

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  
**2018**  
**Open to Public Inspection**

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

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

**C** Name of organization  
St Joseph Services Corporation

Doing business as  
ST JOSEPH HEALTH SYSTEM

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
2801 Franciscan Drive

City or town, state or province, country, and ZIP or foreign postal code  
Bryan, TX 77802

**D** Employer identification number  
74-2455161

**E** Telephone number  
(979) 776-3777

**G** Gross receipts \$ 13,128,390

**F** Name and address of principal officer:  
THERON PARK  
2801 Franciscan Drive  
Bryan, TX 77802

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list. (see instructions)  
**H(c)** Group exemption number ▶ 0928

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

**J** Website: ▶ <http://www.chistjoseph.org/>

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

**L** Year of formation: 1987

**M** State of legal domicile: TX

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities:  
ST JOSEPH SERVICES CORPORATION IS ORGANIZED TO PROVIDE GOVERNANCE AND DIRECTION TO ALL ITS MEMBERS.

**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>  | 18 |
| <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) | <b>4</b>  | 15 |
| <b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)  | <b>5</b>  | 0  |
| <b>6</b> Total number of volunteers (estimate if necessary)                            | <b>6</b>  | 15 |
| <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12         | <b>7a</b> | 0  |
| <b>b</b> Net unrelated business taxable income from Form 990-T, line 34                | <b>7b</b> | 0  |

|   | Prior Year                | Current Year |
|---|---------------------------|--------------|
| <b>8</b> Contributions and grants (Part VIII, line 1h)                                      | 0                         | 0            |
| <b>9</b> Program service revenue (Part VIII, line 2g)                                       | 11,962,240                | 13,128,390   |
| <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)                     | 0                         | 0            |
| <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)          | 0                         | 0            |
| <b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 11,962,240                | 13,128,390   |
| <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)                  | 774,038                   | 1,250,346    |
| <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            |
| <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0                      |                           |              |
| <b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)                      | 11,198,378                | 11,890,123   |
| <b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)         | 11,972,416                | 13,140,469   |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12                              | -10,176                   | -12,079      |
|   | Beginning of Current Year | End of Year  |
| <b>20</b> Total assets (Part X, line 16)  | 4,950,882                 | 17,321,373   |
| <b>21</b> Total liabilities (Part X, line 26)   | 4,381,162                 | 16,771,653   |
| <b>22</b> Net assets or fund balances. Subtract line 21 from line 20                        | 569,720                   | 549,720      |

**Part II Signature Block**

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

**Sign Here**

\*\*\*\*\*  
Signature of officer  
Date 2020-07-13

AUSTIN JONES VICE PRESIDENT, FINANCE  
Type or print name and title

**Paid Preparer Use Only**

|  |                      |      |   |                |
|--|----------------------|------|---|----------------|
| Print/Type preparer's name                                       | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN P01051055 |
| Firm's name ▶ CommonSpirit Health                                |                      |      | Firm's EIN ▶ 47-0617373                         |                |
| Firm's address ▶ 198 INVERNESS DRIVE WEST<br>ENGLEWOOD, CO 80112 |                      |      | Phone no. (303) 298-9100                        |                |

**Part III Statement of Program Service Accomplishments**

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

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

As 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 \$ 8,324,692 including grants of \$ 1,250,346 ) (Revenue \$ 13,128,390 )  
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 ▶ 8,324,692

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 23 through 38 regarding compensation, tax-exempt bonds, 501(c)(3) organizations, and other IRS filings.

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 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.



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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (18), 1b (15), 2 (No), 3 (No), 4 (No), 5 (No), 6 (Yes), 7a (Yes), 7b (Yes), 8a (Yes), 8b (Yes), 9 (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (No), 10b, 11a (Yes), 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (No), 15b (No), 16a (No), 16b.

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
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:







**Part VIII Statement of Revenue**

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

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

| <b>Program Service Revenue</b>                       |                                       |  | Business Code |            |            |   |   |
|--|---------------------------------------|--|---------------|------------|------------|---|---|
|  | <b>2a</b> Assessment Income . . . . . |  | 900099        | 13,128,390 | 13,128,390 | 0 | 0 |
| <b>b</b> . . . . .                                   |                                       |  | 0             | 0          | 0          | 0 |   |
| <b>c</b> . . . . .                                   |                                       |  | 0             | 0          | 0          | 0 |   |
| <b>d</b> . . . . .                                   |                                       |  | 0             | 0          | 0          | 0 |   |
| <b>e</b> . . . . .                                   |                                       |  | 0             | 0          | 0          | 0 |   |
| <b>f</b> All other program service revenue . . . . . |                                       |  | 0             | 0          | 0          | 0 |   |
| <b>g Total.</b> Add lines 2a-2f . . . . .            |                                       |  | 13,128,390    |            |            |   |   |

|   |  |   |               |            |   |   |   |
|---|--|---|---------------|------------|---|---|---|
| <b>Other Revenue</b>  | <b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .  |   | 0             | 0          | 0 | 0 |   |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds . . . . .  |   | 0             | 0          | 0 | 0 |   |
|   | <b>5</b> Royalties . . . . .   |   | 0             | 0          | 0 | 0 |   |
|   | <b>6a</b> Gross rents . . . . .  | (i) Real  | (ii) Personal |            |   |   |   |
|   |  | 0   | 0             |            |   |   |   |
|   |  | <b>b</b> Less: rental expenses . . . . .                        | 0             | 0          |   |   |   |
|   |  | <b>c</b> Rental income or (loss) . . . . .                      | 0             | 0          |   |   |   |
|   | <b>d</b> Net rental income or (loss) . . . . .   |   |               | 0          | 0 | 0 | 0 |
|   | <b>7a</b> Gross amount from sales of assets other than inventory . . . . .   | (i) Securities  | (ii) Other    |            |   |   |   |
|   |  | 0   | 0             |            |   |   |   |
|   |  | <b>b</b> Less: cost or other basis and sales expenses . . . . . | 0             | 0          |   |   |   |
|   |  | <b>c</b> Gain or (loss) . . . . .                               | 0             | 0          |   |   |   |
|   | <b>d</b> Net gain or (loss) . . . . .  |   |               | 0          | 0 | 0 | 0 |
|   | <b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . . | <b>a</b>  |               | 0          |   |   |   |
|   |  | <b>b</b> Less: direct expenses . . . . .                        | <b>b</b>      | 0          |   |   |   |
| <b>c</b> Net income or (loss) from fundraising events . . . . .               |  |   | 0             |            | 0 | 0 |   |
| <b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . . | <b>a</b>   |   | 0             |            |   |   |   |
|   | <b>b</b> Less: direct expenses . . . . .   | <b>b</b>  | 0             |            |   |   |   |
|   | <b>c</b> Net income or (loss) from gaming activities . . . . .   |   | 0             |            | 0 | 0 |   |
| <b>10a</b> Gross sales of inventory, less returns and allowances . . . . .    | <b>a</b>   |   | 0             |            |   |   |   |
|   | <b>b</b> Less: cost of goods sold . . . . .  | <b>b</b>  | 0             |            |   |   |   |
|   | <b>c</b> Net income or (loss) from sales of inventory . . . . .  |   | 0             |            | 0 | 0 |   |
| <b>11a</b> Miscellaneous Revenue . . . . .                                    | Business Code  |   |               |            |   |   |   |
|   | <b>b</b> . . . . .   |   | 0             | 0          | 0 | 0 |   |
|   | <b>c</b> . . . . .   |   | 0             | 0          | 0 | 0 |   |
|   | <b>d</b> All other revenue . . . . .   |   | 0             | 0          | 0 | 0 |   |
|   | <b>e Total.</b> Add lines 11a-11d . . . . .  |   | 0             |            |   |   |   |
| <b>12 Total revenue.</b> See Instructions . . . . .                           |  |   | 13,128,390    | 13,128,390 | 0 | 0 |   |

**Part IX Statement of Functional Expenses**

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

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

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>  | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service expenses | <b>(C)</b><br>Management and general expenses | <b>(D)</b><br>Fundraising expenses |
|--|------------------------------|--|---|------------------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21  | 1,250,346                    | 1,250,346                              |   |                                    |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22   |                              |  |   |                                    |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.  |                              |  |   |                                    |
| <b>4</b> Benefits paid to or for members   |                              |  |   |                                    |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .  |                              |  |   |                                    |
| <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) . . . . .   |                              |  |   |                                    |
| <b>7</b> Other salaries and wages  |                              |  |   |                                    |
| <b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .   |                              |  |   |                                    |
| <b>9</b> Other employee benefits . . . . .   |                              |  |   |                                    |
| <b>10</b> Payroll taxes . . . . .  |                              |  |   |                                    |
| <b>11</b> Fees for services (non-employees):   |                              |  |   |                                    |
| <b>a</b> Management . . . . .  |                              |  |   |                                    |
| <b>b</b> Legal . . . . .   | 457,429                      |  | 457,429                                       |                                    |
| <b>c</b> Accounting . . . . .  |                              |  |   |                                    |
| <b>d</b> Lobbying . . . . .  |                              |  |   |                                    |
| <b>e</b> Professional fundraising services. See Part IV, line 17   |                              |  |   |                                    |
| <b>f</b> Investment management fees . . . . .  |                              |  |   |                                    |
| <b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)  | 4,027,770                    | 0                                      | 4,027,770                                     | 0                                  |
| <b>12</b> Advertising and promotion . . . . .  | 5,062                        |  | 5,062   |                                    |
| <b>13</b> Office expenses . . . . .  | 102,300                      |  | 102,300                                       |                                    |
| <b>14</b> Information technology . . . . .   |                              |  |   |                                    |
| <b>15</b> Royalties . . . . .  |                              |  |   |                                    |
| <b>16</b> Occupancy . . . . .  | 5,773                        |  | 5,773   |                                    |
| <b>17</b> Travel . . . . .   | 61,820                       |  | 61,820  |                                    |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .   |                              |  |   |                                    |
| <b>19</b> Conferences, conventions, and meetings . . . . .   | 6,333                        |  | 6,333   |                                    |
| <b>20</b> Interest . . . . .   |                              |  |   |                                    |
| <b>21</b> Payments to affiliates . . . . .   | 4,849,896                    | 4,849,896                              |   |                                    |
| <b>22</b> Depreciation, depletion, and amortization . . . . .  | 1,840                        |  | 1,840   |                                    |
| <b>23</b> Insurance . . . . .  |                              |  |   |                                    |
| <b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)  |                              |  |   |                                    |
| <b>a</b> Assessment Fees   | 2,224,450                    | 2,224,450                              |   |                                    |
| <b>b</b> Miscellaneous Expenses  | 111,055                      |  | 111,055                                       |                                    |
| <b>c</b> Dues & subscriptions  | 31,039                       |  | 31,039  |                                    |
| <b>d</b> Repairs and maintenance   | 2,919                        |  | 2,919   |                                    |
| <b>e</b> All other expenses  | 2,437                        | 0                                      | 2,437   | 0                                  |
| <b>25</b> Total functional expenses. Add lines 1 through 24e   | 13,140,469                   | 8,324,692                              | 4,815,777                                     | 0                                  |
| <b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.<br>Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). |                              |  |   |                                    |

**Part X Balance Sheet**

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

|   |   | (A)<br>Beginning of year |            | (B)<br>End of year |
|---|---|--------------------------|------------|--------------------|
| <b>Assets</b>   | <b>1</b> Cash—non-interest-bearing . . . . .  | 0                        | <b>1</b>   | 0                  |
|   | <b>2</b> Savings and temporary cash investments . . . . .   | 0                        | <b>2</b>   | 0                  |
|   | <b>3</b> Pledges and grants receivable, net . . . . .   | 0                        | <b>3</b>   | 0                  |
|   | <b>4</b> Accounts receivable, net . . . . .   | 0                        | <b>4</b>   | 0                  |
|   | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .  | 0                        | <b>5</b>   | 0                  |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . . |                          | <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 . . . . .  | 0                        | <b>9</b>   | 0                  |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D  | 21,450                   |            |                    |
|   | <b>b</b> Less: accumulated depreciation   | 16,226                   | 7,065      | <b>10c</b> 5,224   |
|   | <b>11</b> Investments—publicly traded securities . . . . .  | 0                        | <b>11</b>  | 0                  |
|   | <b>12</b> Investments—other securities. See Part IV, line 11 . . . . .  | 0                        | <b>12</b>  |                    |
|   | <b>13</b> Investments—program-related. See Part IV, line 11 . . . . .   | 548,204                  | <b>13</b>  | 540,283            |
|   | <b>14</b> Intangible assets . . . . .   | 0                        | <b>14</b>  | 0                  |
|   | <b>15</b> Other assets. See Part IV, line 11 . . . . .  | 4,395,613                | <b>15</b>  | 16,775,866         |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . . | 4,950,882   | <b>16</b>                | 17,321,373 |                    |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses . . . . .   | 784,278                  | <b>17</b>  |                    |
|   | <b>18</b> Grants payable . . . . .  | 0                        | <b>18</b>  | 0                  |
|   | <b>19</b> Deferred revenue . . . . .  | 0                        | <b>19</b>  | 0                  |
|   | <b>20</b> Tax-exempt bond liabilities . . . . .   | 0                        | <b>20</b>  | 0                  |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D   | 0                        | <b>21</b>  | 0                  |
|   | <b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .  |                          | <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   | 3,596,884                | <b>25</b>  | 16,771,653         |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .  | 4,381,162                | <b>26</b>  | 16,771,653         |
| <b>Net Assets or Fund Balances</b>  | <b>27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b><br>Unrestricted net assets  | 569,720                  | <b>27</b>  | 549,720            |
|   | <b>28</b> Temporarily restricted net assets . . . . .   | 0                        | <b>28</b>  | 0                  |
|   | <b>29</b> Permanently restricted net assets   | 0                        | <b>29</b>  | 0                  |
|   | <b>30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b><br>Capital stock or trust principal, or current funds . . . . .  |                          | <b>30</b>  |                    |
|   | <b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .   |                          | <b>31</b>  |                    |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds  |                          | <b>32</b>  |                    |
|   | <b>33 Total net assets or fund balances . . . . .</b>   | 569,720                  | <b>33</b>  | 549,720            |
|   | <b>34 Total liabilities and net assets/fund balances . . . . .</b>  | 4,950,882                | <b>34</b>  | 17,321,373         |

**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>  | 13,128,390 |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 13,140,469 |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | -12,079    |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | <b>4</b>  | 569,720    |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  |            |
| <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>  |            |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)   | <b>9</b>  | -7,921     |
| <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> | 549,720    |

**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> |     | No |
| <b>3b</b> |     |    |

## Additional Data

**Software ID:** 18007697

**Software Version:** 2018v3.1

**EIN:** 74-2455161

**Name:** St Joseph Services Corporation

Form 990 (2018)

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

ST JOSEPH SERVICES CORPORATION IS ORGANIZED AND OPERATED, WITHIN THE MEANING OF SECTION 509(A)(3)(A) OF THE INTERNAL REVENUE CODE OF 1986, AS NOW IN EFFECT OR AS SUBSEQUENTLY AMENDED ("IRC"), EXCLUSIVELY FOR THE BENEFIT OF, TO PERFORM THE FUNCTIONS OF, AND/OR TO CARRY OUT THE RELIGIOUS, CHARITABLE, SCIENTIFIC, AND EDUCATIONAL PURPOSES WITHIN THE MEANING OF SECTION 501(C)(3) OF THE IRC, OF CATHOLIC HEALTH CARE FEDERATION ("CHCF"), A PUBLIC JURIDIC PERSON WITHIN THE MEANING OF THE CODE OF CANON LAW FOR THE ROMAN CATHOLIC CHURCH ("CANON LAW"), INCLUDING BY SUPPORTING SUCH OTHER CHARITABLE ORGANIZATIONS, THE PURPOSES OF WHICH ARE TO EMBODY THE MISSION OF THE HEALING MINISTRY OF JESUS IN THE CHURCH THROUGH OWNERSHIP, MANAGEMENT, OR GOVERNANCE OF HEALTH MINISTRIES, OR THE OFFERING OF OR SUPPORTING OF CHARITABLE AND RELIGIOUS PROGRAMS OR SERVICES CONSISTENT WITH SUCH PURPOSES, IN KEEPING WITH THE GOSPEL IMPERATIVE. ST JOSEPH SERVICES CORPORATION CONTINUES TO STEWARD THE HEALTH MINISTRY OF THE SISTERS OF ST. FRANCIS IN THE BRAZOS VALLEY BY PROVIDING GOVERNANCE AND DIRECTION TO ALL THE NETWORK ORGANIZATIONS THAT ARE ENDEAVORING TO MEET COMMUNITY HEALTH NEEDS.

