 OMAHA, NE 68124 20-8671994	AMBUL SURG CTR	NE	ACH	N/A	0	0		No			No	0 %
BERYWOOD OFFICE PROPERTIES LLC 2501 Citico ave CHATTANOGA, TN 37404 62-1875199	PHYS OFFICE	TN	MHCS	N/A	0	0		No			No	0 %
BIOLIFE DIGNITY HEALTH INTERNATIONAL LTD 709 Wing on Plaza 62 Mody RD TST E Kowloon Hong Kong CH	Health SRVC	CH	DHI LLC	N/A	0	0		No			No	0 %
BLUEGRASS REGIONAL IMAGING CTR 1218 S BRoDWAY STE 310 LEXINGTON, KY 40504 61-1386736	DIAG IMAGING	KY	SJHS	N/A	0	0		No			No	0 %
CBCC Outsmarting Cancer LLC 6501 Truxtun ave Bakersfield, CA 93309 46-1602286	Rad/Onc/Cyberknif	CA	DH	N/A	0	0		No			No	0 %
CENTRAL NEBRASKA REHAB SRVC LLC 3004 W FAIDLEY ave GRAND ISLAND, NE 68803 81-0653461	Physical Therapy	NE	SFMC	N/A	0	0		No			No	0 %
CENTURA-SCA HOLDINGS LLC 569 BROOK VILLAGE STE 901 BIRMINGHAM, AL 35209 47-4823023	OP SURGERY CTR	AL	CHIC	N/A	0	0		No			No	0 %
CHI OPERATING INVESTMENT PROGRAM LP 198 INVERNESS DR WEST ENGLEWOOD, CO 80112 47-0727942	INVESTMENTS	CO	CSH	excluded	474,527	3,425,672		No	1,090		No	0.060 %
CHICAMSURG Surgery CTRs LLC 1A Burton Hills Blvd Nashville, TN 37215 46-5683027	SURGERY CTR	CO	CHIC	N/A	0	0		No			No	0 %

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							Yes	No		Yes	No	
Colorado Springs CK Leasing LLC  630 Spointe Court 200 COLORADO SPRINGS, CO 80906 26-2982714	REAL ESTATE	CO	CHIC	N/A	0	0		No			No	0 %
CM HOME CARE SRVC of Springfield LLC  1700 EDISON DR MILFORD, OH 45150 31-1746556	HOME HEALTH	OH	NA	N/A	0	0		No			No	0 %
DE JV LLC  8686 New Trails DR The Woodlands, TX 77381 32-0496548	Emergency Care	NV	DH	N/A	0	0		No			No	0 %
DHHP Surgery CTRs LLC  1513 S Grand ave Ste 350 Los Angeles, CA 90015 83-1847466	SURGERY	CA	DCC	N/A	0	0		No			No	0 %
DHRT Holdings LLC  185 Berry Street STE 300 San Francisco, CA 94107 35-2484591	Holding Company	DE	DHHC	N/A	0	0		No			No	0 %
Dignity- GoHealthUrgent Care MGT LLC  5555 Glenridge Connector STE 700 Atlanta, GA 30342 35-2548698	mgt SRVC	DE	DCC	N/A	0	0		No			No	0 %
Dignity Health at Home LLC  1700 EDISON DR MILFORD, OH 45150 82-4674115	HC SRVC	DE	NA	N/A	0	0		No			No	0 %
Dignity Health Specialty Pharmacy LLC  185 Berry Street STE 300 San Francisco, CA 94107 32-0589462	Spec. Pharm SRVC	DE	DCC	N/A	0	0		No			No	0 %
Dignity Home Recovery Care LLC  49 Music SQ West STE 401 Nashville, TN 37203 83-2832522	Home Recov. Prgm	DE	DCC	N/A	0	0		No			No	0 %
DIGNITYUSP LAS VEGAS SURG CTRS LLC  15305 Dallas PKWY STE 1600 LB 28 Addison, TX 75001 20-2999237	Surgery	TX	DCC	N/A	0	0		No			No	0 %
DignityUSP NorCal Surgery CTRs LLC  15305 Dallas PKWY STE 1600 LB 28 Addison, TX 75001 20-2468509	SURGERY	TX	DHMF	N/A	0	0		No			No	0 %
DIGNITYUSP PHOENIX SURGERY CTRS LLC  15305 Dallas PKWY STE 1600 LB 28 Addison, TX 75001 13-4248908	Surgery	TX	DCC	N/A	0	0		No			No	0 %
DignityUSPJohn Muir East Bay Surg Ctrs  15305 Dallas PKWY STE 1600 LB 28 Addison, TX 75001 35-2584991	SURGERY	TX	DHMF	N/A	0	0		No			No	0 %
Dignity-Abrazo Health Network LLC  3030 N Central ave STE 1402 Phoenix, AZ 85012 46-5477985	mgt SRVC	AZ	DCC	N/A	0	0		No			No	0 %
Dominican Magnetic Resonance Imaging CTR  1545 Soquel DR Santa Cruz, CA 94065 77-0095477	Imaging CTR	CA	DH	N/A	0	0		No			No	0 %

