

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

# Return of Organization Exempt From Income Tax

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

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

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

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

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

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

**C** Name of organization  
ST LUKES COMMUNITY HEALTH SERVICES

Doing business as  
CHI ST LUKE'S HEALTH THE WOODLANDS HOSPITAL

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
6624 FANNIN ST 1100

City or town, state or province, country, and ZIP or foreign postal code  
HOUSTON, TX 77030

**D** Employer identification number  
76-0536234

**E** Telephone number  
(936) 266-2000

**G** Gross receipts \$ 245,711,670

**F** Name and address of principal officer:  
T DOUGLAS LAWSON  
6624 FANNIN ST 1100  
HOUSTON, TX 77030

**H(a)** Is this a group return for subordinates?  Yes  No

**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list. (see instructions)

**H(c)** Group exemption number ▶

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

**J** Website: ▶ STLUKESHEALTH.ORG/LOCATIONS/WOODLANDS-HOSPITAL

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

**L** Year of formation: 1997 **M** State of legal domicile: TX

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities:  
CHI ST. LUKE'S HEALTH THE WOODLANDS HOSPITAL, SERVING ALL GOD'S CHILDREN, SEEKS TO RAISE THE QUALITY OF LIFE BY ENHANCING COMMUNITY HEALTH THROUGH SUPERIOR SERVICE.

**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)             | 3  | 7       |
| <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) | 4  | 3       |
| <b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)  | 5  | 0       |
| <b>6</b> Total number of volunteers (estimate if necessary)                            | 6  | 169     |
| <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12         | 7a | 343,965 |
| <b>7b</b> Net unrelated business taxable income from Form 990-T, line 39               | 7b | 86,842  |

|   | Prior Year  | Current Year |
|---|-------------|--------------|
| <b>8</b> Contributions and grants (Part VIII, line 1h)                                      | 1,348       | 4,616,418    |
| <b>9</b> Program service revenue (Part VIII, line 2g)                                       | 229,218,517 | 239,407,479  |
| <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)                     | 400         | -591         |
| <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)          | 2,969,752   | 1,687,773    |
| <b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 232,190,017 | 245,711,079  |
| <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)                  | 200,000     | 3,500        |
| <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)                     | 0           | 0            |
| <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 0           | 0            |
| <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)                    | 0           | 0            |
| <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0                      |             |              |
| <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                      | 224,133,440 | 244,907,593  |
| <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         | 224,333,440 | 244,911,093  |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12                              | 7,856,577   | 799,986      |

|  | Beginning of Current Year | End of Year |
|--|---------------------------|-------------|
| <b>20</b> Total assets (Part X, line 16)                             | 268,924,504               | 294,125,580 |
| <b>21</b> Total liabilities (Part X, line 26)                        | 156,321,003               | 178,889,415 |
| <b>22</b> Net assets or fund balances. Subtract line 21 from line 20 | 112,603,501               | 115,236,165 |

**Part II Signature Block**

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

**Sign Here**

Signature of officer: \_\_\_\_\_ Date: 2021-05-17

MARK TERESI CFO  
Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: \_\_\_\_\_ Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Check  if self-employed PTIN: P01203482

Firm's name ▶ KPMG LLP Firm's EIN ▶ 13-5565207

Firm's address ▶ 1225 17TH STREET SUITE 800 Phone no. (303) 382-7856  
DENVER, CO 80202

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

**Part III Statement of Program Service Accomplishments**

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

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

AS AN AFFILIATE OF COMMONSPIRIT HEALTH, WE MAKE THE HEALING PRESENCE OF GOD KNOWN IN OUR WORLD BY IMPROVING THE HEALTH OF THE PEOPLE WE SERVE, ESPECIALLY THOSE WHO ARE VULNERABLE, WHILE WE ADVANCE SOCIAL JUSTICE FOR ALL.

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

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

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

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

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

**4a** (Code: ) (Expenses \$ 229,347,165 including grants of \$ 3,500 ) (Revenue \$ 239,407,479 )  
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 ▶ 229,347,165

**Part IV Checklist of Required Schedules**

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a, 1b, 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Main form area containing questions 2a through 16, including sub-questions like 2b, 3a, 3b, 4a, 4b, 5a, 5b, 5c, 6a, 6b, 7a, 7b, 7c, 7d, 7e, 7f, 7g, 7h, 8, 9a, 9b, 10a, 10b, 11a, 11b, 12a, 12b, 13a, 13b, 13c, 14a, 14b, 15, and 16. Each question has a corresponding box for the answer.

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 (7), 1b (3), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 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 VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

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

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

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

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

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |         | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|---------|--|---|---|
|  |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former  |  |   |   |
| (1) T DOUGLAS LAWSON PHD<br>CEO OF CHI ST. LUKE'S HEALTH SYSTEM        | 10.00<br>40.00   | X   |                       | X       |              |                              |         | 0<br>1,536,576   | 212,997   |   |
| (2) MICHAEL COVERT<br>FORMER CEO OF CHI ST. LUKE'S HEALTH SYSTEM       | 1.00<br>13.00  |   |                       |         |              | X                            |         | 0<br>1,154,658   | 11,974  |   |
| (3) MARK MCGINNIS<br>FORMER CFO OF CHI ST. LUKE'S HEALTH SYSTEM        | 10.00<br>40.00   |   |                       | X       |              |                              |         | 0<br>596,982   | 99,540  |   |
| (4) JAMES PARISI<br>EX-OFFICIO/PRESIDENT OF ST. LUKE'S WOODLANDS HOSPI | 50.00<br>0.00  | X   |                       | X       |              |                              |         | 0<br>434,446   | 69,435  |   |
| (5) JEFY MATHEW MD<br>BOARD MEMBER/ SECRETARY                          | 40.00<br>0.00  | X   |                       | X       |              |                              | 432,621 | 0  | 0   |   |
| (6) MARK TERESI<br>CFO OF CHI ST. LUKE'S HEALTH SYSTEM                 | 10.00<br>40.00   |   |                       | X       |              |                              |         | 0<br>49,232  | 0   |   |
| (7) BRAD BEERS<br>BOARD CHAIR  | 1.00<br>0.00   | X   |                       | X       |              |                              |         | 0<br>0   | 0   |   |
| (8) GARY WHITLOCK<br>BOARD MEMBER/ VICE CHAIR                          | 1.00<br>0.00   | X   |                       | X       |              |                              |         | 0<br>0   | 0   |   |
| (9) KIRK CLOVE<br>BOARD MEMBER   | 1.00<br>0.00   | X   |                       |         |              |                              |         | 0<br>0   | 0   |   |
| (10) MARK METTAUER MD<br>BOARD MEMBER/ FORMER CHIEF OF STAFF           | 20.00<br>20.00   | X   |                       |         |              |                              |         | 0<br>0   | 0   |   |
| (11) BRADLEY SPARTZ DO<br>BOARD MEMBER/ CHIEF OF STAFF                 | 20.00<br>20.00   | X   |                       |         |              |                              |         | 0<br>0   | 0   |   |
|  |  |   |                       |         |              |                              |         |  |   |   |
|  |  |   |                       |         |              |                              |         |  |   |   |
|  |  |   |                       |         |              |                              |         |  |   |   |
|  |  |   |                       |         |              |                              |         |  |   |   |
|  |  |   |                       |         |              |                              |         |  |   |   |





Part VIII Statement of Revenue

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

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a-1g: Federated campaigns, Membership dues, Fundraising events, Related organizations, Government grants, All other contributions, Noncash contributions, and 1h Total.