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

| (A)<br>Name and Title   | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|   |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| JAMES E BLAIR III<br>CHAIR                                      | 1.0<br>.....<br>7.0  | X   |                       | X       |              |                              |        | 0  | 0   | 0   |
| ANTHONY MORELOS<br>VICE-CHAIR                                   | 1.0<br>.....<br>7.0  | X   |                       | X       |              |                              |        | 0  | 0   | 0   |
| ROBERT UPCHURCH<br>SECRETARY                                    | 1.0<br>.....<br>7.0  | X   |                       | X       |              |                              |        | 0  | 0   | 0   |
| T DOUGLAS LAWSON PHD<br>CEO CHI TEXAS DIV. / EX-OFFICIO TRUSTEE | 1.0<br>.....<br>59.0   | X   |                       | X       |              |                              |        | 0  | 1,355,710   | 146,269   |
| KIA PARSI MD<br>INTERIM PRES/CEO, EX-OFFICIO TRUSTEE            | 1.0<br>.....<br>59.0   | X   |                       | X       |              |                              |        | 0  | 491,214   | 25,581  |
| ANTONIO ARREOLA-RISA PhD<br>BOARD MEMBER                        | 1.0<br>.....<br>7.0  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| MICHAEL COHEN MD<br>BOARD MEMBER                                | 1.0<br>.....<br>7.0  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| BRYAN COLE PHD<br>BOARD MEMBER                                  | 1.0<br>.....<br>7.0  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| CHARLES A ELLISON<br>BOARD MEMBER                               | 1.0<br>.....<br>7.0  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| GINA FLORES<br>BOARD MEMBER                                     | 1.0<br>.....<br>7.0  | X   |                       |         |              |                              |        | 0  | 0   | 0   |

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

| (A)<br>Name and Title                                       | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|   |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| JOHN S GRUBE<br>BOARD MEMBER (Partial Year through 7/12/18) | 1.0<br>.....<br>7.0  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| CAROLINE MCDONALD<br>BOARD MEMBER                           | 1.0<br>.....<br>7.0  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| SR MARY JO MIKE OSF<br>BOARD MEMBER                         | 1.0<br>.....<br>7.0  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| MARK SCARMARDO<br>BOARD MEMBER                              | 1.0<br>.....<br>7.0  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| Karen Boone RN<br>Board Member                              | 1.0<br>.....<br>7.0  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| Marcia Ory PhD<br>Board Member                              | 1.0<br>.....<br>7.0  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| John Smith<br>Board Member                                  | 1.0<br>.....<br>7.0  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| JAMES B WHITE MD<br>Board Member                            | 1.0<br>.....<br>50.0   | X   |                       |         |              |                              |        | 0  | 1,292,873   | 42,442  |
| MICHAEL STEINES MD<br>BOARD MEMBER                          | 1.0<br>.....<br>50.0   | X   |                       |         |              |                              |        | 0  | 669,960   | 49,946  |
| Austin Jones<br>VP of Finance                               | 1.0<br>.....<br>40.0   |   |                       | X       |              |                              |        | 0  | 105,125   | 12,222  |

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

| (A)<br>Name and Title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| WILLIAM PACK<br>INTERIM CFO / VP, FINANCE-CHI TX DIVISION      | 1.0<br>.....<br>40.0   |   |                       | X       |              |                              |        | 0  | 394,993   | 46,458  |
| RICARDO DIAZ<br>COO  | 1.0<br>.....<br>40.0   |   |                       | X       |              |                              |        | 0  | 350,371   | 25,271  |
| THERON PARK<br>Market President/CEO/CHI SJH                    | 1.0<br>.....<br>40.0   |   |                       | X       |              |                              |        | 0  | 275,285   | 28,732  |
| Michael Covert<br>Former EX-OFFICIO TRUSTEE, PRES/CEO CHI/SLHS | 0.0<br>.....<br>40.0   |   |                       |         |              |                              | X      | 0  | 1,280,995   | 18,328  |
| DANIEL GOGGIN<br>Former CFO                                    | 0.0<br>.....<br>40.0   |   |                       |         |              |                              | X      | 0  | 376,954   | 46,880  |
| CHUCK KONDERLA<br>Former BOARD MEMBER                          | 0.0<br>.....<br>40.0   |   |                       |         |              |                              | X      | 0  | 105,397   | 13,740  |
| RICKY NAPPER<br>Former PRES/CEO SJHS, EX-OFFICIO TRUSTEE       | 0.0<br>.....<br>40.0   |   |                       |         |              |                              | X      | 0  | 18,246  | 862   |



**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 the latest information.

OMB No. 1545-0047  
**2018**  
**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
St Joseph Services Corporation

Employer identification number  
74-2455161

**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) Catholic Health Care Federation | 999999999 | 1  | Yes   |    | 0   | 0   |
| <b>Total</b>                        | <b>1</b>  |  |   |    | <b>0</b>  | <b>0</b>  |

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

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

**Section A. Public Support**

| Calendar year<br>(or fiscal year beginning in) ▶ |  | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (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<br>(or fiscal year beginning in) ▶ |   | (a)2014 | (b)2015 | (c)2016 | (d)2017 | (e)2018   | (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> |          |

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

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

|           |  |           |  |
|-----------|--|-----------|--|
| <b>14</b> | Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) . . . . . | <b>14</b> |  |
| <b>15</b> | Public support percentage for 2017 Schedule A, Part II, line 14 . . . . .                        | <b>15</b> |  |

- 16a 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .
- b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .
- 17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .
- b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .

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

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

**Section A. Public Support**

| Calendar year<br>(or fiscal year beginning in) ▶ |  | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b>   | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . .   |          |          |          |          |          |           |
| <b>2</b>   | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . |          |          |          |          |          |           |
| <b>3</b>   | Gross receipts from activities that are not an unrelated trade or business under section 513 . . .   |          |          |          |          |          |           |
| <b>4</b>   | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .   |          |          |          |          |          |           |
| <b>5</b>   | The value of services or facilities furnished by a governmental unit to the organization without charge . . .  |          |          |          |          |          |           |
| <b>6</b>   | <b>Total.</b> Add lines 1 through 5 . . .  |          |          |          |          |          |           |
| <b>7a</b>  | Amounts included on lines 1, 2, and 3 received from disqualified persons . . .   |          |          |          |          |          |           |
| <b>b</b>   | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. . .            |          |          |          |          |          |           |
| <b>c</b>   | Add lines 7a and 7b. . .   |          |          |          |          |          |           |
| <b>8</b>   | <b>Public support.</b> (Subtract line 7c from line 6.) . . .   |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year<br>(or fiscal year beginning in) ▶ |   | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (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 2018 (line 8, column (f) divided by line 13, column (f)) . . . . . | <b>15</b> |  |
| <b>16</b> | Public support percentage from 2017 Schedule A, Part III, line 15 . . . . .                      | <b>16</b> |  |

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

|           |  |           |  |
|-----------|--|-----------|--|
| <b>17</b> | Investment income percentage for <b>2018</b> (line 10c, column (f) divided by line 13, column (f)) . . . . . | <b>17</b> |  |
| <b>18</b> | Investment income percentage from <b>2017</b> Schedule A, Part III, line 17 . . . . .                        | <b>18</b> |  |

**19a 33 1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**b 33 1/3% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

|            |   | Yes | No |
|------------|---|-----|----|
| <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>   |     | No |
| <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>  | Yes |    |
| <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>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>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>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>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>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>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>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>c</b>   | <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?   |     |    |
| <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>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>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>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>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>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>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>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>   |     |    |

**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>  |     |    |

**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> |  |  |
| <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**

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

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

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

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

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

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

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

### 990 Schedule A, Supplemental Information

| Return Reference   | Explanation  |
|--|--|
| Schedule A, Part IV, Section A, Line 1 Supported Orgs Listed By Name | ST JOSEPH SERVICES CORPORATION'S ARTICLES OF INCORPORATION SPECIFICALLY DESIGNATE CATHOLIC HEALTH CARE FEDERATION AS ITS PUBLICLY SUPPORTED ORGANIZATION AND DESIGNATE, BY PURPOSE, SUCH OTHER CHARITABLE ORGANIZATIONS, THE PURPOSES OF WHICH ARE TO EMBODY THE MISSION OF THE HEALING MINISTRY OF JESUS IN THE CHURCH THROUGH OWNERSHIP, MANAGEMENT, OR GOVERNANCE OF HEALTH MINISTRIES, OR THE OFFERING OF OR SUPPORTING OF CHARITABLE AND RELIGIOUS PROGRAMS OR SERVICES CONSISTENT WITH SUCH PURPOSES, IN KEEPING WITH THE GOSPEL IMPERATIVE. |



**990 Schedule A, Supplemental Information**

| Return Reference  | Explanation   |
|---|---|
| Schedule A, Part IV, Section A, Line 2 Supported Org. Without IRS Status 509(a)1 or (2) | <p>ST JOSEPH SERVICES CORPORATION IS ORGANIZED AND OPERATED, WITHIN THE MEANING OF SECTION 509(A)(3)(A) OF THE INTERNAL REVENUE CODE OF 1986, AS NOW IN EFFECT OR AS SUBSEQUENTLY AMENDED ("IRC"), EXCLUSIVELY FOR THE BENEFIT OF, TO PERFORM THE FUNCTIONS OF, AND/OR TO CARRY OUT THE RELIGIOUS, CHARITABLE, SCIENTIFIC, AND EDUCATIONAL PURPOSES WITHIN THE MEANING OF SECTION 509(C)(3) OF THE IRC, OF CATHOLIC HEALTH CARE FEDERATION ("CHCF"), A PUBLIC JURIDIC PERSON WITHIN THE MEANING OF THE CODE OF CANON LAW FOR THE ROMAN CATHOLIC CHURCH ("CANON LAW"), INCLUDING BY SUPPORTING SUCH OTHER CHARITABLE ORGANIZATIONS, THE PURPOSES OF WHICH ARE TO EMBODY THE MISSION OF THE HEALING MINISTRY OF JESUS IN THE CHURCH THROUGH OWNERSHIP, MANAGEMENT, OR GOVERNANCE OF HEALTH MINISTRIES, OR THE OFFERING OF OR SUPPORTING OF CHARITABLE AND RELIGIOUS PROGRAMS OR SERVICES CONSISTENT WITH SUCH PURPOSES, IN KEEPING WITH THE GOSPEL IMPERATIVE. BECAUSE CHCF IS PART OF THE ROMAN CATHOLIC CHURCH, IT IS NOT REQUIRED TO APPLY FOR RECOGNITION OF EXEMPT STATUS PURSUANT TO IRC SECTION 508(C). BY VIRTUE OF ITS DECREE OF CANONICAL ERECTION BY THE CONGREGATION FOR INSTITUTES OF CONSECRATED LIFE AND SOCIETIES OF APOSTOLIC LIFE, CHCF IS A PUBLIC JURIDIC PERSON OF PONTIFICAL RIGHT, SUBJECT TO THE DIRECT OVERSIGHT AND JURISDICTION OF THE APOSTOLIC SEE IN THE VATICAN. AS A PUBLIC JURIDIC PERSON IN THE CHURCH, CHCF IS THE JURIDICAL EQUIVALENT OF A DIOCESE OR PARISH OR RELIGIOUS ORDER IN THE CATHOLIC CHURCH. AS A PUBLIC JURIDIC PERSON, CHCF IS NOT MERELY AFFILIATED WITH THE CATHOLIC CHURCH; IT IS THE CATHOLIC CHURCH, AN OFFICIAL PART OF THE CHURCH ITSELF, WITH A MUNUS OR DUTY ASSIGNED TO IT BY THE CHURCH, AND ABLE TO ACT PUBLICLY IN THE NAME OF THE CHURCH. THE CONGREGATION FOR INSTITUTES OF CONSECRATED LIFE AND SOCIETIES OF APOSTOLIC LIFE BY DECREE DATED JUNE 8, 1991, CONFERRED PUBLIC JURIDIC PERSONALITY IN THE CHURCH ON CHCF, STATING THAT CHCF WAS "TO BE GOVERNED IN ACCORDANCE WITH CANON LAW AND ITS OWN APPROVED STATUTES.</p> |

**990 Schedule A, Supplemental Information**

| Return Reference   | Explanation  |
|--|--|
| Schedule A, Part IV, Section B, Line 2 Benefit Of Supp. Org. Other Than The One Operating The Org. | THE ORGANIZATION OPERATES EXCLUSIVELY TO SUPPORT OR BENEFIT ITS PUBLICLY SUPPORTED ORGANIZATION BY SUPPORTING ORGANIZATIONS, OTHER THAN A PRIVATE FOUNDATION, WHICH ARE DESCRIBED IN SECTION 501(C)(3) AND ARE OPERATED, SUPERVISED, OR CONTROLLED DIRECTLY BY OR IN CONNECTION WITH SUCH PUBLICLY SUPPORTED ORGANIZATIONS, OR WHICH IS DESCRIBED IN SECTION 511(A)(2)(B). NO PART OF THE ORGANIZATION'S ACTIVITIES IS IN FURTHERANCE OF A PURPOSE OTHER THAN SUPPORTING OR BENEFITING ONE OR MORE SPECIFIED PUBLICLY SUPPORTED ORGANIZATIONS. |

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

# Supplemental Financial Statements

OMB No. 1545-0047  
**2018**  
**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 the latest information.