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							Yes	No		Yes	No	
ECCS ACQUISITION COMPANY LLC  2940 N CIRCLE DR COLORADO SPRINGS, CO 80909 35-2656413	AMBUL SURG CTR	CO	CHIC	N/A	0	0		No			No	0 %
Folsom Sierra Endoscopy CTR LP  1650 Creekside DR 1600 Folsom, CA 95630 68-0482416	Endoscopy	CA	DH	N/A	0	0		No			No	0 %
Franciscan Med Pavilion Bonney Lake LLC  6622 Wollochett Dr NW Gig Harbor, WA 98335 46-3494108	Real Estate	WA	NA	N/A	0	0		No			No	0 %
FRANCISCAN SPECIALTY CARE LLC  680 S FOURTH STREET LOUISVILLE, KY 40202 81-3725123	HC SRVC	WA	FHS	N/A	0	0		No			No	0 %
GS HOME CARE Srvc of Vincenne IN LLC  1700 EDISON DR MILFORD, OH 45150 20-1792869	HOME HEALTH	OH	NA	N/A	0	0		No			No	0 %
HC SL VINTAGE I LLC  18000 W SARAH LANE STE 250 BROOKFIELD, WI 53045 27-0453767	PROPERTY HLDG	WI	SL HOSP-VINTAGE	N/A	0	0		No			No	0 %
HC SUPPORT SERVICES LLC  PO BOX 9804 GRAND ISLAND, NE 68802 72-1546196	LAUNDRY	NE	na	N/A	0	0		No			No	0 %
Heartland Oncology LLC  2337 E Crawford St Salina, KS 67401 46-4265403	ONCOLOGY	KS	SCH	N/A	0	0		No			No	0 %
LAKESIDE AMBULATORY SURG CTR LLC  17031 LAKESIDE HILLS DR OMAHA, NE 68130 20-4267902	AMBUL SURG CTR	NE	ACH	N/A	0	0		No			No	0 %
LAKESIDE ENDOSCOPY CTR LLC  17001 LAKESIDE HILLS PLZ STE 201 OMAHA, NE 68130 20-5544496	ENDOSCOPY SRVC	NE	ACH	N/A	0	0		No			No	0 %
LINCOLN CK LEASING LLC  555 S 70TH STREET Lincoln, NE 68510 26-2496856	Real Estate	NE	SERMC	N/A	0	0		No			No	0 %
Memorial Medical Plaza  3838 San Dimas STE B 201 Bakersfield, CA 93301 36-4510880	Real estate	CA	BMH	N/A	0	0		No			No	0 %
Mercy Davis Cancer CTR MGT Co LLC  2740 M Street Merced, CA 95340 94-3358445	mgt of Cancer CTR	CA	DH	N/A	0	0		No			No	0 %
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 %