Table for Program Service Revenue with columns for Business Code, (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, and (D) Revenue excluded. Rows include 2a-2f: PATIENT SERVICES, MEDICAL SERVICES, MEDICARE/MEDICAID, and 2g Total.

Table for Other Revenue with columns for (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, and (D) Revenue excluded. Rows include 3-12: Investment income, Rental income, Gain or loss from sales of assets, Fundraising events, Gaming activities, Sales of inventory, and 12 Total revenue.

**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 . . . . .  | 3,500                        | 3,500                                  |   |                                    |
| <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, lines 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 . . . . .   |                              |  |   |                                    |
| <b>c</b> Accounting . . . . .  | 1,000                        | 950                                    | 50  |                                    |
| <b>d</b> Lobbying . . . . .  | 2,334                        |  | 2,334   |                                    |
| <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)  | 157,798,808                  | 149,871,337                            | 7,927,471                                     |                                    |
| <b>12</b> Advertising and promotion . . . . .  | 269,426                      | 255,955                                | 13,471  |                                    |
| <b>13</b> Office expenses . . . . .  | 2,621,311                    | 2,490,246                              | 131,065                                       |                                    |
| <b>14</b> Information technology . . . . .   | 117,756                      | 111,868                                | 5,888   |                                    |
| <b>15</b> Royalties . . . . .  |                              |  |   |                                    |
| <b>16</b> Occupancy . . . . .  | 8,342,623                    | 7,925,492                              | 417,131                                       |                                    |
| <b>17</b> Travel . . . . .   | 36,980                       | 35,131                                 | 1,849   |                                    |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .   |                              |  |   |                                    |
| <b>19</b> Conferences, conventions, and meetings . . . . .   | 15,858                       | 15,065                                 | 793   |                                    |
| <b>20</b> Interest . . . . .   |                              |  |   |                                    |
| <b>21</b> Payments to affiliates . . . . .   | 2,907,000                    | 2,761,650                              | 145,350                                       |                                    |
| <b>22</b> Depreciation, depletion, and amortization . . . . .  | 12,988,988                   | 12,339,539                             | 649,449                                       |                                    |
| <b>23</b> Insurance . . . . .  | 915,179                      | 869,420                                | 45,759  |                                    |
| <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> MEDICAL SUPPLIES  | 44,192,166                   | 44,192,166                             | 0   | 0                                  |
| <b>b</b> STATE PROVIDER TAX  | 7,253,188                    | 4,206,849                              | 3,046,339                                     | 0                                  |
| <b>c</b> REPAIRS AND MAINTENANCE   | 4,215,202                    | 2,444,817                              | 1,770,385                                     | 0                                  |
| <b>d</b> MISCELLANEOUS EXPENSES  | 3,098,353                    | 1,746,955                              | 1,351,398                                     | 0                                  |
| <b>e</b> All other expenses  | 131,421                      | 76,225                                 | 55,196  |                                    |
| <b>25</b> Total functional expenses. Add lines 1 through 24e   | 244,911,093                  | 229,347,165                            | 15,563,928                                    | 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 . . . . .   | 1,250,781                | <b>1</b>    | 4,640                  |
|   | <b>2</b> Savings and temporary cash investments . . . . .  | 1,061,126                | <b>2</b>    | 1,347,395              |
|   | <b>3</b> Pledges and grants receivable, net . . . . .  |                          | <b>3</b>    | 0                      |
|   | <b>4</b> Accounts receivable, net . . . . .  | 31,907,737               | <b>4</b>    | 33,022,310             |
|   | <b>5</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .  | 0                        | <b>5</b>    | 0                      |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .   | 0                        | <b>6</b>    | 0                      |
|   | <b>7</b> Notes and loans receivable, net . . . . .   | 0                        | <b>7</b>    | 0                      |
|   | <b>8</b> Inventories for sale or use . . . . .   | 5,817,014                | <b>8</b>    | 5,371,872              |
|   | <b>9</b> Prepaid expenses and deferred charges . . . . .   | 634,909                  | <b>9</b>    | 521,495                |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | <b>10a</b> 291,537,513   |             |                        |
|   | <b>b</b> Less: accumulated depreciation  | <b>10b</b> 87,159,417    | 211,446,624 | <b>10c</b> 204,378,096 |
|   | <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>   | 0                      |
|   | <b>13</b> Investments—program-related. See Part IV, line 11 . . . . .  |                          | <b>13</b>   | 0                      |
|   | <b>14</b> Intangible assets . . . . .  | 0                        | <b>14</b>   | 0                      |
|   | <b>15</b> Other assets. See Part IV, line 11 . . . . .   | 16,806,313               | <b>15</b>   | 49,479,772             |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . . | 268,924,504  | <b>16</b>                | 294,125,580 |                        |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses . . . . .  | 19,223,505               | <b>17</b>   | 37,131,360             |
|   | <b>18</b> Grants payable . . . . .   | 0                        | <b>18</b>   | 0                      |
|   | <b>19</b> Deferred revenue . . . . .   | 2,635,319                | <b>19</b>   | 0                      |
|   | <b>20</b> Tax-exempt bond liabilities . . . . .  | 0                        | <b>20</b>   | 0                      |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D  | 0                        | <b>21</b>   | 0                      |
|   | <b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . . | 1,789,594                | <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 . . . . .   |                          | <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  | 132,672,585              | <b>25</b>   | 141,758,055            |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .   | 156,321,003              | <b>26</b>   | 178,889,415            |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>   |                          |             |                        |
|   | <b>27</b> Net assets without donor restrictions . . . . .  | 112,603,501              | <b>27</b>   | 115,236,165            |
|   | <b>28</b> Net assets with donor restrictions . . . . .   | 0                        | <b>28</b>   | 0                      |
|   | <b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>  |                          |             |                        |
|   | <b>29</b> Capital stock or trust principal, or current funds . . . . .   |                          | <b>29</b>   |                        |
|   | <b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .  |                          | <b>30</b>   |                        |
|   | <b>31</b> Retained earnings, endowment, accumulated income, or other funds   |                          | <b>31</b>   |                        |
| <b>32</b> Total net assets or fund balances . . . . .                         | 112,603,501  | <b>32</b>                | 115,236,165 |                        |
| <b>33</b> Total liabilities and net assets/fund balances . . . . .            | 268,924,504  | <b>33</b>                | 294,125,580 |                        |

**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>  | 245,711,079 |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 244,911,093 |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | 799,986     |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | <b>4</b>  | 112,603,501 |
| <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>  | 1,832,678   |
| <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> | 115,236,165 |

**Part XII Financial Statements and Reporting**

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

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

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

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 76-0536234

**Name:** ST LUKES COMMUNITY HEALTH SERVICES

Form 990 (2019)

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

SEE SCHEDULE H

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

**Name of the organization**  
ST LUKES COMMUNITY HEALTH SERVICES

**Employer identification number**  
76-0536234

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

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

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

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|--|---|----|---|---|
|                                    |          |  | Yes   | No |   |   |
|                                    |          |  |   |    |   |   |
| <b>Total</b>                       |          |  |   |    |   |   |