**Name of the organization**  
St Joseph Services Corporation

**Employer identification number**  
74-2455161

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

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

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

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

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

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

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

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part IV Escrow and Custodial Arrangements.**

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . .  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance . . . . .             | <b>1c</b> |
| <b>d</b> Additions during the year . . . . .     | <b>1d</b> |
| <b>e</b> Distributions during the year . . . . . | <b>1e</b> |
| <b>f</b> Ending balance . . . . .                | <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 . . . . .                     |                  |                |                    |                      |                     |
| <b>b</b> Contributions . . . . .                                  |                  |                |                    |                      |                     |
| <b>c</b> Net investment earnings, gains, and losses               |                  |                |                    |                      |                     |
| <b>d</b> Grants or scholarships . . . . .                         |                  |                |                    |                      |                     |
| <b>e</b> Other expenditures for facilities and programs . . . . . |                  |                |                    |                      |                     |
| <b>f</b> Administrative expenses . . . . .                        |                  |                |                    |                      |                     |
| <b>g</b> End of year balance . . . . .                            |                  |                |                    |                      |                     |

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

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

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

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land . . . . .   |                                      | 0                               |                              | 0              |
| <b>b</b> Buildings . . . . .   |                                      | 0                               | 0                            | 0              |
| <b>c</b> Leasehold improvements  |                                      | 0                               | 0                            | 0              |
| <b>d</b> Equipment . . . . .   |                                      | 21,450                          | 16,226                       | 5,224          |
| <b>e</b> Other . . . . .   |                                      | 0                               | 0                            | 0              |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶ |                                      |                                 |                              | 5,224          |

**Part VII Investments—Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

**Part VIII Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment  | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market 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) DUE FROM AFFILIATES  |                |
| (2) DUE FROM AFFILIATES  | 16,775,866     |
| (3)  |                |
| (4)  |                |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.) | ▶ 16,775,866   |

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

| (a) Description of liability   | (b) Book value |
|--|----------------|
| (1) Federal income taxes   |                |
| DUE TO AFFILIATES  | 16,771,653     |
| (2)  |                |
| (3)  |                |
| (4)  |                |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.) | ▶ 16,771,653   |

**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 |
|------------------|-------------|
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
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|                  |             |
|                  |             |
|                  |             |

## Additional Data

**Software ID:** 18007697  
**Software Version:** 2018v3.1  
**EIN:** 74-2455161  
**Name:** St Joseph Services Corporation

## Supplemental Information

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



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

Schedule I (Form 990)

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

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization St Joseph Services Corporation

Employer identification number

74-2455161

Part I General Information on Grants and Assistance

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

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

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 4
3 Enter total number of other organizations listed in the line 1 table 0

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

Part III can be duplicated if additional space is needed.

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

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

| Return Reference  | Explanation   |
|---|---|
| Schedule I, Part I, Line 2<br>Procedures for monitoring use of grant funds. | ST JOSEPH SERVICES CORPORATION PROVIDES CONTRIBUTIONS PRIMARILY TO 501(C)(3) ORGANIZATIONS TO BE USED TO FUND OPERATIONS THAT PROMPT THE CHARITABLE PURPOSES OF THE RECIPIENT EXEMPT ORGANIZATION. ST JOSEPH SERVICES CORPORATION DOES NOT REQUIRE ACCOUNTING FOR THE GRANT MONIES, SINCE THE RECIPIENT ORGANIZATIONS ARE REQUIRED, AS IRC SEC 501(C)(3) ORGANIZATIONS, TO USE THE FUNDS IN FURTHERANCE OF EXEMPT PURPOSES. |

**Additional Data**

**Software ID:** 18007697  
**Software Version:** 2018v3.1  
**EIN:** 74-2455161  
**Name:** St Joseph Services Corporation

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

| <b>(a)</b> Name and address of organization or government  | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| BRAZOS VALLEY COMMUNITY ACTION AGENCY INC<br>1500 UNIVERSITY DRIVE EAST<br>COLLEGE STATION, TX 77840 | 74-1715140     | 501(C)(3)                            | 1,103,446                       | 0  | N/A  | N/A   | PROGRAM SUPPORT                           |
| HEALTH FOR ALL INC<br>PO BOX 5913<br>BRYAN, TX 77805   | 74-2624477     | 501(C)(3)                            | 104,662                         | 0  | N/A  | N/A   | PROGRAM SUPPORT                           |

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

| <b>(a)</b> Name and address of organization or government              | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Brazos Valley Food Bank<br>1501 Independence Avenue<br>BRYAN, TX 77803 | 74-2380446     | 501(C)(3)                            | 10,000                          | 0  | N/A  | N/A   | PROGRAM SUPPORT                           |
| Prenatal Clinic<br>3370 S Texas Ave Ste G<br>Bryan, TX 77802           | 74-2397671     | 501(C)(3)                            | 25,000                          | 0  | N/A  | N/A   | PROGRAM SUPPORT                           |

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No. 1545-0047  
**2018**  
**Open to Public Inspection**

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**  
▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
St Joseph Services Corporation

Employer identification number  
74-2455161

**Part I Questions Regarding Compensation**

|  | Yes  | No   |  |  |   |  |   |  |  |  |
|--|--|--|--|--|---|--|---|--|--|--|
| <p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table> | <input type="checkbox"/> First-class or charter travel                   | <input type="checkbox"/> Housing allowance or residence for personal use | <input type="checkbox"/> Travel for companions               | <input type="checkbox"/> Payments for business use of personal residence | <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   | <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |  |  |
| <input type="checkbox"/> First-class or charter travel   | <input type="checkbox"/> Housing allowance or residence for personal use |  |  |  |   |  |   |  |  |  |
| <input type="checkbox"/> Travel for companions   | <input type="checkbox"/> Payments for business use of personal residence |  |  |  |   |  |   |  |  |  |
| <input type="checkbox"/> Tax idemnification and gross-up payments  | <input type="checkbox"/> Health or social club dues or initiation fees   |  |  |  |   |  |   |  |  |  |
| <input type="checkbox"/> Discretionary spending account  | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |  |  |  |   |  |   |  |  |  |
| <p><b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>   | <b>1b</b>  |  |  |  |   |  |   |  |  |  |
| <p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>   | <b>2</b>   |  |  |  |   |  |   |  |  |  |
| <p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>   | <input type="checkbox"/> Compensation committee                          | <input type="checkbox"/> Written employment contract                     | <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    | <input type="checkbox"/> Form 990 of other organizations          | <input type="checkbox"/> Approval by the board or compensation committee |   |  |  |  |
| <input type="checkbox"/> Compensation committee  | <input type="checkbox"/> Written employment contract                     |  |  |  |   |  |   |  |  |  |
| <input type="checkbox"/> Independent compensation consultant   | <input type="checkbox"/> Compensation survey or study                    |  |  |  |   |  |   |  |  |  |
| <input type="checkbox"/> Form 990 of other organizations   | <input type="checkbox"/> Approval by the board or compensation committee |  |  |  |   |  |   |  |  |  |
| <p><b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p><b>a</b> Receive a severance payment or change-of-control payment? . . . . .</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>   | <b>4a</b>  | Yes  |  |  |   |  |   |  |  |  |
|  | <b>4b</b>  | Yes  |  |  |   |  |   |  |  |  |
|  | <b>4c</b>  | No   |  |  |   |  |   |  |  |  |
| <p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p> <p><b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p><b>a</b> The organization? . . . . .</p> <p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>   | <b>5a</b>  | No   |  |  |   |  |   |  |  |  |
|  | <b>5b</b>  | No   |  |  |   |  |   |  |  |  |
| <p><b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p><b>a</b> The organization? . . . . .</p> <p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>  | <b>6a</b>  | No   |  |  |   |  |   |  |  |  |
|  | <b>6b</b>  | No   |  |  |   |  |   |  |  |  |
| <p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III . . . . .</p>  | <b>7</b>   | No   |  |  |   |  |   |  |  |  |
| <p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .</p>  | <b>8</b>   | No   |  |  |   |  |   |  |  |  |
| <p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .</p>   | <b>9</b>   |  |  |  |   |  |   |  |  |  |



**Part III Supplemental Information**

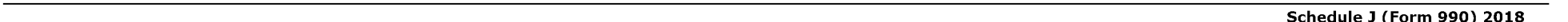
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

| Return Reference  | Explanation  |
|---|--|
| Schedule J, Part I, Line 3 Arrangement used to establish the top management official's compensation | During the calendar year 2018, compensation for the top management official was established and paid by Catholic Health Initiatives ("CHI"), a related organization. CHI used the following to establish the top management official's compensation: (1) Compensation Committee; (2) Independent Compensation Consultant; (3) Written Employment Contracts; (4) Compensation Survey or Study; (5) Approval by the Board or Compensation Committee. |

| <b>Return Reference</b>  | <b>Explanation</b>  |
|--|---|
| Schedule J, Part I, Line 4a Severance or change-of-control payment | During the calendar year 2018, post-termination payments were addressed in executive employment agreements for Catholic Health Initiatives and related organizations' employees at the level of Vice President and above, including the MBO CEOs. These employment agreements require that in order for the executive to receive post-termination payments, these individuals must execute a general release and settlement agreement. Post-termination payment arrangements are periodically reviewed for overall reasonableness in light of the executive's overall compensation package. The following reportable individuals received severance payments from Catholic Health Initiatives (a Related Organization) during the 2018 calendar year, and these severance payments were included in the individual's W-2 income and reportable compensation on Schedule J: Michael Covert - \$1,008,106 |



| <b>Return Reference</b>  | <b>Explanation</b>  |
|--|---|
| Schedule J, Part I, Line 4b<br>Supplemental nonqualified retirement plan | During the 2018 calendar year, Catholic Health Initiatives ("CHI"), a related organization, maintained a supplemental non-qualified deferred compensation plan for MBO CEOs/Presidents and other CHI employees at the level of Senior Vice President and above. 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 2018 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 2018, 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: Michael Covert - \$15,395 |



# Additional Data

**Software ID:** 18007697  
**Software Version:** 2018v3.1  
**EIN:** 74-2455161  
**Name:** St Joseph Services Corporation

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

| (A) Name and Title                           |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|  |      | (i) Base Compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| RICKY NAPPER                                 | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| Former PRES/CEO SJHS, EX-OFFICIO TRUSTEE     | (ii) | 17,594   | 0                                   | 652                                 | 642  | 220                     | 19,108                          | 0   |
| T DOUGLAS LAWSON PHD                         | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| CEO CHI TEXAS DIV. / EX-OFFICIO TRUSTEE      | (ii) | 733,582  | 443,750                             | 178,378                             | 126,625  | 19,644                  | 1,501,979                       | 0   |
| KIA PARSI MD                                 | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| INTERIM PRES/CEO, EX-OFFICIO TRUSTEE         | (ii) | 434,651  | 56,563                              | 0                                   | 18,500   | 7,081                   | 516,795                         | 0   |
| Michael Covert                               | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| Former EX-OFFICIO TRUSTEE, PRES/CEO CHI/SLHS | (ii) | 145,959  | 108,433                             | 1,026,603                           | 15,934   | 2,394                   | 1,299,323                       | 0   |
| CHUCK KONDERLA                               | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| Former BOARD MEMBER                          | (ii) | 101,785  | 3,612                               | 0                                   | 6,492  | 7,248                   | 119,137                         | 0   |
| JAMES B WHITE MD                             | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| Board Member                                 | (ii) | 975,184  | 317,689                             | 0                                   | 37,000   | 5,442                   | 1,335,315                       | 0   |
| MICHAEL STEINES MD                           | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| BOARD MEMBER                                 | (ii) | 500,056  | 169,904                             | 0                                   | 43,000   | 6,946                   | 719,906                         | 0   |
| DANIEL GOGGIN                                | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| Former CFO                                   | (ii) | 376,954  | 0                                   | 0                                   | 42,500   | 4,380                   | 423,834                         | 0   |
| WILLIAM PACK                                 | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| INTERIM CFO / VP, FINANCE-CHI TX DIVISION    | (ii) | 367,885  | 20,250                              | 6,858                               | 16,375   | 30,083                  | 441,451                         | 0   |
| RICARDO DIAZ                                 | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| COO  | (ii) | 333,057  | 17,314                              | 0                                   | 17,875   | 7,396                   | 375,642                         | 0   |
| THERON PARK                                  | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| Market President/CEO/CHI SJH                 | (ii) | 181,179  | 50,000                              | 44,106                              | 18,000   | 10,732                  | 304,017                         | 0   |

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

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

Department of the Treasury

Name of the organization  
St Joseph Services Corporation

**Employer identification number**

74-2455161

**990 Schedule O, Supplemental Information**

| Return Reference   | Explanation  |
|--|--|
| Form 990, Part VI, Line 15a<br>PROCESS FOR DETERMINING COMPENSATION OF TOP MANAGEMENT OFFICIAL | The organization's top management official's compensation was paid by Catholic Health Initiatives ("CHI"), a related organization. CHI had a defined compensation philosophy. Both the executive and non-executive compensation structures and ranges were reviewed annually in comparison to market data. Catholic Health Initiatives used Korn Ferry as the independent third party to assess executive compensation programs and to ensure the reasonableness of actual salaries and total compensation packages. Compensation of the senior most executives was reviewed annually. Korn Ferry reviewed both cash and total compensation for overall reasonableness, for adherence to Catholic Health Initiatives' compensation philosophy, and for comparability to the not-for-profit healthcare market. This independent review was delivered by Korn Ferry to the CHI HR committee of the Board of Stewardship Trustees annually at their September meeting and minutes shared with the full board at the December meeting. The last review was September 25, 2018. In addition, Korn Ferry completed a comprehensive review of all positions at the level of vice president and above in the fall of 2014 to determine and validate appropriate compensation levels. These levels were reviewed annually and revised based on market data, where applicable. |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>   | <b>Explanation</b>  |
|---|---|
| Form 990, Part VI, Line 15b<br>PROCESS FOR DETERMINING COMPENSATION OF OTHER OFFICERS | 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. |

## 990 Schedule O, Supplemental Information

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

**990 Schedule O, Supplemental Information**

| Return Reference   | Explanation   |
|--|---|
| <p>Form 990, Part VI, Line 12c Conflict of Interest Policy</p> | <p>of affiliation with research sponsor (researchers). b) Annually: 1) Board / committee members, 2) Employees at the level vice president or above, 3) Researchers, 4) Supply chain employees at the level of vice president and above and those employees involved in contracting regardless of employment level, 5) Other employees as determined by CommonSpirit Health leadership. 3. Failure to disclose - an individual who fails to disclose a perceived, potential, or actual conflict of interest, or all material facts surrounding an actual or potential conflict or fails to abide by the final decision regarding the conflict may be subject to disciplinary or corrective actions such as termination of employment, removal from a board or committee, loss or restriction of clinical privileges, or restrictions on research activities in accordance with applicable laws, regulations, rules, contracts, and bylaws. B. Conflicts review: 1. No disclosed conflicts: In the absence of perceived, potential or actual conflicts of interest, no follow-up conflicts review is required or performed. 2. Disclosure of perceived, potential or actual conflicts: a) Are initially reviewed by national or regional legal or corporate responsibility team members (depending upon the role of the individual disclosing the actual or potential conflict) to determine whether an actual or potential for a conflict may exist. b) If it is determined that a potential or actual conflict may exist, I. In the case of board or committee members or officers, issues are elevated to the executive committee of the board or board chair. II. In the case of other persons, conflicts issues are elevated to the conflicts of interest review committee ("C-CIRC"). C. Conflicts determination and management: 1. Matters elevated to C-CIRC: a) The C-CIRC determines whether a disclosed or otherwise identified interest is a conflict of interest. If the C-CIRC determines that a COI exists, and adequate controls are not in place to mitigate the conflict, the C-CIRC facilitates development of a COI management plan designed to mitigate the conflict. Designated entity staff are responsible for monitoring the COI management plan and for documenting monitoring activities. Notwithstanding the foregoing, at its sole discretion, an entity may reject a person's request to enter into the relationship in question, or require the relationship be sufficiently altered to avoid a potential conflict of interest. b) Appeal - if a person does not agree with a determination made by the C-CIRC, its interpretation of the COI policy, still seeks an exemption or exception, or seeks further clarification of the C-CIRC's decision, the individual may appeal the decision through his or her manager for reconsideration by the C-CIRC, and the C-CIRC will review and issue a final determination based upon any new or additional information presented. 2. Matters elevated to the executive committee or board chair: a) Determination of existence of conflict - th</p> |