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

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

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

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
AHCreighton St Joseph Mnged Care SRVC 12809 West Dodge Rd Omaha, NE 68154 47-0802396	Managed Care	NE	CHI Nebraska	C Corp	0	0	0 %		No
All Saints Insurance Company SPC Ltd PO BOX 10073 APO Georgetown, GRAND CAYMAN KY1-1001 CJ 98-0556913	Insurance	CJ	CSH	C Corp	0	0	0 %		No
AH PROVIDERS OF BRAZOS Valley Inc 2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2466914	Healthcare	TX	SJSC	C Corp	0	0	0 %		No
Alternative Insurance MGT SRVC Inc 3900 OLYMPIC BLVD STE 400 Erlanger, KY 41018 84-1112049	MGT Services	CO	CSH	C Corp	0	0	0 %		No
AMERICAN NURSING CARE Inc 1700 EDISON DR MILFORD, OH 45150 31-1085414	HOME HEALTH	OH	CHS	C Corp	0	0	0 %		No
AMERIMED INC 1700 EDISON DR MILFORD, OH 45150 31-1158699	HOME HEALTH	OH	ANC	C Corp	0	0	0 %		No
BC HOLDING COMPANY INC 1850 BLUEGRASS AVE LOUISVILLE, KY 40215 31-1542851	Fitness Club	KY	JHSMH	C Corp	0	0	0 %		No
BrazoSport Health Alliance 1 WEST WAY COURT LAKE JACKSON, TX 77566 76-0518376	Health Care	TX	BRHS	C Corp	0	0	0 %		No
Caduceus Medical Associates INC 5600 Brainerd Road Ste 500 Chattanooga, TN 37411 62-1570736	Healthcare	TN	MHCS	C Corp	0	0	0 %		No
Captive MGT Initiatives Ltd PO BOX 10073 APO Georgetown, GRAND CAYMAN KY1-1001 CJ 98-0663022	Captive MGT	CJ	CSH	C Corp	0	0	0 %		No
CHI CTR for Translational Research 198 INVERNESS DRIVE WEST Englewood, CO 80112 27-2269511	Research	CO	CSHRI	C Corp	0	0	0 %		No
CHI SLH - Memor Condominium Assn Inc 1201 W Frank Ave Lufkin, TX 75904 83-4184717	Condo Assoc	TX	MHSET	C Corp	0	0	0 %		No
ClearRiver Health 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-4495960	Insurance	TN	QCHPS	C Corp	0	0	0 %		No
Coastal Surgical Specialists Inc 921 Oak Park Blvd Suite 101 Pismo Beach, CA 93449 74-3000596	Healthcare	CA	DCC	S Corp	0	0	0 %		No
Comcare SRVC Inc 5570 DTC Parkway Englewood, CO 80111 84-0904813	Inactive	CO	CHIC	C Corp	0	0	0 %		No