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

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

**Section A. Public Support**

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

**Section B. Total Support**

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

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

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

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

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

**Section A. Public Support**

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

**Section B. Total Support**

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

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

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

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

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

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

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

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

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



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

|            |  | Yes | No |
|------------|--|-----|----|
| <b>1</b>   | Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>   |     |    |
|            | <b>1</b>   |     |    |
| <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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>  |     |    |
|            | <b>2</b>   |     |    |
| <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>   |     |    |
|            | <b>3a</b>  |     |    |
| <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 Part VI when and how the organization made the determination.</i>  |     |    |
|            | <b>3b</b>  |     |    |
| <b>c</b>   | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>   |     |    |
|            | <b>3c</b>  |     |    |
| <b>4a</b>  | Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>   |     |    |
|            | <b>4a</b>  |     |    |
| <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 Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>   |     |    |
|            | <b>4b</b>  |     |    |
| <b>c</b>   | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>  |     |    |
|            | <b>4c</b>  |     |    |
| <b>5a</b>  | Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> |     |    |
|            | <b>5a</b>  |     |    |
| <b>b</b>   | <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   |     |    |
|            | <b>5b</b>  |     |    |
| <b>c</b>   | <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  |     |    |
|            | <b>5c</b>  |     |    |
| <b>6</b>   | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
|            | <b>6</b>   |     |    |
| <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>  |     |    |
|            | <b>7</b>   |     |    |
| <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>   |     |    |
|            | <b>8</b>   |     |    |
| <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 Part VI.</i>  |     |    |
|            | <b>9a</b>  |     |    |
| <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 Part VI.</i>   |     |    |
|            | <b>9b</b>  |     |    |
| <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 Part VI.</i>  |     |    |
|            | <b>9c</b>  |     |    |
| <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>   |     |    |
|            | <b>10a</b>   |     |    |
| <b>b</b>   | Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>  |     |    |
|            | <b>10b</b>   |     |    |

**Part IV Supporting Organizations** (continued)

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

**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> | Yes | No |
| <b>b</b> | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>  |     |    |
| <b>3</b> | Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>  |     |    |
| <b>a</b> | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>  |     |    |
| <b>b</b> | Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>  |     |    |

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

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

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

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

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

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

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 76-0536234

**Name:** ST LUKES COMMUNITY HEALTH SERVICES

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

**Facts And Circumstances Test**

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

**Political Campaign and Lobbying Activities**  
For Organizations Exempt From Income Tax Under section 501(c) and section 527  
  
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.  
▶Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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

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

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

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

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

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

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

|  |  |
|--|--|
| Name of the organization<br>ST LUKES COMMUNITY HEALTH SERVICES | Employer identification number<br>76-0536234 |
|--|--|

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

**1** Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

**2** Political campaign activity expenditures (see instructions) ..... ▶ \$ \_\_\_\_\_

**3** Volunteer hours for political campaign activities (see instructions) .....

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

**1** Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_

**2** Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_

**3** If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No

**4a** Was a correction made? .....  Yes  No

**b** If "Yes," describe in Part IV.

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

**1** Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_

**2** Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_

**3** Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$ \_\_\_\_\_

**4** Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No

**5** Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

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

**Limits on Lobbying Expenditures**  
(The term "expenditures" means amounts paid or incurred.)

|   | (a) Filing organization's totals | (b) Affiliated group totals |
|---|----------------------------------|-----------------------------|
| <b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....  |                                  |                             |
| <b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....    | 2,334                            | 2,334                       |
| <b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....                                | 2,334                            | 2,334                       |
| <b>d</b> Other exempt purpose expenditures .....  | 229,344,831                      | 229,344,831                 |
| <b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....                          | 229,347,165                      | 229,347,165                 |
| <b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns. | 1,000,000                        | 1,000,000                   |
| <b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....                              | 250,000                          | 250,000                     |
| <b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....                        | 0                                | 0                           |
| <b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....                        | 0                                | 0                           |

| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is:                 |
|---|--|
| Not over \$500,000                              | 20% of the amount on line 1e.                      |
| Over \$500,000 but not over \$1,000,000         | \$100,000 plus 15% of the excess over \$500,000.   |
| Over \$1,000,000 but not over \$1,500,000       | \$175,000 plus 10% of the excess over \$1,000,000. |
| Over \$1,500,000 but not over \$17,000,000      | \$225,000 plus 5% of the excess over \$1,500,000.  |
| Over \$17,000,000                               | \$1,000,000.                                       |

**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  Yes  No

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

**Lobbying Expenditures During 4-Year Averaging Period**

| Calendar year (or fiscal year beginning in)                      | (a) 2016  | (b) 2017  | (c) 2018  | (d) 2019  | (e) Total |
|--|-----------|-----------|-----------|-----------|-----------|
| <b>2a</b> Lobbying nontaxable amount                             | 1,000,000 | 1,000,000 | 1,000,000 | 1,000,000 | 4,000,000 |
| <b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))    |           |           |           |           | 6,000,000 |
| <b>c</b> Total lobbying expenditures                             | 1,767     | 1,912     | 859       | 2,334     | 6,872     |
| <b>d</b> Grassroots nontaxable amount                            | 250,000   | 250,000   | 250,000   | 250,000   | 1,000,000 |
| <b>e</b> Grassroots ceiling amount (150% of line 2d, column (e)) |           |           |           |           | 1,500,000 |
| <b>f</b> Grassroots lobbying expenditures                        |           |           |           |           |           |

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

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

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

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

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

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

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

**Part IV Supplemental Information**

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

| Return Reference  | Explanation  |
|---|--|
| SCHEDULE C, PART II-A, A - AFFILIATE GROUP MEMBER INFORMATION | THE ORGANIZATION IS PART OF A VERY LARGE CONTROLLED GROUP WITH OVER 100 HOSPITALS AND OTHER HEALTHCARE RELATED ORGANIZATIONS; THEREFORE, THE INFORMATION REGARDING EACH AFFILIATE IN THE CONTROLLED GROUP IS AVAILABLE UPON REQUEST. |



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

# Supplemental Financial Statements

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

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

**Name of the organization**  
ST LUKES COMMUNITY HEALTH SERVICES

**Employer identification number**  
76-0536234

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

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

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

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

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

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

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

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

**Part V Endowment Funds.**

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

|   | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance . . . . .                     |                  |                |                    |                      |                     |
| <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 . . . . .   |                                      | 33,708,415                      |                              | 33,708,415     |
| <b>b</b> Buildings . . . . .   |                                      | 169,625,166                     | 31,114,973                   | 138,510,193    |
| <b>c</b> Leasehold improvements  |                                      | 10,465,942                      | 7,575,060                    | 2,890,882      |
| <b>d</b> Equipment . . . . .   |                                      | 70,137,105                      | 46,659,458                   | 23,477,647     |
| <b>e</b> Other . . . . .   |                                      | 7,600,885                       | 1,809,926                    | 5,790,959      |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶ |                                      |                                 |                              | 204,378,096    |

**Part VII Investments—Other Securities.**

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

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

**Part VIII Investments—Program Related.**

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

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

**Part IX Other Assets.**

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

| (a) Description  | (b) Book value |
|--|----------------|
| (1) OTHER RECEIVABLES-INTERCOMPANY                                       | 16,800,958     |
| (2) RIGHT-OF-USE FINANCE LEASE - NET                                     | 273,219        |
| (3) RIGHT-OF-USE OPERATING LEASE   | 32,241,940     |
| (4) OTHER ASSETS   | 158,300        |
| (5) UNCLAIMED PROPERTY   | 5,355          |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.) | 49,479,772     |