## 990 Schedule O, Supplemental Information

| Return Reference  | Explanation  |
|---|--|
| Form 990, Part VI, Line 12c Conflict of Interest Policy | <p>e board chair or his or her designee performs any further investigation of any conflict of interest disclosures as he or she may deem appropriate. If the conflict involves the board chair, the vice chair assumes the chair's role outlined in the COI policy. Based on review and evaluation of the relevant facts and circumstances, the board chair makes an initial determination as to whether a conflict of interest exists and whether, pursuant to the COI policy, review and approval or other action by the board is required. A written record of the board chair's determination, including relevant facts and circumstances, is made. The board chair then makes an appropriate report to the executive committee of the board concerning the COI review, evaluation and determination. If a difference of opinion exists between the board chair and another trustee as to whether the facts and circumstances of a given situation constitute a conflict of interest or whether board review and approval or other action is required under the COI policy, the matter is submitted to the board's executive committee, which makes a final determination as to the matter presented. That determination, including relevant facts and circumstances, is reflected in the executive committee minutes and is reported to the board.</p> <p>b) Board evaluation of transactions involving an officer / board member conflict of interest - I. The board carefully scrutinizes and must in good faith approve or disapprove any transaction in which CHI or a CHI entity is a party and in which the trustee or a corporate officer either: 1. Has a material financial interest; or 2. Is a trustee or corporate officer of the other party (other than a CHI affiliated organization). II. The board must approve the transaction by a majority of the trustees on the board (not counting any interested trustee). In reviewing such transactions between CHI or CHI entities and vendors or other contractors who are, or are affiliated with, trustees or corporate officers, the board acts no more or less favorably than it would in reviewing transactions with unrelated third parties. The transaction is not approved unless the board determines that the transaction is fair to CHI or the CHI entity. III. A conflicted trustee or corporate officer is not permitted to use his or her personal influence with respect to the approval or disapproval of the conflicted transaction. However, if requested, such trustee or corporate officer is not prevented from briefly stating his or her position in the matter, nor from answering pertinent questions from trustees, as his or her knowledge may be relevant. The trustee or corporate officer is excused from the meeting during discussion and vote on the conflict of interest.</p> <p>c) Board evaluation of non-transactional conflicts - I. The board carefully reviews and scrutinizes any non-transactional conflict of interest (e.g., disclosure of nonpublic information, competition with CHI or a</p> |



**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>                                    | <b>Explanation</b>   |
|--|--|
| Form 990, Part VI, Line 12c Conflict of Interest of Policy | <p>CHI entity, failure to disclose a corporate opportunity, excessive gifts or entertainment, etc.). II. In such circumstances, by a majority vote of the disinterested trustees, the board takes whatever action is deemed appropriate with respect to the trustee or corporate officer under the circumstances (including possible disciplinary or corrective action) to best protect the interests of CHI or the CHI entity. The board is encouraged to consult with the general counsel of CHI or his or her designee when considering disciplinary or corrective action. III. The conflicted trustee or corporate officer is not permitted to use his or her personal influence with respect to the conflict matter. However, if requested, such trustee or corporate officer is not prevented from briefly stating his or her position in the matter, nor from answering pertinent questions from trustees, as his or her knowledge may be relevant. The trustee or corporate officer is excused from the meeting during discussion and vote on the conflict of interest. d) Record of proceedings - with respect to board member and officer conflicts of interest, minutes of the board are expected to reflect the identity of the individual making the disclosure, the nature of the disclosure, discussion regarding any proposed transaction, the decision made by the board, and that the interested trustee or corporate officer was excused during the discussion, and that the interested trustee abstained from voting. D. Conflicts reporting: All conflicts of interest are reported by CHI as required by law, regulations, and policy.</p> |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>  | <b>Explanation</b>  |
|--|---|
| Form 990, Part VI, Line 1a Delegate broad authority to a committee | <p>Pursuant to Section 8.6 of the Bylaws of the ST JOSEPH SERVICES CORPORATION, Executive Committee is composed of the board chair, the board vice chair, the President and CEO, each of whom shall serve as an ex officio voting member of the Executive Committee, and two voting members appointed by the Board of Directors. Each individual appointed to the Executive Committee shall serve for a term of one year or until his or her successor is duly appointed by the Board of Directors. The Executive Committee shall consist of only directors of the Corporation. 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, Supplemental Information**

| <b>Return Reference</b>  | <b>Explanation</b>  |
|--|---|
| Form 990,<br>Part VI, Line<br>6 Classes of<br>members or<br>stockholders | ACCORDING TO THE BYLAWS OF ST JOSEPH SERVICES CORPORATION, THE ENTITY'S SOLE MEMBER IS SYLVANIA FRANCISCAN HEALTH F/K/A FRANCISCAN SERVICES CORPORATION, AN OHIO NONPROFIT CORPORATION. |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>   | <b>Explanation</b>   |
|---|--|
| 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 PRESIDENT HEALTH SYSTEM DELIVERY AND CHIEF OPERATING OFFICER OR OTHER DESIGNEE. 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. |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>  | <b>Explanation</b>  |
|--|---|
| Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders | <p>THE ORGANIZATION'S CORPORATE MEMBER IS SYLVANIA FRANCISCAN HEALTH. PURSUANT TO SECTION 5.4 OF THE ORGANIZATION'S BYLAWS, BOTH SYLVANIA FRANCISCAN HEALTH AND CommonSpirit Health (SYLVANIA FRANCISCAN HEALTH'S SOLE CORPORATE MEMBER) HAVE RESERVED POWERS AS OUTLINED IN THE CommonSpirit Health GOVERNANCE MATRIX. PURSUANT TO THE GOVERNANCE MATRIX THE FOLLOWING RIGHTS ARE HELD BY THE SYLVANIA FRANCISCAN HEALTH BOARD: * APPROVE MEMBERS OF THE ST JOSEPH SERVICES CORPORATION BOARD * AMENDMENT OF THE CORPORATE DOCUMENTS OF ST JOSEPH SERVICES CORPORATION * APPROVE REMOVAL OF A MEMBER OF THE GOVERNING BODY OF ST JOSEPH SERVICES CORPORATION * ADOPTION OF LONG RANGE AND STRATEGIC PLANS FOR ST JOSEPH SERVICES CORPORATION 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 ST JOSEPH SERVICES CORPORATION * REMOVAL OF A MEMBER OF THE GOVERNING BODY OF ST JOSEPH SERVICES CORPORATION * APPROVAL OF ISSUANCE OF DEBT BY ST JOSEPH SERVICES CORPORATION * APPROVAL OF PARTICIPATION OF ST JOSEPH SERVICES CORPORATION IN A JOINT VENTURE * APPROVAL OF FORMATION OF A NEW CORPORATION BY ST JOSEPH SERVICES CORPORATION * APPROVAL OF A MERGER INVOLVING ST JOSEPH SERVICES CORPORATION * APPROVAL OF THE SALE OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF ST JOSEPH SERVICES CORPORATION * TO REQUIRE THE TRANSFER OF ASSETS BY ST JOSEPH SERVICES CORPORATION TO CommonSpirit Health TO ACCOMPLISH CommonSpirit Health's GOALS AND OBJECTIVES, AND TO SATISFY CommonSpirit Health DEBTS. PURSUANT TO SECTION 5.5 OF THE ORGANIZATION'S BYLAWS, SYLVANIA FRANCISCAN HEALTH OR CommonSpirit Health MAY, IN EXERCISE OF THEIR APPROVAL POWERS, GRANT OR WITHHOLD APPROVAL IN WHOLE OR IN PART, OR MAY, IN ITS COMPLETE DISCRETION, AFTER CONSULTATION WITH THE BOARD AND ITS PRESIDENT AND THE CHIEF EXECUTIVE OFFICER OF THE ORGANIZATION, RECOMMEND SUCH OTHER OR DIFFERENT ACTIONS AS IT DEEMS APPROPRIATE. (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.</p> |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>  | <b>Explanation</b>  |
|--|---|
| Form 990, Part VI, Line 11b Review of form 990 by governing body | ONCE THE RETURN IS PREPARED, THE FORM 990 AND ACCOMPANYING SCHEDULES WERE MADE AVAILABLE TO ALL TRUSTEES EITHER ELECTRONICALLY OR BY HARD COPY, DEPENDING UPON THE TRUSTEES 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 TAX RETURN PREPARERS, CATHOLIC HEALTH INITIATIVES, IF REQUESTED BY THE TRUSTEES. SUBSEQUENT TO THE RETURN BEING PROVIDED TO THE BOARD, THE TAX DEPARTMENT 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 RE-SUBMITTED TO THE BOARD. |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>   | <b>Explanation</b>  |
|---|---|
| Form 990, Part VI, Line 19 Required documents available to the public | The organization's financial statements and conflict of interest policy are available to the public upon request. The organization's financial statements are included in the CommonSpirits' 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> . Governing documents are not made available to the public. |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>                | <b>Explanation</b>  |
|--|---|
| Form 990, Part IX, Line 11g Other Fees | Contract Services - Total Expense: 2936209, Program Service Expense: 0, Management and General Expenses: 2936209, Fundraising Expenses: 0; Purchased Services - Total Expense: 88703, Program Service Expense: 0, Management and General Expenses: 88703, Fundraising Expenses: 0; Other Fees for Services - Total Expense: 516166, Program Service Expense: 0, Management and General Expenses: 516166, Fundraising Expenses: 0; Consulting - Total Expense: 360720, Program Service Expense: 0, Management and General Expenses: 360720, Fundraising Expenses: 0; Contract Labor - Total Expense: 125972, Program Service Expense: 0, Management and General Expenses: 125972, Fundraising Expenses: 0; |



**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>  | <b>Explanation</b>   |
|--|--|
| Form 990,<br>Part XI, Line<br>9 Other<br>changes in<br>net assets or<br>fund<br>balances | Change in EQUITY IN INVESTMENT IN Alliance Health Providers - -7921; |

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
St Joseph Services Corporation

**Employer identification number**

74-2455161

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

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

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

See Additional Data Table

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

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

See Additional Data Table

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

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

See Additional Data Table

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

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

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

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

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

| (a)<br>Name of related organization     | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|---|-------------------------------|------------------------|--|
| (1) BURLESON ST JOSEPH HEALTH CENTER    | Q                             | 394,948                | CASH   |
| (2) MADISON ST JOSEPH HEALTH CENTER     | Q                             | 427,032                | CASH   |
| (3) ST JOSEPH REGIONAL HEALTH CENTER    | Q                             | 11,438,358             | CASH   |
| (4) BURLESON ST JOSEPH MANOR            | Q                             | 172,124                | CASH   |
| (5) ST JOSEPH MANOR                     | Q                             | 288,963                | CASH   |
| (6) St Joseph Foundation of Bryan Texas | Q                             | 77,160                 | CASH   |



**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:** 18007697  
**Software Version:** 2018v3.1  
**EIN:** 74-2455161  
**Name:** St Joseph Services Corporation

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

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

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



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

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations |                         |  |                            |   |                                  |   |    |  |
|--|-------------------------|--|----------------------------|---|----------------------------------|---|----|--|
| (a)<br>Name, address, and EIN of related organization                              | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512 (b)(13) controlled entity? |    |  |
|  |                         |  |                            |   |                                  | Yes   | No |  |
| 2801 VIA FORTUNA SUITE 500<br>AUSTIN, TX 78746<br>45-4736213                       | HEALTHCARE              | TX   | 501(c)(3)                  | Type I  | SLHS                             |   | No |  |
| 1455 BATTERSBY AVE<br>ENUMCLAW, WA 98022<br>91-0715805                             | HOSPITAL                | WA   | 501(c)(3)                  | 3   | FHS                              |   | No |  |
| 4305 NEW SHEPHERDSVILLE RD<br>BARDSTOWN, KY 40004<br>61-1345363                    | HOSPITAL                | KY   | 501(c)(3)                  | 3   | KOH                              |   | No |  |
| 4305 NEW SHEPHERDSVILLE RD<br>BARDSTOWN, KY 40004<br>56-2351341                    | FUNDRAISING FOUNDATION  | KY   | 501(c)(3)                  | Type I  | FH                               |   | No |  |
| 4111 N HOLLAND-SYLVANIA RD<br>TOLEDO, OH 43623<br>34-1931806                       | HEALTHCARE              | OH   | 501(c)(3)                  | 10  | FLC                              |   | No |  |
| 1717 SOUTH J ST<br>TACOMA, WA 98405<br>91-1145592                                  | FUNDRAISING FOUNDATION  | WA   | 501(c)(3)                  | 10  | FHS                              |   | No |  |
| 1717 SOUTH J ST<br>TACOMA, WA 98405<br>91-0564491                                  | HOSPITAL                | WA   | 501(c)(3)                  | 3   | CSH                              |   | No |  |
| TACOMA FNC CTR BLDG 1145 BROADWAY<br>TACOMA, WA 98402<br>43-1882377                | PHYSICIANS              | MO   | 501(c)(3)                  | 10  | CSH                              |   | No |  |
| 1313 BROADWAY STE 200<br>TACOMA, WA 98402<br>91-1939739                            | HEALTHCARE              | WA   | 501(c)(3)                  | 10  | FHS                              |   | No |  |
| 3601 S CHICAGO AVE<br>SOUTH MILWAUKEE, WI 53172<br>39-1093829                      | HEALTHCARE              | WI   | 501(c)(3)                  | 10  | CSH                              |   | No |  |
| 1911 Johnson Avenue<br>San Luis Obispo, CA 93401<br>20-3256125                     | FUNDRAISING FOUNDATION  | CA   | 501(c)(3)                  | Type I  | DCC                              |   | No |  |
| 407 THIRD AVENUE SOUTHEAST<br>GARRISON, ND 58540<br>45-0227752                     | HOSPITAL                | ND   | 501(c)(3)                  | 3   | SAMC                             |   | No |  |
| 1420 South Central Avenue<br>Glendale, CA 91204<br>95-3625651                      | FUNDRAISING FOUNDATION  | CA   | 501(c)(3)                  | Type I  | DCC                              |   | No |  |
| 198 INVERNESS DRIVE WEST<br>ENGLEWOOD, CO 80112<br>20-1536108                      | MINISTRIES              | CO   | 501(c)(3)                  | Type I  | CSH                              |   | No |  |
| 619 OAK ST ACCOUNTING-3 W<br>CINCINNATI, OH 45206<br>31-1778403                    | EDUCATION               | OH   | 501(c)(3)                  | 2   | GSH                              |   | No |  |
| 619 OAK ST ACCOUNTING-3 W<br>CINCINNATI, OH 45206<br>31-1206047                    | FUNDRAISING FOUNDATION  | OH   | 501(c)(3)                  | Type I  | GSH                              |   | No |  |
| PO BOX 1990<br>KEARNEY, NE 68848<br>47-0379755                                     | HOSPITAL                | NE   | 501(c)(3)                  | 3   | CHI NEBRASKA                     |   | No |  |
| 111 W 31ST ST<br>KEARNEY, NE 68847<br>47-0659443                                   | FUNDRAISING FOUNDATION  | NE   | 501(c)(3)                  | 7   | GSH                              |   | No |  |
| 2520 CHERRY AVE<br>BREMERTON, WA 98310<br>91-0565546                               | HOSPITAL                | WA   | 501(c)(3)                  | 3   | FHS                              |   | No |  |
| 2520 CHERRY AVE<br>BREMERTON, WA 98310<br>91-1197626                               | FUNDRAISING FOUNDATION  | WA   | 501(c)(3)                  | 7   | HMC                              |   | No |  |