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								Yes	No
Consolidated Health SRVC 1700 EDISON DR MILFORD, OH 45150 31-1378212	HOME HEALTH	OH	CSH	C Corp	0	0	0 %		No
Des Moines Medical CTR Inc 1111 6TH AVE Des Moines, IA 50314 42-0837382	Real Estate	IA	CHI-IA Corp	C Corp	0	0	0 %		No
Dignity Health Holding Corp 185 Berry Street Suite 300 San Francisco, CA 94107 46-0675371	Holding Co	NV	DCC	C Corp	0	0	0 %		No
DH Insurance Ltd (Cayman Island Corp) PO Box 1051 KY1-1102 Grand Cayman Islands, GRAND CAYMAN KY1-1001 CJ 98-1065338	Insurance	CJ	DH	C Corp	0	0	0 %		No
Dignity Health Provider Resources Inc 185 Berry Street Suite 300 San Francisco, CA 94107 47-3366764	Health Plan	CA	DCC	C Corp	0	0	0 %		No
Diversified Health Resources Inc 100 MEDICAL DRIVE LAKE JACKSON, TX 77566 76-0222679	Health Care	TX	BRHS	C Corp	0	0	0 %		No
First Initiatives Insurance LTD PO BOX 10073 APO Georgetown, GRAND CAYMAN KY1-1001 CJ 98-0203038	Insurance	CJ	CSH	C Corp	0	0	0 %		No
Franciscan City Urgent Care SRVS PS C/O CPGUSA 1345 AVE OF THE AMERICAS NEW YORK, NY 10105 81-2174959	Healthcare	NY	FHS	C Corp	0	0	0 %		No
Franciscan SRVC Inc 198 INVERNESS DRIVE WEST Englewood, CO 80112 23-2487967	Healthcare	CO	CSH	C Corp	0	0	0 %		No
Good Samaritan Outreach SRVC PO Box 1990 Kearney, NE 68848 47-0659440	Medical Clinic	NE	CHI Nebraska	C Corp	0	0	0 %		No
HarvestPlains Health of Iowa 32129 Weyerhaeuser Way S STE 201 FEDERAL WAY, WA 98001 47-3451750	Insurance	WA	QCHPS	C Corp	0	0	0 %		No
Health SRVC of the Pacific Cntrl Coast 1400 E Church Street Santa Maria, CA 93454 77-0074057	Healthcare	CA	DCC	C Corp	0	0	0 %		No
Health Systems Enterprises Inc PO BOX 1990 Kearney, NE 68848 47-0664558	MGMT	NE	GSH	C Corp	0	0	0 %		No
Healthcare MGMT SRVC Organization INC 1149 MARKET ST Tacoma, WA 98402 91-1865474	Health Org.	WA	FHS	C Corp	0	0	0 %		No
HeartlandPlains Health 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-4368223	Insurance	NE	QCHPS	C Corp	0	0	0 %		No

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								Yes	No
Highline Medical Group 1717 S J Street Tacoma, WA 98405 91-1407026	Medical SRVC	WA	HMC	C Corp	0	0	0 %		No
Integrated Medical SRVC 9250 N 3rd Street Suite 4010 Phoenix, AZ 85020 86-0783428	M/S phys. group	AZ	DCC	C Corp	0	0	0 %		No
KOMG-Louisville Region Inc 201 Abraham Flexner Way Louisville, KY 40202 83-2481198	Healthcare	KY	JHSMH	C Corp	0	0	0 %		No
MGT SRVC Organization of Santa Maria Inc 1400 E Church Street Santa Maria, CA 93454 77-0318135	Health Care Mgt	CA	DH	C Corp	0	0	0 %		No
Med Office Bld Horizontal Prop Regime 300 Werner St Hot Springs, AR 71913 71-0720429	Real Estate	AR	CHI-SVHS	C Corp	0	0	0 %		No
Medquest 1301 15TH AVENUE WEST Williston, ND 58801 45-0392137	Sale of DME	ND	MMC Williston	C Corp	0	0	0 %		No
Memorial CV SRVC Line MGT Company LLC 1201 W Frank Ave Lufkin, TX 75904 46-3622849	Heath Care	TX	MHSET	C Corp	0	0	0 %		No
Mercy Park Apartments LTD 1111 6th AVE Des Moines, IA 50314 42-1202422	Housing	IA	CHI-IA Corp	C Corp	0	0	0 %		No
Mercy SRVC Corp 2700 STEWART PARKWAY Roseburg, OR 97471 93-0824308	Retail Sales	OR	MMC	C Corp	0	0	0 %		No
MHI Clinical SRVC 1201 W Frank Ave Lufkin, TX 75904 46-1967952	Healthcare	TX	MHSET	C Corp	0	0	0 %		No
Millennium Surgery CTR Inc 9300 Stockdale Hwy 200 Bakersfield, CA 93311 77-0513445	Healthcare	CA	BMH	S Corp	0	0	0 %		No
Mountain MGT SRVC Inc 6028 Shallowford Rd Chattanooga, TN 37421 62-1570739	MGT SVC ORG	TN	MHCS	C Corp	0	0	0 %		No
North Central Health Care Alliance PO Box 5538 Bismark, ND 58506 45-0439894	Healthcare	ND	SAMC	C Corp	0	0	0 %		No
PATIENT TRANSPORT SRVC INC 1700 EDISON DR MILFORD, OH 45150 31-1100798	HOME HEALTH	OH	ANC	C Corp	0	0	0 %		No
QualChoice Advantage 32129 WEYERHAEUSER WAY S STE 201 FEDERAL WAY, WA 98001 47-3433912	Insurance	WA	QCHPS	C Corp	0	0	0 %		No