**Part X Other Liabilities.**

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

| 1. (a) Description of liability  | (b) Book<br>value |
|--|-------------------|
| (1) Federal income taxes   | 273,329           |
| (2) INTERCOMPANY PAYABLES  | 104,423,454       |
| (3) RETAINAGE FOR CIP  | 474,401           |
| (4) OTHER CURRENT LIABILITIES  | 570,256           |
| (5) CURRENT PORTION - FINANCE LEASE LIABILITY                            | 223,526           |
| (6) CURRENT PORTION - OPERATING LEASE LIABILITY                          | 4,900,248         |
| (7) LT PORTION - FINANCE LEASE LIABILITY                                 | 644,511           |
| (8) LT PORTION - OPERATING LEASE LIABILITY                               | 30,248,330        |
| (9)  |                   |
| (10)   |                   |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.) | 141,758,055       |

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 |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |



# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 76-0536234

**Name:** ST LUKES COMMUNITY HEALTH SERVICES

## Supplemental Information

| Return Reference | Explanation   |
|------------------|---|
| PART X, LINE 2:  | <p>CHI ST. LUKE'S HEALTH THE WOODLANDS HOSPITAL'S FINANCIAL INFORMATION IS INCLUDED IN THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF COMMONSPIRIT HEALTH, A RELATED ORGANIZATION. COMMONSPIRIT HEALTH'S ASC 740 FOOTNOTE FOR THE YEAR ENDED JUNE 30, 2020, READS AS FOLLOWS: COMMONSPIRIT HAS ESTABLISHED ITS STATUS AS AN ORGANIZATION EXEMPT FROM INCOME TAXES UNDER 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 JUDGMENT OCCURS. INCOME TAX INTEREST AND PENALTIES ARE RECORDED AS INCOME TAX EXPENSE. FOR THE YEARS ENDED JUNE 30, 2020 AND 2019, COMMONSPIRIT'S TAXABLE ENTITIES RECORDED AN IMMATERIAL AMOUNT OF INTEREST AND PENALTIES AS PART OF THE PROVISION FOR INCOME TAXES. COMMONSPIRIT'S TAXABLE ENTITIES DID NOT HAVE ANY MATERIAL UNRECOGNIZED INCOME TAX EXPENSE AS OF JUNE 30, 2020 AND 2019. COMMONSPIRIT REVIEWS ITS TAX POSITIONS QUARTERLY AND HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS.</p> |

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

**Hospitals**

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

**Name of the organization**  
 ST LUKES COMMUNITY HEALTH SERVICES

**Employer identification number**  
 76-0536234

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

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

|  |           | Yes | No |
|--|-----------|-----|----|
| <b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .  | <b>1a</b> | Yes |    |
| <b>b</b> If "Yes," was it a written policy? . . . . .  | <b>1b</b> | Yes |    |
| <b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year.<br><input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities<br><input type="checkbox"/> Generally tailored to individual hospital facilities   |           |     |    |
| <b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.<br><b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:<br><input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>30000.0000000000</u> % | <b>3a</b> | Yes |    |
| <b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: . . . . .<br><input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %   | <b>3b</b> | Yes |    |
| <b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.   |           |     |    |
| <b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? . . . . .  | <b>4</b>  | Yes |    |
| <b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . . . .  | <b>5a</b> | Yes |    |
| <b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .  | <b>5b</b> | Yes |    |
| <b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .  | <b>5c</b> |     | No |
| <b>6a</b> Did the organization prepare a community benefit report during the tax year? . . . . .   | <b>6a</b> |     | No |
| <b>b</b> If "Yes," did the organization make it available to the public? . . . . .   | <b>6b</b> |     |    |

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

**7 Financial Assistance and Certain Other Community Benefits at Cost**

|   | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community benefit expense | (f) Percent of total expense |
|---|---|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|------------------------------|
| <b>Financial Assistance and Means-Tested Government Programs</b>                                    |   |                               |                                     |                               |                                   |                              |
| <b>a</b> Financial Assistance at cost (from Worksheet 1) . . . . .                                  |   | 6,833                         | 9,231,620                           |                               | 9,231,620                         | 3.770 %                      |
| <b>b</b> Medicaid (from Worksheet 3, column a) . . . . .  |   | 10,987                        | 16,491,768                          | 9,533,472                     | 6,958,296                         | 2.840 %                      |
| <b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .     |   |                               |                                     |                               |                                   |                              |
| <b>d Total</b> Financial Assistance and Means-Tested Government Programs . . . . .                  |   | 17,820                        | 25,723,388                          | 9,533,472                     | 16,189,916                        | 6.610 %                      |
| <b>Other Benefits</b>   |   |                               |                                     |                               |                                   |                              |
| <b>e</b> Community health improvement services and community benefit operations (from Worksheet 4). |   |                               |                                     |                               |                                   |                              |
| <b>f</b> Health professions education (from Worksheet 5) . . . . .                                  |   |                               |                                     |                               |                                   |                              |
| <b>g</b> Subsidized health services (from Worksheet 6) . . . . .                                    |   |                               |                                     |                               |                                   |                              |
| <b>h</b> Research (from Worksheet 7) . . . . .  |   |                               | 39,912                              |                               | 39,912                            | 0.020 %                      |
| <b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .          |   |                               | 72,070                              |                               | 72,070                            | 0.030 %                      |
| <b>j Total.</b> Other Benefits . . . . .  |   |                               | 111,982                             |                               | 111,982                           | 0.050 %                      |
| <b>k Total.</b> Add lines 7d and 7j . . . . .   |   | 17,820                        | 25,835,370                          | 9,533,472                     | 16,301,898                        | 6.660 %                      |

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

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

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

|   |   | Yes | No         |
|---|---|-----|------------|
| 1 | Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? . . . . .   | 1   | Yes        |
| 2 | Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount. . . . .   | 2   | 23,227,727 |
| 3 | Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit. . . . . | 3   | 0          |
| 4 | Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.   |     |            |

**Section B. Medicare**

|   |   |   |             |
|---|---|---|-------------|
| 5 | Enter total revenue received from Medicare (including DSH and IME) . . . . .  | 5 | 47,834,974  |
| 6 | Enter Medicare allowable costs of care relating to payments on line 5 . . . . .   | 6 | 76,495,919  |
| 7 | Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .   | 7 | -28,660,945 |
| 8 | Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:<br><br><input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other |   |             |

**Section C. Collection Practices**

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

**Part IV Management Companies and Joint Ventures**

|    | (a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions) | (b) Description of primary activity of entity | (c) Organization's profit % or stock ownership % | (d) Officers, directors, trustees, or key employees' profit % or stock ownership % | (e) Physicians' profit % or stock ownership % |
|----|---|---|--|--|---|
| 1  |   |   |  |  |   |
| 2  |   |   |  |  |   |
| 3  |   |   |  |  |   |
| 4  |   |   |  |  |   |
| 5  |   |   |  |  |   |
| 6  |   |   |  |  |   |
| 7  |   |   |  |  |   |
| 8  |   |   |  |  |   |
| 9  |   |   |  |  |   |
| 10 |   |   |  |  |   |
| 11 |   |   |  |  |   |
| 12 |   |   |  |  |   |
| 13 |   |   |  |  |   |



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

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

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

**1**

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

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

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
 CHI ST LUKE'S HEALTH THE WOODLANDS HOSP