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations |                         |  |                            |   |                                  |     | Section 512 (b)(13) controlled entity? |  |
|--|-------------------------|--|----------------------------|---|----------------------------------|-----|--|--|
| (a)<br>Name, address, and EIN of related organization                              | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g) |  |  |
|  |                         |  |                            |   |                                  | Yes | No                                     |  |
| 1451 HARRODSBURG RD STE D-308<br>LEXINGTON, KY 40504<br>83-2170324                 | FUNDRAISING FOUNDATION  | KY   | 501(c)(3)                  | Type II   | KOH                              |     | No                                     |  |
| 2400 ST FRANCIS DR<br>BRECKENRIDGE, MN 56520<br>76-0761782                         | FUNDRAISING FOUNDATION  | MN   | 501(c)(3)                  | Type I  | SFMC                             |     | No                                     |  |
| 16251 SYLVESTER RD SW<br>BURIEN, WA 98166<br>91-0712166                            | HOSPITAL                | WA   | 501(c)(3)                  | 3   | FHS                              |     | No                                     |  |
| 1111 6TH AVE<br>DES MOINES, IA 50314<br>42-1323808                                 | SHELTER                 | IA   | 501(c)(3)                  | 7   | CHI-IA CORP                      |     | No                                     |  |
| 250 E Liberty St Ste 500<br>LOUISVILLE, KY 40202<br>61-1029768                     | HOSPITAL                | KY   | 501(c)(3)                  | 3   | KOH                              |     | No                                     |  |
| 100 E Liberty St Ste 800<br>LOUISVILLE, KY 40202<br>61-1352729                     | HEALTHCARE              | KY   | 501(c)(3)                  | 10  | JHSMH                            |     | No                                     |  |
| 200 ABRAHAM FLEXNER WAY<br>LOUISVILLE, KY 40202<br>61-1029769                      | HEALTHCARE              | KY   | 501(c)(3)                  | Type II   | CSH                              |     | No                                     |  |
| 600 MAIN AVE S<br>BAUDETTE, MN 56623<br>41-0758434                                 | HOSPITAL                | MN   | 501(c)(3)                  | 3   | CSH                              |     | No                                     |  |
| 600 MAIN AVE S<br>BAUDETTE, MN 56623<br>41-1893795                                 | FUNDRAISING FOUNDATION  | ND   | 501(c)(3)                  | 7   | LHC                              |     | No                                     |  |
| 2700 STEWART PKWY<br>ROSEBURG, OR 97471<br>93-0821381                              | SENIOR LIVING           | OR   | 501(c)(3)                  | 10  | MMC                              |     | No                                     |  |
| 905 MAIN ST<br>LISBON, ND 58054<br>82-0558836                                      | HOSPITAL                | ND   | 501(c)(3)                  | 3   | CSH                              |     | No                                     |  |
| PO BOX 1447<br>LUFKIN, TX 75901<br>82-0563768                                      | PROPERTY MGMT           | TX   | 501(c)(3)                  | Type I  | MHSET                            |     | No                                     |  |
| 2801 FRANCISCAN DRIVE<br>BRYAN, TX 77802<br>74-2761145                             | HOSPITAL                | TX   | 501(c)(3)                  | 3   | SJSC                             | Yes |  |  |
| 2344 AMSTERDAM ROAD<br>VILLA HILLS, KY 51017<br>61-0654635                         | LIVING ASSIST           | KY   | 501(c)(3)                  | 10  | FLC                              |     | No                                     |  |
| 1400 E Church Street<br>Santa Maria, CA 93454<br>95-3818027                        | FUNDRAISING FOUNDATION  | CA   | 501(c)(3)                  | Type I  | DH                               |     | No                                     |  |
| 768 Mountain Ranch Road<br>San Andreas, CA 95249<br>68-0127677                     | HOSPITAL                | CA   | 501(c)(3)                  | 3   | NA                               |     | No                                     |  |
| 2525 DE SALES AVE<br>CHATTANOOGA, TN 37404<br>62-1839548                           | FUNDRAISING FOUNDATION  | TN   | 501(c)(3)                  | 7   | MHCS                             |     | No                                     |  |
| 2525 DE SALES AVE<br>CHATTANOOGA, TN 37404<br>62-0532345                           | HOSPITAL                | TN   | 501(c)(3)                  | 3   | CSH                              |     | No                                     |  |
| 5600 BRAINERD RD STE 500<br>CHATTANOOGA, TN 37411<br>03-0417049                    | HEALTHCARE              | TN   | 501(c)(3)                  | 10  | MHCS                             |     | No                                     |  |
| PO BOX 1447<br>LUFKIN, TX 75902<br>75-0755367                                      | HOSPITAL                | TX   | 501(c)(3)                  | 3   | SLHS                             |     | No                                     |  |

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations |   |  |                            |   |                                  |   |    |
|--|---|--|----------------------------|---|----------------------------------|---|----|
| (a)<br>Name, address, and EIN of related organization                              | (b)<br>Primary activity                               | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512 (b)(13) controlled entity? |    |
|  |   |  |                            |   |                                  | Yes   | No |
| PO BOX 1447<br>LUFKIN, TX 75902<br>76-0436439                                      | HOSPITAL  | TX   | 501(c)(3)                  | 3   | MHSET                            |   | No |
| PO BOX 1447<br>LUFKIN, TX 75902<br>75-2663904                                      | HOSPITAL  | TX   | 501(c)(3)                  | 3   | MHSET                            |   | No |
| 1201 FRANK AVE<br>LUFKIN, TX 95904<br>75-2721155                                   | PHYSICIANS  | TX   | 501(c)(3)                  | Type I  | MHSET                            |   | No |
| PO BOX 1447<br>LUFKIN, TX 95902<br>75-2492741                                      | HOSPITAL  | TX   | 501(c)(3)                  | 3   | MHSET                            |   | No |
| 1111 6TH AVE<br>DES MOINES, IA 50314<br>42-6076069                                 | AUXILIARY   | IA   | 501(c)(3)                  | Type I  | MF-DM IA                         |   | No |
| 1111 6TH AVE<br>DES MOINES, IA 50314<br>42-1193699                                 | PHYSICIANS  | IA   | 501(c)(3)                  | 10  | CHI-IA CORP                      |   | No |
| 1111 6TH AVE<br>DES MOINES, IA 50314<br>42-1511682                                 | EDUCATION   | IA   | 501(c)(3)                  | 2   | CHI-IA CORP                      |   | No |
| PO Box 119<br>Bakersfield, CA 93302<br>77-0201321                                  | FUNDRAISING FOUNDATION                                | CA   | 501(c)(3)                  | Type I  | DH                               |   | No |
| 1111 6TH AVE<br>DES MOINES, IA 50314<br>23-7358794                                 | FUNDRAISING FOUNDATION                                | IA   | 501(c)(3)                  | 7   | CHI-IA CORP                      |   | No |
| 2700 STEWART PKWY<br>ROSEBURG, OR 97471<br>93-6088946                              | FUNDRAISING FOUNDATION                                | OR   | 501(c)(3)                  | 7   | MMC                              |   | No |
| PO BOX 368<br>CORNING, IA 50841<br>42-1461064                                      | FUNDRAISING FOUNDATION                                | IA   | 501(c)(3)                  | Type I  | AHMH-Corning                     |   | No |
| 570 CHAUTAUQUA BLVD<br>VALLEY CITY, ND 58072<br>45-0435338                         | FUNDRAISING FOUNDATION                                | ND   | 501(c)(3)                  | Type I  | MHVC                             |   | No |
| 800 MERCY DR<br>COUNCIL BLUFFS, IA 51503<br>42-1178204                             | FUNDRAISING FOUNDATION                                | IA   | 501(c)(3)                  | Type I  | AHBMHS                           |   | No |
| 1031 7TH ST NE<br>DEVILS LAKE, ND 58301<br>45-0227012                              | HOSPITAL  | ND   | 501(c)(3)                  | 3   | CSH                              |   | No |
| 1031 7TH ST NE<br>DEVILS LAKE, ND 58301<br>35-2367360                              | FUNDRAISING FOUNDATION                                | ND   | 501(c)(3)                  | 7   | MHDL                             |   | No |
| 570 CHAUTAUQUA BLVD<br>VALLEY CITY, ND 58072<br>45-0226553                         | HOSPITAL  | ND   | 501(c)(3)                  | 3   | CSH                              |   | No |
| 3865 J Street<br>Sacramento, CA 95816<br>68-0117340                                | Senior Citizen's<br>Housing/Retirement<br>Communities | CA   | 501(c)(3)                  | 10  | DCC                              |   | No |
| 1301 15TH AVE WEST<br>WILLISTON, ND 58801<br>45-0231183                            | HOSPITAL  | ND   | 501(c)(3)                  | 3   | CSH                              |   | No |
| ONE ST JOSEPHS DRIVE<br>CENTERVILLE, IA 52544<br>42-0680308                        | HOSPITAL  | IA   | 501(c)(3)                  | 3   | CHI-IA CORP                      |   | No |
| 204 N 4th Ave E<br>Newton, IA 50314<br>42-1470935                                  | HOSPITAL  | IA   | 501(c)(3)                  | 3   | CHI-IA CORP                      |   | No |

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations |                         |  |                            |   |                                  |   |    |  |
|--|-------------------------|--|----------------------------|---|----------------------------------|---|----|--|
| (a)<br>Name, address, and EIN of related organization                              | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512 (b)(13) controlled entity? |    |  |
|  |                         |  |                            |   |                                  | Yes   | No |  |
| 301 E 13th Street<br>Merced, CA 95340<br>77-0035928                                | FUNDRAISING FOUNDATION  | CA   | 501(c)(3)                  | Type I  | DH                               |   | No |  |
| 2700 STEWART PKWY<br>ROSEBURG, OR 97471<br>93-0386868                              | HOSPITAL                | OR   | 501(c)(3)                  | 3   | CSH                              |   | No |  |
| 1301 15TH AVE WEST<br>WILLISTON, ND 58801<br>45-0381803                            | FUNDRAISING FOUNDATION  | ND   | 501(c)(3)                  | Type I  | MMC                              |   | No |  |
| 7500 S 91ST ST<br>LINCOLN, NE 68526<br>39-2031968                                  | HOSPITAL                | NE   | 501(c)(3)                  | 3   | CHI NEBRASKA                     |   | No |  |
| 2223 East Rosser Avenue<br>Bismarck, ND 58501<br>91-1845296                        | MANAGEMENT              | ND   | 501(c)(3)                  | 7   | NCHA                             |   | No |  |
| 18300 Roscoe Blvd<br>Northridge, CA 91328<br>23-7444901                            | FUNDRAISING FOUNDATION  | CA   | 501(c)(3)                  | Type I  | DCC                              |   | No |  |
| 1200 N 7TH ST<br>OAKES, ND 58474<br>45-0231675                                     | HOSPITAL                | ND   | 501(c)(3)                  | 3   | CSH                              |   | No |  |
| 1200 N 7TH ST<br>OAKES, ND 58474<br>71-0966606                                     | FUNDRAISING FOUNDATION  | ND   | 501(c)(3)                  | Type I  | OCH                              |   | No |  |
| 1400 E Church Street<br>Santa Maria, CA 93454<br>77-0447575                        | Clinic                  | CA   | 501(c)(3)                  | 3   | DH                               |   | No |  |
| PO BOX 1447<br>LUFKIN, TX 75902<br>75-2493116                                      | PROPERTY MGMT           | TX   | 501(c)(3)                  | Type I  | MHSET                            |   | No |  |
| 3400 Data Drive<br>Rancho Cordova, CA 95670<br>46-5322209                          | HOSPITAL                | CA   | 501(c)(3)                  | 3   | DH                               |   | No |  |
| 2025 HAYES AVENUE<br>SANDUSKY, OH 44870<br>34-1658625                              | HEALTHCARE              | OH   | 501(c)(3)                  | 10  | FLC                              |   | No |  |
| 2025 HAYES AVENUE<br>SANDUSKY, OH 44870<br>34-1826099                              | HOLDING CO              | OH   | 501(c)(3)                  | Type II   | FLC                              |   | No |  |
| 5055 PROVIDENCE DRIVE<br>SANDUSKY, OH 44870<br>34-1896807                          | LIVING COMM             | OH   | 501(c)(3)                  | 10  | FLC                              |   | No |  |
| 1925 E ORMAN AVE STE G52<br>PUEBLO, CO 81004<br>84-1234295                         | COMMUNITY               | CO   | 501(c)(3)                  | 7   | CHIC                             |   | No |  |
| 16251 Sylvester Road SW<br>Burien, WA 98166<br>91-1170040                          | HOSPITAL                | WA   | 501(c)(3)                  | 3   | FHS                              |   | No |  |
| 9100 E Mineral Circle<br>Centennial, CO 80112<br>84-1183335                        | Senior Center Services  | CO   | 501(c)(3)                  | 7   | CHIC                             |   | No |  |
| 25 POCONO RD<br>DENVER, NJ 07834<br>22-2876836                                     | HEALTHCARE              | NJ   | 501(c)(3)                  | 10  | SCHS                             |   | No |  |
| 25 POCONO RD<br>DENVER, NJ 07834<br>22-2502997                                     | FUNDRAISING FOUNDATION  | NJ   | 501(c)(3)                  | 7   | SCHS                             |   | No |  |
| 25 POCONO RD<br>DENVER, NJ 07834<br>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)<br>Name, address, and EIN of related organization                              | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g) |  |  |
|  |                         |  |                            |   |                                  | Yes | No                                     |  |
| 25 POCONO RD<br>DENVER, NJ 07834<br>22-3319886                                     | HEALTHCARE              | NJ   | 501(c)(3)                  | 3   | SCHS                             |     | No                                     |  |
| 555 S 70TH ST<br>LINCOLN, NE 68510<br>47-0625523                                   | FUNDRAISING FOUNDATION  | NE   | 501(c)(3)                  | 7   | SERMC                            |     | No                                     |  |
| 555 S 70TH ST<br>LINCOLN, NE 68510<br>36-3233120                                   | HOSPITAL                | NE   | 501(c)(3)                  | 3   | SERMC                            |     | No                                     |  |
| 555 S 70TH ST<br>LINCOLN, NE 68510<br>47-0379836                                   | HOSPITAL                | NE   | 501(c)(3)                  | 3   | CHI NEBRASKA                     |     | No                                     |  |
| 2620 W FAIDLEY<br>GRAND ISLAND, NE 68803<br>47-0376601                             | HOSPITAL                | NE   | 501(c)(3)                  | 3   | CHI NEBRASKA                     |     | No                                     |  |
| PO BOX 9804<br>GRAND ISLAND, NE 68802<br>47-0630267                                | FUNDRAISING FOUNDATION  | NE   | 501(c)(3)                  | 7   | SFMC                             |     | No                                     |  |
| 900 Hyde Street<br>San Francisco, CA 94109<br>94-1156295                           | HOSPITAL                | CA   | 501(c)(3)                  | 3   | DCC                              |     | No                                     |  |
| 305 ESTILL ST<br>BEREA, KY 40403<br>26-0152877                                     | FUNDRAISING FOUNDATION  | KY   | 501(c)(3)                  | 7   | SJHS                             |     | No                                     |  |
| 200 ABRAHAM FLEXNER WAY<br>LOUISVILLE, KY 40202<br>61-1334601                      | HOSPITAL                | KY   | 501(c)(3)                  | 3   | KOH                              |     | No                                     |  |
| 701 Bob Olink Dr 200<br>LEXINGTON, KY 40504<br>61-1159649                          | FUNDRAISING FOUNDATION  | KY   | 501(c)(3)                  | Type I  | SJHS                             |     | No                                     |  |
| 1001 SAINT JOSEPH LANE<br>LONDON, KY 40741<br>26-0438748                           | FUNDRAISING FOUNDATION  | KY   | 501(c)(3)                  | 7   | SJHS                             |     | No                                     |  |
| 225 FALCON DR<br>MOUNT STERLING, KY 40353<br>27-2884584                            | FUNDRAISING FOUNDATION  | KY   | 501(c)(3)                  | 7   | SJHS                             |     | No                                     |  |
| 2500 Fairway Street<br>DICKINSON, ND 58601<br>36-3418207                           | FUNDRAISING FOUNDATION  | ND   | 501(c)(3)                  | Type I  | SJHHC                            |     | No                                     |  |
| 438 West Las Tunas Drive<br>San Gabriel, CA 91776<br>95-3430341                    | INACTIVE                | CA   | 501(c)(3)                  | Type I  | DH                               |     | No                                     |  |
| 104 W 17TH ST<br>SCHUYLER, NE 68661<br>36-3630014                                  | FUNDRAISING FOUNDATION  | NE   | 501(c)(3)                  | Type I  | AHMHS                            |     | No                                     |  |
| 155 Glasson Way<br>Grass Valley, CA 95945<br>94-1439787                            | HOSPITAL                | CA   | 501(c)(3)                  | 3   | DCC                              |     | No                                     |  |
| 198 INVERNESS DRIVE WEST<br>ENGLEWOOD, CO 80112<br>44-0545809                      | HOSPITAL                | MO   | 501(c)(3)                  | 3   | CSH                              |     | No                                     |  |
| 2323 De La Vina St Suite 104<br>Santa Barbara, CA 93105<br>23-7137119              | FUNDRAISING FOUNDATION  | CA   | 501(c)(3)                  | Type I  | DH                               |     | No                                     |  |
| 601 E Micheltorena Street<br>Santa Barbara, CA 93103<br>77-0022302                 | INACTIVE                | CA   | 501(c)(3)                  | Type I  | DH                               |     | No                                     |  |
| 1600 North Rose Avenue<br>Oxnard, CA 93030<br>20-2865781                           | FUNDRAISING FOUNDATION  | CA   | 501(c)(3)                  | Type I  | DH                               |     | No                                     |  |