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

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									Yes	No
QualChoice Health Plan Services Inc 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-1224037	Admin SRVC	CO	QCHI	C Corp	0	0	0 %			No
QCH Inc (fka CH Managed Solutions Inc 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-1222808	Holding Co	CO	CSH	C Corp	0	0	0 %			No
QualChoice Holdings Inc 198 INVERNESS DRIVE WEST Englewood, CO 80112 27-4075520	Holding Co	AR	QCHPS	C Corp	0	0	0 %			No
QualChoice of Nebraska 2401 S 73rd St Omaha, NE 68124 81-0738827	Inactive	NE	QCHPS	C Corp	0	0	0 %			No
RiverLink Health 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-4380824	Insurance	OH	QCHPS	C Corp	0	0	0 %			No
RiverLink Health of Kentucky Inc 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-4828332	Insurance	KY	QCHPS	C Corp	0	0	0 %			No
Ross Park Pharmacy Inc 380 SUMMIT AVE STEUBENVILLE, OH 43952 34-1832654	Pharmacy	OH	TSHS	C Corp	0	0	0 %			No
Saint Clare's Primary Care Inc 198 INVERNESS DRIVE WEST Englewood, CO 80112 22-2441202	Billing SRVC	NJ	SCCC	C Corp	0	0	0 %			No
SJH SRVC Corp 198 INVERNESS DRIVE WEST Englewood, CO 80112 23-2307408	Healthcare	CO	FSI	C Corp	0	0	0 %			No
SJL PHYSICIAN MGT SRVC INC 424 LEWIS HARGETT CR STE 160 Lexington, KY 40503 27-0164198	Management	KY	SJHS	C Corp	0	0	0 %			No
SoundPath Health Inc 32129 Weyerhaeuser Way S STE 201 Federal Way, WA 98001 42-1720801	Insurance	WA	QCHPS	C Corp	0	0	0 %			No
St Mary Health Ventures Inc 1050 Linden Avenue Long Beach, CA 90813 95-1912528	Retail Pharm.	CA	DH	C Corp	0	0	0 %			No
St Anthony Development Company 1415 Southgate Pendleton, OR 97801 93-1216943	Athletic Club	OR	SAH	C Corp	0	0	0 %			No
St Joseph Development Company Inc 1717 SOUTH J ST Tacoma, WA 98405 91-1480569	Rental	WA	FSI	C Corp	0	0	0 %			No
St Luke's Health System Holdings Inc 6624 Fannin STE 800 Houston, TX 77030 76-0637138	Holding Co	TX	SLHS	C Corp	0	0	0 %			No

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

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								Yes	No
St Vincent Community Health SRVC Inc TWO ST VINCENT CIRCLE Little Rock, AR 72205 71-0710785	Healthcare	AR	SVIMC	C Corp	0	0	0 %		No
STE Holdings 12809 West Dodge Rd Omaha, NE 68154 82-2383629	Holding Co	NE	SERMC	C Corp	0	0	0 %		No
Sugar Land Doctor Group 1317 Lake Point Parkway Sugar Land, TX 77478 45-4270163	Medical Clinic	TX	SLCDC-SL	C Corp	0	0	0 %		No
Towson MGT Inc 7601 OSLER DR Towson, MD 21204 52-1710750	Mgmt SRVC	MD	FSI	C Corp	0	0	0 %		No
TRINITY MGT SRVC ORGANIZATION 380 SUMMIT AVE STEUBENVILLE, OH 43952 34-1471026	Mgmt SRVC	OH	THS	C Corp	0	0	0 %		No