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

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

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

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

CHI ST LUKE'S HEALTH THE WOODLANDS HOSP

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

|   |   | Yes | No  |
|---|---|-----|-----|
| Did the hospital facility have in place during the tax year a written financial assistance policy that: |   |     |     |
| <b>13</b>   | Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?<br>If "Yes," indicate the eligibility criteria explained in the FAP:   | 13  | Yes |
| <b>a</b>  | <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>300.000000000000</u> %<br>and FPG family income limit for eligibility for discounted care of <u>300.000000000000</u> %   |     |     |
| <b>b</b>  | <input type="checkbox"/> Income level other than FPG (describe in Section C)  |     |     |
| <b>c</b>  | <input type="checkbox"/> Asset level  |     |     |
| <b>d</b>  | <input checked="" type="checkbox"/> Medical indigency   |     |     |
| <b>e</b>  | <input checked="" type="checkbox"/> Insurance status  |     |     |
| <b>f</b>  | <input checked="" type="checkbox"/> Underinsurance discount   |     |     |
| <b>g</b>  | <input type="checkbox"/> Residency  |     |     |
| <b>h</b>  | <input checked="" type="checkbox"/> Other (describe in Section C)   |     |     |
| <b>14</b>   | Explained the basis for calculating amounts charged to patients? . . . . .  | 14  | Yes |
| <b>15</b>   | Explained the method for applying for financial assistance? . . . . .<br>If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):  | 15  | Yes |
| <b>a</b>  | <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application  |     |     |
| <b>b</b>  | <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application  |     |     |
| <b>c</b>  | <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process  |     |     |
| <b>d</b>  | <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications   |     |     |
| <b>e</b>  | <input type="checkbox"/> Other (describe in Section C)  |     |     |
| <b>16</b>   | Was widely publicized within the community served by the hospital facility? . . . . .<br>If "Yes," indicate how the hospital facility publicized the policy (check all that apply):   | 16  | Yes |
| <b>a</b>  | <input checked="" type="checkbox"/> The FAP was widely available on a website (list url):<br><u>SEE STATEMENT</u>   |     |     |
| <b>b</b>  | <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url):<br><u>SEE STATEMENT</u>  |     |     |
| <b>c</b>  | <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url):<br><u>SEE STATEMENT</u>   |     |     |
| <b>d</b>  | <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)  |     |     |
| <b>e</b>  | <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)   |     |     |
| <b>f</b>  | <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)  |     |     |
| <b>g</b>  | <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention |     |     |
| <b>h</b>  | <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP   |     |     |
| <b>i</b>  | <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations   |     |     |
| <b>j</b>  | <input type="checkbox"/> Other (describe in Section C)  |     |     |

**Part V Facility Information** (continued)

**Billing and Collections**

CHI ST LUKE'S HEALTH THE WOODLANDS HOSP

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

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

**Policy Relating to Emergency Medical Care**

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

**Part V Facility Information** *(continued)*

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

CHI ST LUKE'S HEALTH THE WOODLANDS HOSP

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

- 22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.
- a**  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
  - b**  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
  - c**  The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
  - d**  The hospital facility used a prospective Medicare or Medicaid method

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

|           | Yes | No |
|-----------|-----|----|
| <b>23</b> |     | No |
| <b>24</b> |     | No |



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

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

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

| Name and address | Type of Facility (describe) |
|------------------|-----------------------------|
| <b>1</b>         |                             |
| <b>2</b>         |                             |
| <b>3</b>         |                             |
| <b>4</b>         |                             |
| <b>5</b>         |                             |
| <b>6</b>         |                             |
| <b>7</b>         |                             |
| <b>8</b>         |                             |
| <b>9</b>         |                             |
| <b>10</b>        |                             |

**Part VI Supplemental Information**

Provide the following information.

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

**990 Schedule H, Supplemental Information**

| Form and Line Reference | Explanation   |
|-------------------------|---|
| PART I, LINE 3C:        | UNLESS ELIGIBLE FOR PRESUMPTIVE FINANCIAL ASSISTANCE, THE FOLLOWING ELIGIBILITY CRITERIA MUST BE MET IN ORDER FOR A PATIENT TO QUALIFY FOR FINANCIAL ASSISTANCE: - THE PATIENT MUST HAVE A MINIMUM ACCOUNT BALANCE OF THIRTY-FIVE DOLLARS (\$35.00) WITH THE CHI HOSPITAL ORGANIZATION. MULTIPLE ACCOUNT BALANCES MAY BE COMBINED TO REACH THIS AMOUNT. PATIENTS/GUARANTORS WITH BALANCES BELOW THIRTY-FIVE DOLLARS (\$35) MAY CONTACT A FINANCIAL COUNSELOR TO MAKE MONTHLY INSTALLMENT PAYMENT ARRANGEMENTS. - THE PATIENT'S FAMILY INCOME MUST BE AT OR BELOW 300% OF THE FPG. - THE PATIENT MUST COMPLY WITH PATIENT COOPERATION STANDARDS AS DESCRIBED [IN THE FAP]. - THE PATIENT MUST SUBMIT A COMPLETED FINANCIAL ASSISTANCE APPLICATION. FOR PATIENTS AND GUARANTORS WHO ARE UNABLE TO PROVIDE REQUIRED DOCUMENTATION, A HOSPITAL FACILITY MAY GRANT PRESUMPTIVE FINANCIAL ASSISTANCE BASED ON INFORMATION OBTAINED FROM OTHER RESOURCES. IN PARTICULAR, PRESUMPTIVE ELIGIBILITY MAY BE DETERMINED ON THE BASIS OF INDIVIDUAL LIFE CIRCUMSTANCES THAT MAY INCLUDE: - RECIPIENT OF STATE-FUNDED PRESCRIPTION PROGRAMS; - HOMELESS OR ONE WHO RECEIVED CARE FROM A HOMELESS CLINIC; - PARTICIPATION IN WOMEN, INFANTS AND CHILDREN PROGRAMS (WIC); - FOOD STAMP ELIGIBILITY; - SUBSIDIZED SCHOOL LUNCH PROGRAM ELIGIBILITY; - ELIGIBILITY FOR OTHER STATE OR LOCAL ASSISTANCE PROGRAMS (E.G., MEDICAID SPEND-DOWN); - LOW INCOME/SUBSIDIZED HOUSING IS PROVIDED AS A VALID ADDRESS; OR - PATIENT IS DECEASED WITH NO KNOWN ESTATE. |
| PART I, LINE 7:         | THE COST TO CHARGE RATIO METHOD WAS UTILIZED TO DETERMINE FINANCIAL ASSISTANCE AT COST AS WELL AS TO DETERMINE UNREIMBURSED MEDICAID COSTS. THE AMOUNTS IN LINE 7I REPRESENT CASH PAID TO OTHER HEALTHCARE PROVIDERS FOR INDIGENT HEALTHCARE SERVICES. TOTAL EXPENSES PER FORM 990, PART IX, LINE 25(A) WERE REDUCED BY BAD DEBT EXPENSE IN THE AMOUNT OF \$23,227,727 TO DETERMINE THE PERCENTAGE IN SCHEDULE H, PART I, LINE 7(F). CHI ST. LUKE'S HEALTH THE WOODLANDS HOSPITAL RECEIVED SUPPLEMENTAL MEDICAID PAYMENTS OF \$9,533,472 DURING THE YEAR ENDED JUNE 30, 2020. THESE PAYMENTS WERE INCLUDED IN THE DIRECT OFFSETTING REVENUE AMOUNTS FOUND IN SCHEDULE H, PART I, LINE 7B, COLUMN D. THESE SUPPLEMENTAL MEDICAID PAYMENTS RESULTED IN A REDUCTION IN NET COMMUNITY BENEFIT EXPENSE AND PERCENTAGES FOUND IN COLUMNS (E) AND (F).   |