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations |                         |  |                            |   |                                  |   |    |  |
|--|-------------------------|--|----------------------------|---|----------------------------------|---|----|--|
| (a)<br>Name, address, and EIN of related organization                              | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512 (b)(13) controlled entity? |    |  |
|  |                         |  |                            |   |                                  | Yes   | No |  |
| 350 West Thomas Road<br>Phoenix, AZ 85013<br>94-2941245                            | FUNDRAISING FOUNDATION  | AZ   | 501(c)(3)                  | Type I  | DH                               |   | No |  |
| 1800 N California Street<br>Stockton, CA 95204<br>51-0432777                       | FUNDRAISING FOUNDATION  | CA   | 501(c)(3)                  | Type I  | DH                               |   | No |  |
| 1050 Linden Avenue<br>Long Beach, CA 90813<br>23-7153876                           | FUNDRAISING FOUNDATION  | CA   | 501(c)(3)                  | Type I  | DH                               |   | No |  |
| 1050 Linden Avenue<br>Long Beach, CA 90813<br>23-7373088                           | INACTIVE                | CA   | 501(c)(3)                  | Type I  | DH                               |   | No |  |
| 450 Stanyan Street<br>San Francisco, CA 94117<br>94-3336143                        | FUNDRAISING FOUNDATION  | CA   | 501(c)(3)                  | Type I  | DH                               |   | No |  |
| 3001 St Rose Parkway<br>Henderson, NV 89052<br>88-0349432                          | FUNDRAISING FOUNDATION  | NV   | 501(c)(3)                  | Type I  | DH                               |   | No |  |
| 900 EAST BROADWAY AVENUE<br>BISMARCK, ND 58501<br>45-0226711                       | HOSPITAL                | ND   | 501(c)(3)                  | 3   | CSH                              |   | No |  |
| 2801 St Anthony Way<br>PENDLETON, OR 97801<br>93-0391614                           | HOSPITAL                | OR   | 501(c)(3)                  | 3   | CSH                              |   | No |  |
| 2801 St Anthony Way<br>PENDLETON, OR 97801<br>93-0992727                           | FUNDRAISING FOUNDATION  | OR   | 501(c)(3)                  | Type I  | SAH                              |   | No |  |
| FOUR HOSPITAL DR<br>MORRILTON, AR 72110<br>71-0245507                              | HOSPITAL                | AR   | 501(c)(3)                  | 3   | SVIMC                            |   | No |  |
| 401 EAST SPRUCE ST<br>GARDEN CITY, KS 67846<br>48-0543721                          | HOSPITAL                | KS   | 501(c)(3)                  | 3   | CSH                              |   | No |  |
| 401 EAST SPRUCE ST<br>GARDEN CITY, KS 67846<br>20-0598702                          | FUNDRAISING FOUNDATION  | KS   | 501(c)(3)                  | Type I  | SCH                              |   | No |  |
| 12469 Five Point Road<br>TOLEDO, OH 43551<br>27-0163752                            | LIVING COMM             | OH   | 501(c)(3)                  | 10  | FLC                              |   | No |  |
| 198 INVERNESS DRIVE WEST<br>ENGLEWOOD, CO 80112<br>93-0433692                      | HEALTHCARE              | OR   | 501(c)(4)                  |   | CSH                              |   | No |  |
| 2400 ST FRANCIS DR<br>BRECKENRIDGE, MN 56520<br>41-0729978                         | LTERM CARE              | MN   | 501(c)(3)                  | 10  | CSH                              |   | No |  |
| 19 POCONO RD<br>DENVER, NJ 07834<br>22-2536017                                     | ELDERLY CARE            | NJ   | 501(c)(3)                  | 10  | SCHS                             |   | No |  |
| 2400 ST FRANCIS DR<br>BRECKENRIDGE, MN 56520<br>41-0695598                         | HOSPITAL                | MN   | 501(c)(3)                  | 3   | CSH                              |   | No |  |
| 2801 FRANCISCAN DRIVE<br>BRYAN, TX 77802<br>74-2351158                             | FUNDRAISING FOUNDATION  | TX   | 501(c)(3)                  | Type II   | SJSC                             | Yes   |    |  |
| 2801 FRANCISCAN DRIVE<br>BRYAN, TX 77802<br>74-2847594                             | HEALTHCARE              | TX   | 501(c)(3)                  | 10  | SJSC                             | Yes   |    |  |
| 201 INTERNATIONAL CIRCLE STE 212<br>HUNT VALLEY, MD 21030<br>52-0591461            | HOSPITAL                | MD   | 501(c)(3)                  | 3   | CSH                              |   | No |  |

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations |                         |  |                            |   |                                  |   |    |
|--|-------------------------|--|----------------------------|---|----------------------------------|---|----|
| (a)<br>Name, address, and EIN of related organization                              | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512 (b)(13) controlled entity? |    |
|  |                         |  |                            |   |                                  | Yes   | No |
| 2801 FRANCISCAN DRIVE<br>BRYAN, TX 77802<br>20-3159302                             | PHYSICIANS              | TX   | 501(c)(3)                  | 3   | SJSC                             | Yes   |    |
| 201 INTERNATIONAL CIRCLE STE 212<br>HUNT VALLEY, MD 21030<br>52-1311775            | PHYSICIANS              | MD   | 501(c)(3)                  | Type I  | SJMC                             |   | No |
| 2801 FRANCISCAN DRIVE<br>BRYAN, TX 77802<br>74-1282696                             | HOSPITAL                | TX   | 501(c)(3)                  | 3   | SJSC                             | Yes   |    |
| 2801 FRANCISCAN DRIVE<br>BRYAN, TX 77802<br>45-4088170                             | HOSPITAL                | TX   | 501(c)(3)                  | 3   | SJSC                             | Yes   |    |
| 2801 FRANCISCAN DRIVE<br>BRYAN, TX 77802<br>46-3265423                             | HEALTHCARE              | TX   | 501(c)(3)                  | 10  | SJSC                             | Yes   |    |
| 600 PLEASANT AVE<br>PARK RAPIDS, MN 56470<br>41-0695603                            | HOSPITAL                | MN   | 501(c)(3)                  | 3   | CSH                              |   | No |
| 2500 Fairway St<br>DICKINSON, ND 58601<br>45-0226429                               | HOSPITAL                | ND   | 501(c)(3)                  | 3   | CSH                              |   | No |
| 8100 CLYO ROAD<br>CENTERVILLE, OH 45458<br>34-1940863                              | LIVING COMM             | OH   | 501(c)(3)                  | 10  | FLC                              |   | No |
| 6624 FANNIN ST STE 2505<br>HOUSTON, TX 77030<br>27-3733278                         | HOSPITAL                | TX   | 501(c)(3)                  | 3   | SLHS                             |   | No |
| 6624 FANNIN ST STE 2505<br>HOUSTON, TX 77030<br>26-1947374                         | HOSPITAL                | TX   | 501(c)(3)                  | 3   | SLHS                             |   | No |
| 6624 FANNIN ST STE 2505<br>HOUSTON, TX 77030<br>26-0335902                         | HOSPITAL                | TX   | 501(c)(3)                  | 3   | SLHS                             |   | No |
| 6624 FANNIN ST STE 1100<br>HOUSTON, TX 77030<br>76-0536234                         | HOSPITAL                | TX   | 501(c)(3)                  | 3   | SLHS                             |   | No |
| 1213 HERMANN DRIVE STE 855<br>HOUSTON, TX 77004<br>45-3811485                      | FUNDRAISING FOUNDATION  | TX   | 501(c)(3)                  | 7   | SLHS                             |   | No |
| PO Box 20269<br>HOUSTON, TX 77225<br>76-0536232                                    | MANAGEMENT              | TX   | 501(c)(3)                  | Type I  | CSH                              |   | No |
| 6624 FANNIN ST STE 2505<br>HOUSTON, TX 77030<br>26-3734606                         | HOSPITAL                | TX   | 501(c)(3)                  | 3   | SLHS                             |   | No |
| 1213 Hermann Drive Ste 855<br>HOUSTON, TX 77004<br>76-0531716                      | PROPERTY MGMT           | TX   | 501(c)(3)                  | Type I  | SLHS                             |   | No |
| 6624 FANNIN ST STE 2505<br>HOUSTON, TX 77030<br>45-4120549                         | PROPERTY MGMT           | TX   | 501(c)(3)                  | Type I  | SLCDC-SL                         |   | No |
| 1301 Grundman Boulevard<br>NEBRASKA CITY, NE 68410<br>47-0443636                   | HOSPITAL                | NE   | 501(c)(3)                  | 3   | CHI NEBRASKA                     |   | No |
| 1314 3RD AVE<br>NEBRASKA CITY, NE 68410<br>47-0707604                              | FUNDRAISING FOUNDATION  | NE   | 501(c)(3)                  | 7   | SMCH                             |   | No |
| TWO ST VINCENT CIRCLE<br>LITTLE ROCK, AR 72205<br>51-0169537                       | FUNDRAISING FOUNDATION  | AR   | 501(c)(3)                  | Type I  | SVIMC                            |   | No |



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

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

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

| Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership                                     |                             |  |                                  |   |                              |                                    |                                      |    |  |                                     |    |                             |
|---|-----------------------------|--|----------------------------------|---|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
| (a)<br>Name, address, and EIN of related organization   | (b)<br>Primary activity     | (c)<br>Legal Domicile (State or Foreign Country) | (d)<br>Direct Controlling Entity | (e)<br>Predominant income(related, unrelated, excluded from tax under sections 512-514) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065) | (j)<br>General or Managing Partner? |    | (k)<br>Percentage ownership |
|   |                             |  |                                  |   |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
| (16)<br>Colorado Springs CK Leasing LLC<br><br>630 Southpointe Court 200<br>COLORADO SPRINGS, CO 80906<br>26-2982714                  | REAL ESTATE                 | CO   | NA                               | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| (1)<br>Community Mercy Home Care Services of Springfield LLC<br><br>1700 EDISON DR<br>MILFORD, OH 45150<br>31-1746556                 | HOME HEALTH                 | OH   | NA                               | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| (2) DE JV LLC<br><br>8686 New Trails Drive<br>The Woodlands, TX 77381<br>32-0496548   | Emergency Care              | NV   | NA                               | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| (3) DHHP Surgery Centers LLC<br><br>1513 S Grand Avenue Ste 350<br>Los Angeles, CA 90015<br>83-1847466                                | SURGERY                     | CA   | NA                               | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| (4) DHRT Holdings LLC<br><br>185 Berry Street Suite 300<br>San Francisco, CA 94107<br>35-2484591                                      | Holding Company             | DE   | NA                               | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| (5)<br>Dignity- GoHealthUrgent Care Management LLC<br><br>5555 Glenridge Connector Suite 700<br>Atlanta, GA 30342<br>35-2548698       | Management Services         | DE   | NA                               | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| (6) Dignity Health at Home LLC<br><br>1700 EDISON DR<br>MILFORD, OH 45150<br>82-4674115   | HEALTHCARE SRVC             | DE   | NA                               | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| (7)<br>Dignity Health Specialty Pharmacy LLC<br><br>185 Berry Street Suite 300<br>San Francisco, CA 94107<br>32-0589462               | Specialty Pharmacy Services | DE   | NA                               | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| (8)<br>DIGNITYUSP LAS VEGAS SURGERY CENTERS LLC<br><br>15305 Dallas Parkway<br>Suite 1600 LB 28<br>Addison, TX 75001<br>20-2999237    | Surgery                     | TX   | NA                               | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| (9)<br>DignityUSP NorCal Surgery Centers LLC<br><br>15306 Dallas Parkway<br>Suite 1600 LB 28<br>Addison, TX 75001<br>20-2468509       | SURGERY                     | TX   | NA                               | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| (10)<br>DIGNITYUSP PHOENIX SURGERY CENTERS LLC<br><br>15307 Dallas Parkway<br>Suite 1600 LB 28<br>Addison, TX 75001<br>13-4248908     | Surgery                     | TX   | NA                               | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| (11)<br>DignityUSPJohn Muir East Bay Surg Ctrs LLC<br><br>15308 Dallas Parkway<br>Suite 1600 LB 28<br>Addison, TX 75001<br>35-2584991 | SURGERY                     | TX   | NA                               | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| (12)<br>Dignity-Abrazo Health Network LLC<br><br>3030 N Central Avenue Suite 1402<br>Phoenix, AZ 85012<br>46-5477985                  | Management Services         | AZ   | NA                               | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| (13)<br>Dominican Magnetic Resonance Imaging Center<br><br>1545 Soquel Drive<br>Santa Cruz, CA 94065<br>77-0095477                    | Imaging Center              | CA   | NA                               | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| (14)<br>Folsom Sierra Endoscopy Center LP<br><br>1650 Creekside Drive 1600<br>Folsom, CA 95630<br>68-0482416                          | Endoscopy                   | CA   | NA                               | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |

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

| (a)<br>Name, address, and EIN of related organization  | (b)<br>Primary activity        | (c)<br>Legal Domicile (State or Foreign Country) | (d)<br>Direct Controlling Entity | (e)<br>Predominant income(related, unrelated, excluded from tax under sections 512-514) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065) | (j)<br>General or Managing Partner? |    | (k)<br>Percentage ownership |
|--|--------------------------------|--|----------------------------------|---|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|  |                                |  |                                  |   |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
| (31)<br>Franciscan Medical Pavilion<br>Bonney Lake LLC<br><br>6622 Wollochet Dr NW<br>Gig Harbor, WA 98335<br>46-3494108 | Real Estate                    | WA   | NA                               | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| (1)<br>FRANCISCAN SPECIALTY CARE<br>LLC<br><br>680 SOUTH FOURTH STREET<br>LOUISVILLE, KY 40202<br>81-3725123             | HEALTHCARE SRVC                | WA   | NA                               | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| (2)<br>Good Samaritan Home Care<br>Services of Vincenne IN LLC<br><br>1700 EDISON DR<br>MILFORD, OH 45150<br>20-1792869  | HOME HEALTH                    | OH   | NA                               | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| (3) HC SL VINTAGE I LLC<br><br>18000 W SARAH LANE STE 250<br>BROOKFIELD, WI 53045<br>27-0453767                          | PROPERTY HOLDING               | WI   | NA                               | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| (4)<br>HEALTHCARE SUPPORT<br>SERVICES LLC<br><br>PO BOX 9804<br>GRAND ISLAND, NE 68802<br>72-1546196                     | LAUNDRY                        | NE   | NA                               | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| (5) Heartland Oncology LLC<br><br>2337 E Crawford St<br>Salina, KS 67401<br>46-4265403                                   | ONCOLOGY                       | KS   | NA                               | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| (6)<br>Highline Physical Therapy Group<br><br>181 S 333rd Street STE 250<br>Federal Way, WA 98003<br>91-1431904          | Physical Therapy               | WA   | NA                               | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| (7)<br>LAKESIDE AMBULATORY<br>SURGICAL CENTER LLC<br><br>17031 LAKESIDE HILLS DR<br>OMAHA, NE 68130<br>20-4267902        | AMBUL SURG CTR                 | NE   | NA                               | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| (8)<br>LAKESIDE ENDOSCOPY CENTER<br>LLC<br><br>17001 LAKESIDE HILLS PLZ STE<br>201<br>OMAHA, NE 68130<br>20-5544496      | ENDOSCOPY SRVC                 | NE   | NA                               | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| (9) LINCOLN CK LEASING LLC<br><br>555 SOUTH 70TH STREET<br>Lincoln, NE 68510<br>26-2496856                               | Real Estate                    | NE   | NA                               | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| (10)<br>Mercy Davis Cancer Center<br>Management Co LLC<br><br>2740 M Street<br>Merced, CA 95340<br>94-3358445            | Management of Cancer<br>Center | CA   | NA                               | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| (11)<br>Mercy Rehabilitation Hospital LLC<br><br>680 SOUTH FOURTH STREET<br>LOUISVILLE, KY 40202<br>81-4437201           | HEALTHCARE SRVC                | TX   | NA                               | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| (12) Military Road Properties LLC<br><br>181 S 333rd Street STE 250<br>Federal Way, WA 98003<br>91-2067879               | Real Estate                    | WA   | NA                               | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| (13)<br>NEBRASKA SPINE HOSPITAL LLC<br><br>6901 N 72ND ST STE 20300<br>OMAHA, NE 68122<br>27-0263191                     | SPINE HOSPITAL                 | NE   | NA                               | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| (14)<br>NICU Operating CO of Santa Cruz<br>LLC<br><br>1555 Soquel Drive<br>Santa Cruz, CA 95065<br>46-0502935            | Neonatal Healthcare            | CA   | NA                               | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |

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

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

| (a)<br>Name, address, and EIN of related organization  | (b)<br>Primary activity | (c)<br>Legal Domicile (State or Foreign Country) | (d)<br>Direct Controlling Entity | (e)<br>Predominant income(related, unrelated, excluded from tax under sections 512-514) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065) | (j)<br>General or Managing Partner? |    | (k)<br>Percentage ownership |
|--|-------------------------|--|----------------------------------|---|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|  |                         |  |                                  |   |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
| (61) RBR Management LLC<br>91 Corporate Park Drive Suite 120<br>Henderson, NV 89074<br>27-1466450                | Ambulance               | NV   | NA                               | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| (1) Reid-ANC Home Care Services LLC<br>1700 EDISON DR<br>MILFORD, OH 45150<br>37-1454747                         | HOME HEALTH             | IN   | NA                               | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| (2) SAINT JOSEPH - SCA HOLDINGS LLC<br>1451 Harrodsburg RD<br>LEXINGTON, KY 40503<br>45-3801157                  | OP SURGERY              | DE   | NA                               | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| (3) SAINT JOSEPH-ANC HOME CARE SERVICES<br>1700 EDISON DR<br>MILFORD, OH 45150<br>26-3330545                     | HOME HEALTH             | KY   | NA                               | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| (4) Santa Cruz Comprehensive Imaging LLC<br>1661 Soquel Drive Suite G<br>Santa Cruz, CA 95065<br>01-0550623      | Imaging                 | CA   | NA                               | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| (5) Santa Cruz Land & Building LP<br>1555 Soquel Drive<br>Santa Cruz, CA 95065<br>77-0285236                     | REAL ESTATE             | CA   | NA                               | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| (6) Santa Cruz Surgery Center LLC<br>3003 PAUL SWEET ROAD<br>SANTA CRUZ, CA 95065<br>77-0194916                  | SURGERY                 | CA   | NA                               | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| (7) SMI Imaging LLC<br>6740 E Camelback Road Suite 101<br>Scottsdale, AZ 85251<br>26-4000683                     | Imaging Center          | CA   | NA                               | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| (8) Southeastern Home Care LLC<br>1700 EDISON DR<br>MILFORD, OH 45150<br>27-1219638                              | HOME HEALTH             | OH   | NA                               | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| (9) St Joseph's Surgery Center LP<br>15305 Dallas Parkway<br>Suite 1600 LB 28<br>Addison, TX 75001<br>20-1019390 | Surgery                 | TX   | NA                               | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| (10) St Elizabeth Home Care Services LLC<br>1700 EDISON DR<br>MILFORD, OH 45150<br>26-1236191                    | HOME HEALTH             | KY   | NA                               | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| (11) ST FRANCIS LAND COMPANY<br>5390 N ACADEMY BLVD STE 300<br>COLORADO SPRINGS, CO 80918<br>26-3134100          | REAL ESTATE             | CO   | NA                               | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| (12) ST LUKE'S DIAGNOSTIC CATH LAB LLP<br>6624 FANNIN ST STE 800<br>HOUSTON, TX 77030<br>71-0959365              | DIAGNOSTICS             | TX   | NA                               | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| (13) ST LUKE'S LAKESIDE HOSPITAL LLC<br>6624 FANNIN STE 2505<br>HOUSTON, TX 77030<br>30-0427437                  | HOSPITAL                | TX   | NA                               | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| (14) ST LUKE'S THE WOODLANDS SLEEP CENTER LLC<br>6624 FANNIN STE 800<br>HOUSTON, TX 77030<br>46-2795726          | DIAGNOSTICS             | TX   | NA                               | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |

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

| (a)<br>Name, address, and EIN of<br>related organization  | (b)<br>Primary activity | (c)<br>Legal<br>Domicile<br>(State<br>or<br>Foreign<br>Country) | (d)<br>Direct<br>Controlling<br>Entity | (e)<br>Predominant<br>income(related,<br>unrelated,<br>excluded from<br>tax under<br>sections<br>512-514) | (f)<br>Share of total<br>income | (g)<br>Share of end-<br>of-year assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI amount in<br>Box 20 of Schedule K-1<br>(Form 1065) | (j)<br>General<br>or<br>Managing<br>Partner? |    | (k)<br>Percentage<br>ownership |
|---|-------------------------|---|--|---|---------------------------------|--|---|----|--|--|----|--------------------------------|
|   |                         |   |  |   |                                 |  | Yes                                     | No |  | Yes  | No |                                |
| (76)<br>Templeton Surgery Center LLC<br><br>1310 Las Tablas Road Suite 104<br>Templeton, CA 94365<br>20-2246616             | Surgery                 | CA  | NA                                     | N/A   |                                 |  |   | No |  |  | No |                                |
| (1)<br>The Medical Pavilion at St John's<br><br>1700 Rose Avenue<br>Oxnard, CA 93030<br>77-0332349                          | Real Estate             | CA  | NA                                     | N/A   |                                 |  |   | No |  |  | No |                                |
| (2) THREE SPRING IMAGING LLC<br><br>1 Mercado St STE 200A<br>DURANGO, CO 81301<br>81-3571570                                | HEALTHCARE SRVC         | CO  | NA                                     | N/A   |                                 |  |   | No |  |  | No |                                |
| (3)<br>Valley Physicians Surgery Center<br>At Northridge LLC<br><br>18330 Roscoe Blvd<br>Northridge, CA 91328<br>80-0864336 | Surgery                 | CA  | NA                                     | N/A   |                                 |  |   | No |  |  | No |                                |
| (4)<br>WEST LAKES SURGERY CENTER<br>LLC<br><br>12499 UNIVERSITY AVENUE STE<br>100<br>CLIVE, IA 50325<br>20-5345295          | HEALTHCARE SRVC         | IA  | NA                                     | N/A   |                                 |  |   | No |  |  | No |                                |

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

| (a)<br>Name, address, and EIN of<br>related organization  | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|---|-------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|--|----|
|   |                         |   |                                     |  |                                 |   |                                | Yes  | No |
| (1)<br>Alegent HealthCreighton St Joseph Managed<br>Care Services Inc<br>12809 West Dodge Rd<br>Omaha, NE 68154<br>47-0802396             | Managed Care            | NE  | NA                                  | C Corporation  |                                 |   |                                |  | No |
| (1) All Saints Insurance Company SPC Ltd<br>PO BOX 10073 APO<br>Georgetown, GRAND CAYMAN KY11001<br>CJ<br>98-0556913                      | Insurance               | CJ  | NA                                  | C Corporation  |                                 |   |                                |  | No |
| (2)<br>ALLIANCE HEALTH PROVIDERS OF BRAZOS<br>Valley Inc<br>2801 FRANCISCAN DRIVE<br>BRYAN, TX 77802<br>74-2466914                        | Healthcare              | TX  | St Joseph Services<br>Corporation   | C Corporation  | 233,108                         | 828,129                                   | 100 %                          | Yes  |    |
| (3)<br>Alternative Insurance Management Service<br>Inc<br>3900 OLYMPIC BLVD STE 400<br>Erlanger, KY 41018<br>84-1112049                   | Management Services     | CO  | NA                                  | C Corporation  |                                 |   |                                |  | No |
| (4) AMERICAN NURSING CARE Inc<br>1700 EDISON DR<br>MILFORD, OH 45150<br>31-1085414  | HOME HEALTH             | OH  | NA                                  | C Corporation  |                                 |   |                                |  | No |
| (5) AMERIMED INC<br>1700 EDISON DR<br>MILFORD, OH 45150<br>31-1158699   | HOME HEALTH             | OH  | NA                                  | C Corporation  |                                 |   |                                |  | No |
| (6) BC HOLDING COMPANY INC<br>1850 BLUEGRASS AVE<br>LOUISVILLE, KY 40215<br>31-1542851  | Fitness Club            | KY  | NA                                  | C Corporation  |                                 |   |                                |  | No |
| (7) BrazoSport Health Alliance<br>1 WEST WAY COURT<br>LAKE JACKSON, TX 77566<br>76-0518376  | Health Care             | TX  | NA                                  | C Corporation  |                                 |   |                                |  | No |
| (8) Caduceus Medical Associates INC<br>5600 Brainerd Road Ste 500<br>Chattanooga, TN 37411<br>62-1570736                                  | Healthcare              | TN  | NA                                  | C Corporation  |                                 |   |                                |  | No |
| (9) Captive Management Initiatives Ltd<br>PO BOX 10073 APO<br>Georgetown, GRAND CAYMAN KY11001<br>CJ<br>98-0663022                        | Captive Management      | CJ  | NA                                  | C Corporation  |                                 |   |                                |  | No |
| (10)<br>Catholic Health Initiatives Center for<br>Translational Research<br>198 INVERNESS DRIVE WEST<br>Englewood, CO 80112<br>27-2269511 | Research                | CO  | NA                                  | C Corporation  |                                 |   |                                |  | No |
| (11)<br>CHI St Luke's Health - Memorial<br>Condominium Association Inc<br>1201 W Frank Ave<br>Lufkin, TX 75904<br>83-4184717              | Condo Assoc             | TX  | NA                                  | C Corporation  |                                 |   |                                |  | No |
| (12) ClearRiver Health<br>198 INVERNESS DRIVE WEST<br>Englewood, CO 80112<br>46-4495960   | Insurance               | TN  | NA                                  | C Corporation  |                                 |   |                                |  | No |
| (13) Coastal Surgical Specialists Inc<br>921 Oak Park Blvd Suite 101<br>Pismo Beach, CA 93449<br>74-3000596                               | Healthcare              | CA  | NA                                  | S Corporation  |                                 |   |                                |  | No |
| (14) Comcare Services Inc<br>5570 DTC Parkway<br>Englewood, CO 80111<br>84-0904813  | Inactive                | CO  | NA                                  | C Corporation  |                                 |   |                                |  | No |



| Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust   |                         |   |                                     |  |                                 |   |                                |  |    |
|---|-------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|--|----|
| (a)<br>Name, address, and EIN of<br>related organization  | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|   |                         |   |                                     |  |                                 |   |                                | Yes  | No |
| (16) CONSOLIDATED HEALTH SERVICES<br>1700 EDISON DR<br>MILFORD, OH 45150<br>31-1378212  | HOME HEALTH             | OH  | NA                                  | C Corporation  |                                 |   |                                |  | No |
| (1) Des Moines Medical Center Inc<br>1111 6TH AVE<br>Des Moines, IA 50314<br>42-0837382   | Real Estate             | IA  | NA                                  | C Corporation  |                                 |   |                                |  | No |
| (2) Dignity Health Holding Corporation<br>185 Berry Street Suite 300<br>San Francisco, CA 94107<br>46-0675371   | Holding Co              | NV  | NA                                  | C Corporation  |                                 |   |                                |  | No |
| (3)<br>Dignity Health Insurance Ltd (Cayman Island<br>corporation)<br>PO Box 1051 KY1-1102<br>Grand Cayman Islands, GRAND CAYMAN<br>KY11001<br>CJ<br>98-1065338       | Insurance               | CJ  | NA                                  | C Corporation  |                                 |   |                                |  | No |
| (4) Dignity Health Provider Resources Inc<br>185 Berry Street Suite 300<br>San Francisco, CA 94107<br>47-3366764  | Health Plan             | CA  | NA                                  | C Corporation  |                                 |   |                                |  | No |
| (5) Diversified Health Resources Inc<br>100 MEDICAL DRIVE<br>LAKE JACKSON, TX 77566<br>76-0222679   | Health Care             | TX  | NA                                  | C Corporation  |                                 |   |                                |  | No |
| (6) First Initiatives Insurance LTD<br>PO BOX 10073 APO<br>Georgetown, GRAND CAYMAN KY11001<br>CJ<br>98-0203038   | Insurance               | CJ  | NA                                  | C Corporation  |                                 |   |                                |  | No |
| (7)<br>Franciscan City Urgent Care Services PS dba<br>City MD - Franciscan Urgent Car<br>e<br>C/O CPGUSA 1345 AVE OF THE AMERICAS<br>NEW YORK, NY 10105<br>81-2174959 | Healthcare              | NY  | NA                                  | C Corporation  |                                 |   |                                |  | No |
| (8) Franciscan Services Inc<br>198 INVERNESS DRIVE WEST<br>Englewood, CO 80112<br>23-2487967  | Healthcare              | CO  | NA                                  | C Corporation  |                                 |   |                                |  | No |
| (9) Good Samaritan Outreach Services<br>PO Box 1990<br>Kearney, NE 68848<br>47-0659440  | Medical Clinic          | NE  | NA                                  | C Corporation  |                                 |   |                                |  | No |
| (10) HarvestPlains Health of Iowa<br>32129 Weyerhaeuser Way S STE 201<br>FEDERAL WAY, WA 98001<br>47-3451750  | Insurance               | WA  | NA                                  | C Corporation  |                                 |   |                                |  | No |
| (11)<br>Health Services of the Pacific Central Coast Inc<br>1400 E Church Street<br>Santa Maria, CA 93454<br>77-0074057   | Healthcare              | CA  | NA                                  | C Corporation  |                                 |   |                                |  | No |
| (12) Health Systems Enterprises Inc<br>PO BOX 1990<br>Kearney, NE 68848<br>47-0664558   | MGMT                    | NE  | NA                                  | C Corporation  |                                 |   |                                |  | No |
| (13)<br>Healthcare MGMT Services Organization INC<br>1149 MARKET ST<br>Tacoma, WA 98402<br>91-1865474   | Health Org.             | WA  | NA                                  | C Corporation  |                                 |   |                                |  | No |
| (14) HeartlandPlains Health<br>198 INVERNESS DRIVE WEST<br>Englewood, CO 80112<br>46-4368223  | Insurance               | NE  | NA                                  | C Corporation  |                                 |   |                                |  | No |