**990 Schedule H, Supplemental Information**

| Form and Line Reference | Explanation   |
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| PART III, LINE 2:       | BAD DEBT EXPENSE IS CALCULATED MONTHLY BASED ON THE BALANCE IN SELF PAY ACCOUNTS RECEIVABLE. HISTORICAL PERCENTAGES ARE DEVELOPED AND APPLIED AGAINST THE CURRENT SELF PAY BALANCE TO ESTIMATE THE REQUIRED RESERVE. THE BAD DEBT PROVISION IS A FUNCTION OF ACTUAL WRITE-OFFS AND THE CHANGE IN RESERVE REQUIREMENT. THE ORGANIZATION HAS REPORTED BAD DEBT EXPENSE AT GROSS CHARGES WRITTEN OFF. THE ORGANIZATION'S BAD DEBT EXPENSE REPRESENTS AMOUNTS BILLED TO PATIENTS THAT WAS DEEMED UNCOLLECTIBLE AND DOES NOT INCLUDE ANY CHARGES THAT WERE ULTIMATELY REIMBURSED OR DISCOUNTED. PATIENT DISCOUNTS ARE RECORDED IN CONTRACTUAL ALLOWANCE OR FINANCIAL ASSISTANCE, AS APPROPRIATE, AS AN OFFSET TO GROSS REVENUE AND ARE NOT INCLUDED IN BAD DEBT EXPENSE. |
| PART III, LINE 3:       | CHI ST. LUKE'S HEALTH THE WOODLANDS HOSPITAL DOES NOT BELIEVE THAT ANY PORTION OF BAD DEBT EXPENSE COULD REASONABLY BE ATTRIBUTED TO PATIENTS WHO QUALIFY FOR FINANCIAL ASSISTANCE SINCE AMOUNTS DUE FROM THOSE INDIVIDUALS' ACCOUNTS WILL BE RECLASSIFIED FROM BAD DEBT EXPENSE TO CHARITY CARE WITHIN 30 DAYS FOLLOWING THE DATE THAT THE PATIENT IS DETERMINED TO QUALIFY FOR CHARITY CARE.  |

## 990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation   |
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| PART III, LINE 4:       | <p>CHI ST. LUKE'S HEALTH THE WOODLANDS HOSPITAL DOES NOT ISSUE SEPARATE COMPANY AUDITED FINANCIAL STATEMENTS. HOWEVER, THE ORGANIZATION IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF COMMONSPIRIT HEALTH. THE CONSOLIDATED FOOTNOTE READS AS FOLLOWS:COMMONSPIRIT RELIES ON THE RESULTS OF DETAILED REVIEWS OF HISTORICAL WRITE-OFFS AND COLLECTIONS IN ESTIMATING THE COLLECTABILITY OF ACCOUNTS RECEIVABLE. UPDATES TO THE HINDSIGHT ANALYSIS IS PERFORMED AT LEAST QUARTERLY USING PRIMARILY A ROLLING EIGHTEEN-MONTH COLLECTION HISTORY AND WRITE-OFF DATA. SUBSEQUENT CHANGES TO ESTIMATES OF THE TRANSACTION PRICE ARE GENERALLY RECORDED AS ADJUSTMENTS TO NET PATIENT REVENUE IN THE PERIOD OF CHANGE. SUBSEQUENT CHANGES THAT ARE DETERMINED TO BE THE RESULT OF AN ADVERSE CHANGE IN A THIRD-PARTY PAYOR'S ABILITY TO PAY ARE RECORDED AS BAD DEBT EXPENSE IN PURCHASED SERVICES AND OTHER IN THE ACCOMPANYING CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGE IN NET ASSETS. BAD DEBT EXPENSE FOR 2020 WAS NOT SIGNIFICANT.</p>  |
| PART III, LINE 8:       | <p>USING ESSENTIALLY THE SAME MEDICARE COST REPORT PRINCIPLES AS TO THE ALLOCATION OF GENERAL SERVICES COSTS AND "APPORTIONMENT" METHODS, THE "CHI WORKBOOK" CALCULATES A PAYERS' GROSS ALLOWABLE COSTS BY SERVICE (SO AS TO FACILITATE A CORRESPONDING COMPARISON BETWEEN GROSS ALLOWABLE COSTS AND ULTIMATE PAYMENTS RECEIVED). THE TERM "GROSS ALLOWABLE COSTS" MEANS COSTS BEFORE ANY DEDUCTIBLES OR CO-INSURANCE ARE SUBTRACTED. CHI ST. LUKE'S HEALTH THE WOODLANDS HOSPITAL'S ULTIMATE REIMBURSEMENT WILL BE REDUCED BY ANY APPLICABLE COPAYMENT/ DEDUCTIBLE. WHERE MEDICARE IS THE SECONDARY INSURER, AMOUNTS DUE FROM THE INSURED'S PRIMARY PAYER WERE NOT SUBTRACTED FROM MEDICARE ALLOWABLE COSTS BECAUSE THE AMOUNTS ARE TYPICALLY IMMATERIAL. ALTHOUGH NOT PRESENTED ON THE MEDICARE COST REPORT, IN ORDER TO FACILITATE A MORE ACCURATE UNDERSTANDING OF THE "TRUE" COST OF SERVICES (FOR "SHORTFALL" PURPOSES) THE CHI WORKBOOK ALLOWS A HEALTH CARE FACILITY NOT TO OFFSET COSTS THAT MEDICARE CONSIDERS TO BE NON-ALLOWABLE, BUT FOR WHICH THE FACILITY CAN LEGITIMATELY ARGUE ARE RELATED TO THE CARE OF THE FACILITY'S PATIENTS. IN ADDITION, ALTHOUGH NOT REPORTABLE ON THE MEDICARE COST REPORT, THE CHI WORKBOOK INCLUDES THE COST OF SERVICES THAT ARE PAID VIA A SET FEE-SCHEDULE RATHER THAN BEING REIMBURSED BASED ON COSTS (E.G. OUTPATIENT CLINICAL LABORATORY). FINALLY, THE CHI WORKBOOK ALLOWS A FACILITY TO INCLUDE OTHER HEALTH CARE SERVICES PERFORMED BY A SEPARATE FACILITY (SUCH AS A PHYSICIAN PRACTICE) THAT ARE MAINTAINED ON SEPARATE BOOKS AND RECORDS (AS OPPOSED TO THE MAIN FACILITY'S BOOKS AND RECORDS WHICH HAS ITS COSTS OF SERVICE INCLUDED WITHIN A COST REPORT). TRUE COSTS OF MEDICARE COMPUTED USING THIS METHODOLOGY:TOTAL MEDICARE REVENUE: \$47,834,974TOTAL MEDICARE COSTS: \$76,495,919SHORTFALL \$28,660,945CHI ST. LUKE'S HEALTH THE WOODLANDS HOSPITAL BELIEVES THAT EXCLUDING MEDICARE LOSSES FROM COMMUNITY BENEFIT MAKES THE OVERALL COMMUNITY BENEFIT REPORT MORE CREDIBLE FOR THESE REASONS: UNLIKE SUBSIDIZED AREAS SUCH AS BURN UNITS OR BEHAVIORAL-HEALTH SERVICES, MEDICARE IS NOT A DIFFERENTIATING FEATURE OF TAX-EXEMPT HEALTH CARE ORGANIZATIONS. IN FACT, FOR-PROFIT HOSPITALS FOCUS ON ATTRACTING PATIENTS WITH MEDICARE COVERAGE, ESPECIALLY IN THE CASE OF WELL-PAID SERVICES THAT INCLUDE CARDIAC AND ORTHOPEDICS. SIGNIFICANT EFFORT AND RESOURCES ARE DEVOTED TO ENSURING THAT HOSPITALS ARE REIMBURSED APPROPRIATELY BY THE MEDICARE PROGRAM. THE MEDICARE PAYMENT ADVISORY COMMISSION (MEDPAC), AN INDEPENDENT CONGRESSIONAL AGENCY, CAREFULLY STUDIES MEDICARE PAYMENTS AND THE ACCESS TO CARE THAT MEDICARE BENEFICIARIES RECEIVE. THE COMMISSION RECOMMENDS PAYMENT ADJUSTMENTS TO CONGRESS ACCORDINGLY. THOUGH MEDICARE LOSSES ARE NOT INCLUDED BY CATHOLIC HOSPITALS AS COMMUNITY BENEFIT, THE CATHOLIC HEALTH ASSOCIATION GUIDELINES ALLOW HOSPITALS TO COUNT AS COMMUNITY BENEFIT SOME PROGRAMS THAT SPECIFICALLY SERVE THE MEDICARE POPULATION. FOR INSTANCE, IF HOSPITALS OPERATE PROGRAMS FOR PATIENTS WITH MEDICARE BENEFITS THAT RESPOND TO IDENTIFIED COMMUNITY NEEDS, GENERATE LOSSES FOR THE HOSPITAL, AND MEET OTHER CRITERIA, THESE PROGRAMS CAN BE INCLUDED IN THE CHA FRAMEWORK IN CATEGORY C AS "SUBSIDIZED HEALTH SERVICES." MEDICARE LOSSES ARE DIFFERENT FROM MEDICAID LOSSES, WHICH ARE COUNTED IN THE CHA COMMUNITY BENEFIT FRAMEWORK, BECAUSE MEDICAID REIMBURSEMENTS GENERALLY DO NOT RECEIVE THE LEVEL OF ATTENTION PAID TO MEDICARE REIMBURSEMENT. MEDICAID PAYMENT IS LARGELY DRIVEN BY WHAT STATES CAN AFFORD TO PAY, AND IS TYPICALLY SUBSTANTIALLY LESS THAN WHAT MEDICARE PAYS.</p> |