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

| Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust  |                         |   |                                     |  |                                 |   |                                |  |    |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|--|----|
| (a)<br>Name, address, and EIN of<br>related organization   | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|  |                         |   |                                     |  |                                 |   |                                | Yes  | No |
| (46) QualChoice Advantage<br>32129 WEYERHAEUSER WAY S STE 201<br>FEDERAL WAY, WA 98001<br>47-3433912   | Insurance               | WA  | NA                                  | C Corporation  |                                 |   |                                |  | No |
| (1) QualChoice Health Plan Services Inc (fka<br>CollabHealth Plan Services Inc)<br>198 INVERNESS DRIVE WEST<br>Englewood, CO 80112<br>46-1224037 | Admin Services          | CO  | NA                                  | C Corporation  |                                 |   |                                |  | No |
| (2) QualChoice Health Inc (fka CollabHealth<br>Managed Solutions Inc)<br>198 INVERNESS DRIVE WEST<br>Englewood, CO 80112<br>46-1222808           | Holding Co              | CO  | NA                                  | C Corporation  |                                 |   |                                |  | No |
| (3) QualChoice Holdings Inc<br>198 INVERNESS DRIVE WEST<br>Englewood, CO 80112<br>27-4075520   | Holding Co              | AR  | NA                                  | C Corporation  |                                 |   |                                |  | No |
| (4) QualChoice Life and Health Insurance<br>Company Inc<br>12615 Chenal Parkway STE 300<br>Little Rock, AR 72211<br>71-0386640                   | Insurance               | AR  | NA                                  | C Corporation  |                                 |   |                                |  | No |
| (5) QualChoice of Nebraska<br>2401 S 73rd St<br>Omaha, NE 68124<br>81-0738827  | Inactive                | NE  | NA                                  | C Corporation  |                                 |   |                                |  | No |
| (6) RiverLink Health<br>198 INVERNESS DRIVE WEST<br>Englewood, CO 80112<br>46-4380824  | Insurance               | OH  | NA                                  | C Corporation  |                                 |   |                                |  | No |
| (7) RiverLink Health of Kentucky Inc<br>198 INVERNESS DRIVE WEST<br>Englewood, CO 80112<br>46-4828332  | Insurance               | KY  | NA                                  | C Corporation  |                                 |   |                                |  | No |
| (8) Ross Park Pharmacy Inc<br>380 SUMMIT AVE<br>STEBENVILLE, OH 43952<br>34-1832654  | Pharmacy                | OH  | NA                                  | C Corporation  |                                 |   |                                |  | No |
| (9) RUSHWINC Properties Inc<br>25124 Springfield Court Suite 200<br>Valencia, CA 91355<br>75-3160650   | Lease negotiations      | GA  | NA                                  | C Corporation  |                                 |   |                                |  | No |
| (10) Saint Clare's Primary Care Inc<br>198 INVERNESS DRIVE WEST<br>Englewood, CO 80112<br>22-2441202   | Billing Services        | NJ  | NA                                  | C Corporation  |                                 |   |                                |  | No |
| (11) SJH Services Corporation<br>198 INVERNESS DRIVE WEST<br>Englewood, CO 80112<br>23-2307408   | Healthcare              | CO  | NA                                  | C Corporation  |                                 |   |                                |  | No |
| (12) SJL PHYSICIAN MANAGEMENT SERVICES INC<br>424 LEWIS HARGETT CR STE 160<br>Lexington, KY 40503<br>27-0164198                                  | Mgmt                    | KY  | NA                                  | C Corporation  |                                 |   |                                |  | No |
| (13) SoundPath Health Inc<br>32129 Weyerhaeuser Way S STE 201<br>Federal Way, WA 98001<br>42-1720801   | Insurance               | WA  | NA                                  | C Corporation  |                                 |   |                                |  | No |
| (14) St Mary Health Ventures Inc<br>1050 Linden Avenue<br>Long Beach, CA 90813<br>95-1912528   | Retail Pharmacy         | CA  | NA                                  | C Corporation  |                                 |   |                                |  | No |

| Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust                    |                                  |   |                                     |  |                                 |   |                                |  |    |
|--|----------------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|--|----|
| (a)<br>Name, address, and EIN of<br>related organization   | (b)<br>Primary activity          | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|  |                                  |   |                                     |  |                                 |   |                                | Yes  | No |
| (61) St Anthony Development Company<br>1415 Southgate<br>Pendleton, OR 97801<br>93-1216943                                   | Athletic Club                    | OR  | NA                                  | C Corporation  |                                 |   |                                |  | No |
| (1) St Joseph Development Company Inc<br>1717 SOUTH J ST<br>Tacoma, WA 98405<br>91-1480569                                   | Rental                           | WA  | NA                                  | C Corporation  |                                 |   |                                |  | No |
| (2) St Luke's Health System Holdings Inc<br>6624 Fannin STE 800<br>Houston, TX 77030<br>76-0637138                           | Holding Co                       | TX  | NA                                  | C Corporation  |                                 |   |                                |  | No |
| (3) St Mary's Multi Specialty Clinic<br>1625 Prater Way Suite 102<br>Sparks, NV 89434<br>11-3763590                          | Healthcare                       | NV  | NA                                  | C Corporation  |                                 |   |                                |  | No |
| (4) St Vincent Community Health Services Inc<br>TWO ST VINCENT CIRCLE<br>Little Rock, AR 72205<br>71-0710785                 | Healthcare                       | AR  | NA                                  | C Corporation  |                                 |   |                                |  | No |
| (5) StableView Health Inc<br>198 INVERNESS DRIVE WEST<br>Englewood, CO 80112<br>46-4373713                                   | Insurance                        | KY  | NA                                  | C Corporation  |                                 |   |                                |  | No |
| (6) STE Holdings<br>12809 West Dodge Rd<br>Omaha, NE 68154<br>82-2383629   | Holding Co                       | NE  | NA                                  | C Corporation  |                                 |   |                                |  | No |
| (7) Sugar Land Doctor Group<br>1317 Lake Point Parkway<br>Sugar Land, TX 77478<br>45-4270163                                 | Medical Clinic                   | TX  | NA                                  | C Corporation  |                                 |   |                                |  | No |
| (8) Towson Management Inc<br>7601 OSLER DR<br>Towson, MD 21204<br>52-1710750   | Mgmt Services                    | MD  | NA                                  | C Corporation  |                                 |   |                                |  | No |
| (9)<br>TRINITY MANAGEMENT SERVICES<br>ORGANIZATION<br>380 SUMMIT AVE<br>STEUBENVILLE, OH 43952<br>34-1471026                 | Mgmt Services                    | OH  | NA                                  | C Corporation  |                                 |   |                                |  | No |
| (10) US HealthWorks Inc<br>25124 Springfield Court Suite 200<br>Valencia, CA 91355<br>58-2420844                             | Occupational Medical<br>Services | CA  | NA                                  | C Corporation  |                                 |   |                                |  | No |
| (11)<br>US HealthWorks Medical Group of Alaska LLC<br>25124 Springfield Court Suite 200<br>Valencia, CA 91355<br>63-1219117  | Occupational Medical<br>Services | AK  | NA                                  | C Corporation  |                                 |   |                                |  | No |
| (12)<br>US HealthWorks Medical Group of Arizona Inc<br>25124 Springfield Court Suite 200<br>Valencia, CA 91355<br>58-2625710 | Occupational Medical<br>Services | AZ  | NA                                  | C Corporation  |                                 |   |                                |  | No |
| (13)<br>US HealthWorks Medical Group of Florida Inc<br>25124 Springfield Court Suite 200<br>Valencia, CA 91355<br>58-2654983 | Occupational Medical<br>Services | FL  | NA                                  | C Corporation  |                                 |   |                                |  | No |
| (14)<br>US HealthWorks Medical Group of Georgia Inc<br>25124 Springfield Court Suite 200<br>Valencia, CA 91355<br>58-2625714 | Occupational Medical<br>Services | GA  | NA                                  | C Corporation  |                                 |   |                                |  | No |

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| (a)<br>Name, address, and EIN of<br>related organization   | (b)<br>Primary activity          | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|  |                                  |   |                                     |  |                                 |   |                                | Yes  | No |
| (76)<br>US HealthWorks Medical Group of Kentucky<br>Inc<br>25124 Springfield Court Suite 200<br>Valencia, CA 91355<br>47-3277440 | Occupational Medical<br>Services | KY  | NA                                  | C Corporation  |                                 |   |                                |  | No |
| (1)<br>US HealthWorks Medical Group of Maine Inc<br>25124 Springfield Court Suite 200<br>Valencia, CA 91355<br>58-2654976        | Occupational Medical<br>Services | ME  | NA                                  | C Corporation  |                                 |   |                                |  | No |
| (2) US HealthWorks Medical Group of Ohio Inc<br>25124 Springfield Court Suite 200<br>Valencia, CA 91355<br>31-1540841            | Occupational Medical<br>Services | OH  | NA                                  | C Corporation  |                                 |   |                                |  | No |
| (3) US HealthWorks of Colorado Inc<br>25124 Springfield Court Suite 200<br>Valencia, CA 91355<br>81-1053593                      | Occupational Medical<br>Services | CO  | NA                                  | C Corporation  |                                 |   |                                |  | No |
| (4) US HealthWorks of Illinois Inc<br>25124 Springfield Court Suite 200<br>Valencia, CA 91355<br>46-1384805                      | Occupational Medical<br>Services | IL  | NA                                  | C Corporation  |                                 |   |                                |  | No |
| (5) US HealthWorks of Indiana Inc<br>25124 Springfield Court Suite 200<br>Valencia, CA 91355<br>35-1991196                       | Occupational Medical<br>Services | IN  | NA                                  | C Corporation  |                                 |   |                                |  | No |
| (6) US HealthWorks of Kansas City Inc<br>25124 Springfield Court Suite 200<br>Valencia, CA 91355<br>46-2754415                   | Occupational Medical<br>Services | KS  | NA                                  | C Corporation  |                                 |   |                                |  | No |
| (7) US HealthWorks of Minnesota Inc<br>25124 Springfield Court Suite 200<br>Valencia, CA 91355<br>45-2494357                     | Occupational Medical<br>Services | MN  | NA                                  | C Corporation  |                                 |   |                                |  | No |
| (8) US HealthWorks of New Jersey Inc<br>25124 Springfield Court Suite 200<br>Valencia, CA 91355<br>04-3323869                    | Occupational Medical<br>Services | NJ  | NA                                  | C Corporation  |                                 |   |                                |  | No |
| (9) US HealthWorks of North Carolina Inc<br>25124 Springfield Court Suite 200<br>Valencia, CA 91355<br>56-2029468                | Occupational Medical<br>Services | NC  | NA                                  | C Corporation  |                                 |   |                                |  | No |
| (10) US HealthWorks of Pennsylvania Inc<br>25124 Springfield Court Suite 200<br>Valencia, CA 91355<br>58-2660955                 | Occupational Medical<br>Services | PA  | NA                                  | C Corporation  |                                 |   |                                |  | No |
| (11) US HealthWorks of Tennessee Inc<br>25124 Springfield Court Suite 200<br>Valencia, CA 91355<br>45-2697510                    | Occupational Medical<br>Services | TN  | NA                                  | C Corporation  |                                 |   |                                |  | No |
| (12) US HealthWorks of Washington Inc<br>25124 Springfield Court Suite 200<br>Valencia, CA 91355<br>91-1173613                   | Occupational Medical<br>Services | WA  | NA                                  | C Corporation  |                                 |   |                                |  | No |
| (13) US HealthWorks of Wisconsin Inc<br>25124 Springfield Court Suite 200<br>Valencia, CA 91355<br>46-1384564                    | Occupational Medical<br>Services | WI  | NA                                  | C Corporation  |                                 |   |                                |  | No |
| (14) USHW Holding Corporation<br>25124 Springfield Court Suite 200<br>Valencia, CA 91355<br>20-8050895                           | Occupational Medical<br>Services | DE  | NA                                  | C Corporation  |                                 |   |                                |  | No |

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

| (a)<br>Name, address, and EIN of<br>related organization   | (b)<br>Primary activity          | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year<br>assets | (h)<br>Percentage<br>ownership |    | (i)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|--|----------------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|----|--|----|
|  |                                  |   |                                     |  |                                 |   | Yes                            | No | Yes  | No |
| (91) USHW of California Inc<br>25124 Springfield Court Suite 200<br>Valencia, CA 91355<br>95-4585828 | Occupational Medical<br>Services | CA  | NA                                  | C Corporation  |                                 |   |                                |    |  | No |
| (1) USHW of Texas Inc<br>25124 Springfield Court Suite 200<br>Valencia, CA 91355<br>74-2785392       | Occupational Medical<br>Services | TX  | NA                                  | C Corporation  |                                 |   |                                |    |  | No |

**Form 990, Schedule R, Part V - Transactions With Related Organizations**

|            | <b>(a)</b><br>Name of related organization | <b>(b)</b><br>Transaction<br>type(a-s) | <b>(c)</b><br>Amount Involved | <b>(d)</b><br>Method of determining amount involved |
|------------|--|--|-------------------------------|---|
| <b>(1)</b> | BURLESON ST JOSEPH HEALTH CENTER           | Q                                      | 394,948                       | CASH  |
| <b>(1)</b> | MADISON ST JOSEPH HEALTH CENTER            | Q                                      | 427,032                       | CASH  |
| <b>(2)</b> | ST JOSEPH REGIONAL HEALTH CENTER           | Q                                      | 11,438,358                    | CASH  |
| <b>(3)</b> | BURLESON ST JOSEPH MANOR                   | Q                                      | 172,124                       | CASH  |
| <b>(4)</b> | ST JOSEPH MANOR                            | Q                                      | 288,963                       | CASH  |
| <b>(5)</b> | St Joseph Foundation of Bryan Texas        | Q                                      | 77,160                        | CASH  |