**990 Schedule H, Supplemental Information**

| Form and Line Reference                                | Explanation  |
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| PART III, LINE 9B:                                     | <p>THE ORGANIZATION'S BILLING AND COLLECTIONS POLICY APPLIES TO ALL INDIVIDUALS PRESENTING FOR EMERGENCY OR OTHER MEDICALLY NECESSARY CARE. THE POLICY CONTAINS PROVISIONS FOR COLLECTING AMOUNTS DUE FROM THOSE PATIENTS WHO THE ORGANIZATION KNOWS TO QUALIFY FOR FINANCIAL ASSISTANCE EITHER THROUGH THE TRADITIONAL FINANCIAL ASSISTANCE APPLICATION PROCESS OR THROUGH PRESUMPTIVE ELIGIBILITY PROCESSES. BEFORE ENGAGING IN EXTRAORDINARY COLLECTION ACTIONS (ECAS) TO OBTAIN PAYMENT FOR EMCARE, HOSPITAL FACILITIES MUST MAKE REASONABLE EFFORTS THROUGH ITS BILLING AND COLLECTIONS PROCESSES, PURSUANT TO TREAS. REG. 1.501(R)-6(C), TO DETERMINE WHETHER AN INDIVIDUAL IS ELIGIBLE FOR FINANCIAL ASSISTANCE. IN NO EVENT WILL AN ECA BE INITIATED PRIOR TO 120 DAYS FROM THE DATE THE FACILITY PROVIDES THE FIRST POST-DISCHARGE BILLING STATEMENT (I.E., DURING THE NOTIFICATION PERIOD) UNLESS ALL REASONABLE EFFORTS HAVE BEEN MADE. HOSPITAL FACILITIES WILL NOT REFER ACCOUNTS FOR COLLECTION WHERE THE PATIENT HAS INITIALLY APPLIED FOR FINANCIAL ASSISTANCE, AND THE HOSPITAL FACILITY HAS NOT YET MADE REASONABLE EFFORTS WITH RESPECT TO THE ACCOUNT. FOR PATIENTS AND GUARANTORS WHO ARE UNABLE TO PROVIDE REQUIRED DOCUMENTATION, A HOSPITAL FACILITY MAY GRANT PRESUMPTIVE FINANCIAL ASSISTANCE BASED ON INFORMATION OBTAINED FROM OTHER RESOURCES. PATIENTS WHO QUALIFY FOR MEDICAID ARE PRESUMED TO QUALIFY FOR FULL CHARITY WRITE OFF. ANY CHARGES FOR DAYS OR SERVICES WRITTEN OFF (EXCLUDING MEDICAID DENIALS RELATED TO TIMELINESS OF BILLING, INSUFFICIENT MEDICAL RECORD DOCUMENTATION, MISSING INVOICES, AUTHORIZATION, OR ELIGIBILITY ISSUES) AS A RESULT OF A MEDICAID ARE BOOKED AS CHARITY. SOME MEDICAID PLANS OFFER COVERAGE FOR A LIMITED OR RESTRICTED LIST OF SERVICES. IF A PATIENT IS ELIGIBLE FOR MEDICAID, ANY CHARGES FOR DAYS OR SERVICES NOT COVERED BY THE PATIENT'S COVERAGE MAY BE WRITTEN OFF TO CHARITY WITHOUT A COMPLETED APPLICATION. THIS DOES NOT INCLUDE ANY SHARE OF COST (SOC) OR OTHER PATIENT COST-SHARING AMOUNTS SUCH AS DEDUCTIBLES OR COPAYMENTS, AS SUCH COSTS ARE DETERMINED BY THE STATE TO BE AN AMOUNT THAT THE PATIENT MUST PAY BEFORE THE PATIENT IS ELIGIBLE FOR MEDICAID. HEALTH AND HUMAN SERVICES (HSS) USES THE TERM "SPEND DOWN" INSTEAD OF SHARE OF COST. ALL COLLECTION ACTIVITIES CONDUCTED BY THE FACILITY, A DESIGNATED SUPPLIER, OR ITS THIRD-PARTY COLLECTION AGENTS WILL BE IN CONFORMANCE WITH ALL FEDERAL AND STATE LAWS GOVERNING DEBT COLLECTION PRACTICES. ALL THIRD-PARTY AGREEMENTS GOVERNING COLLECTION AND RECOVERY ACTIVITIES MUST INCLUDE A PROVISION REQUIRING COMPLIANCE WITH THE HOSPITAL FACILITIES' FINANCIAL ASSISTANCE AND BILLING AND COLLECTIONS POLICY AND INDEMNIFICATION FOR FAILURES AS A RESULT OF ITS NONCOMPLIANCE. THIS INCLUDES, BUT IS NOT LIMITED TO, AGREEMENTS BETWEEN THIRD PARTIES WHO SUBSEQUENTLY SELL OR REFER DEBT OF THE HOSPITAL FACILITY.</p> |
| FORM 990, SCHEDULE H PART V SEC A - HOSPITAL'S WEBSITE | <a href="https://www.stlukeshhealth.org/locations/woodlands-hospital">HTTPS://WWW.STLUKESHEALTH.ORG/LOCATIONS/WOODLANDS-HOSPITAL</a>   |

**990 Schedule H, Supplemental Information**

| Form and Line Reference | Explanation   |
|-------------------------|---|
| PART VI, LINE 2:        | THE CHNA IS THE PRIMARY WAY BY WHICH THE HOSPITAL FORMALLY ASSESSES COMMUNITY HEALTH NEEDS.   |
| PART VI, LINE 3:        | <p>NOTIFICATION ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE FROM CHI HOSPITAL ORGANIZATIONS SHALL BE DISSEMINATED BY VARIOUS MEANS, WHICH MAY INCLUDE, BUT NOT BE LIMITED TO: - CONSPICUOUS PUBLICATION OF NOTICES IN PATIENT BILLS; - NOTICES POSTED IN EMERGENCY ROOMS, URGENT CARE CENTERS, ADMITTING/REGISTRATION DEPARTMENTS, BUSINESS OFFICES, AND AT OTHER PUBLIC PLACES AS A HOSPITAL FACILITY MAY ELECT; AND - PUBLICATION OF A SUMMARY OF THIS POLICY ON THE HOSPITAL FACILITY'S WEBSITE AND AT OTHER PLACES WITHIN THE COMMUNITIES SERVED BY THE HOSPITAL FACILITY AS IT MAY ELECT. SUCH NOTICES AND SUMMARY INFORMATION SHALL INCLUDE A CONTACT NUMBER AND SHALL BE PROVIDED IN ENGLISH, SPANISH, AND OTHER PRIMARY LANGUAGES SPOKEN BY THE POPULATION SERVED BY AN INDIVIDUAL HOSPITAL FACILITY, AS APPLICABLE. REFERRAL OF PATIENTS FOR FINANCIAL ASSISTANCE MAY BE MADE BY ANY MEMBER OF THE CHI HOSPITAL ORGANIZATION NON-MEDICAL OR MEDICAL STAFF, INCLUDING PHYSICIANS, NURSES, FINANCIAL COUNSELORS, SOCIAL WORKERS, CASE MANAGERS, CHAPLAINS, AND RELIGIOUS SPONSORS. A REQUEST FOR ASSISTANCE MAY BE MADE BY THE PATIENT OR A FAMILY MEMBER, CLOSE FRIEND, OR ASSOCIATE OF THE PATIENT, SUBJECT TO APPLICABLE PRIVACY LAWS. IN ADDITION, HOSPITAL REGISTRATION CLERKS ARE TRAINED TO PROVIDE CONSULTATION TO THOSE WHO HAVE NO INSURANCE OR POTENTIALLY INADEQUATE INSURANCE CONCERNING THEIR FINANCIAL OPTIONS INCLUDING APPLICATION FOR MEDICAID AND FOR ASSISTANCE UNDER THE FINANCIAL ASSISTANCE POLICY. COUNSELORS ASSIST MEDICARE ELIGIBLE PATIENTS IN ENROLLMENT BY PROVIDING REFERRALS TO THE APPROPRIATE GOVERNMENT AGENCIES. ONCE IT IS DETERMINED THAT THE PATIENT DOES NOT QUALIFY FOR ANY THIRD PARTY FUNDING, THE PATIENT IS VERBALLY NOTIFIED ABOUT THE EXISTENCE OF FINANCIAL ASSISTANCE APPLICATION AND ADDITIONAL SCREENING TAKES PLACE BY A HOSPITAL EMPLOYEE TO DETERMINE IF THE PATIENT IS ELIGIBLE FOR CHARITY SERVICE PRIOR TO DISCHARGE. UPON REGISTRATION (AND ONCE ALL EMERALD REQUIREMENTS ARE MET), PATIENTS WHO ARE IDENTIFIED AS UNINSURED (AND NOT COVERED BY MEDICARE OR MEDICAID) ARE PROVIDED WITH A PACKET OF INFORMATION THAT ADDRESSES THE FINANCIAL ASSISTANCE POLICY, THE PLAIN LANGUAGE SUMMARY OF THAT POLICY, AND AN APPLICATION FOR ASSISTANCE. HOSPITAL REGISTRATION CLERKS READ THE ORGANIZATION'S MEDICAL ASSISTANCE POLICY TO THOSE WHO APPEAR TO BE INCAPABLE OF READING, AND PROVIDE TRANSLATORS FOR NON-ENGLISH-SPEAKING INDIVIDUALS. PATIENTS THAT HAVE BEEN DISCHARGED PRIOR TO CHARITY SCREENING, SUCH AS EMERGENCY ROOM PATIENTS, RECEIVE A WRITTEN NOTIFICATION OF POSSIBLE ELIGIBILITY FOR SERVICES. IF THE PATIENT IS DETERMINED NOT TO BE ELIGIBLE FOR GOVERNMENT ASSISTANCE, HE/SHE MAY NOTIFY THE HOSPITAL THAT THEY SEEK CHARITY ASSISTANCE. THE APPROPRIATE CHARITY FORM IS SENT TO THE PATIENT/GUARANTOR FOR COMPLETION AND THEN RETURNED TO THE HOSPITAL FOR EVALUATION AND QUALIFICATION. ONCE DETERMINATION OF ELIGIBILITY IS MADE, THE PATIENT IS SENT A NOTICE INFORMING HIM/HER IF THEY QUALIFY FOR FULL, PARTIAL, OR NO CHARITY CARE SERVICES. HOSPITAL FACILITIES MUST MAKE REASONABLE EFFORTS THROUGH ITS BILLING AND COLLECTIONS PROCESSES, PURSUANT TO TREAS. REG. 1.501(R)-6(C), TO DETERMINE WHETHER ANY INDIVIDUAL IS ELIGIBLE FOR FINANCIAL ASSISTANCE.</p> |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation  |
|-------------------------|--|
| PART VI, LINE 4:        | <p>CHI ST. LUKE'S HEALTH - THE WOODLANDS HOSPITAL IS A PRIMARY AND SECONDARY CARE HOSPITAL SERVING NORTH HARRIS AND MONTGOMERY COUNTIES. INCLUDED UNDER THE SAME TAX IDENTIFICATION AND HOSPITAL LICENSE AS WOODLANDS HOSPITAL, SPRINGWOODS VILLAGE HOSPITAL IS LOCATED IN SPRINGWOODS VILLAGE. THE COMMUNITY SERVED BY CHI ST. LUKE'S HEALTH - THE WOODLANDS HOSPITAL IS DESCRIBED BY THE GEOGRAPHIC AREA OF AND THE CONTIGUOUS ZIP CODES DETERMINED BY DISCHARGE DATA. LOCATED IN MONTGOMERY COUNTY, THE CHI ST. LUKE'S HEALTH - THE WOODLANDS HOSPITAL SERVICE AREA CONTAINS BOTH A LARGE URBAN COMPLEX, AS WELL AS SMALLER RURAL COMMUNITIES, AND IS HOME TO NEARLY 700,000 RESIDENTS. THE HOSPITAL SERVICE AREA INCLUDES 11 TEXAS COUNTIES, WITH THE MAJORITY OF THE SERVICE AREA FOUND WITHIN MONTGOMERY AND HARRIS COUNTIES. THE CHI ST. LUKE'S HEALTH - THE WOODLANDS HOSPITAL COMMUNITY IS BEST DEFINED BY MONTGOMERY COUNTY BECAUSE OF ITS POPULATION DEMOGRAPHICS AND PRIMARY SERVICE AREA.OVERALL, THE COMMUNITY SERVED BY CHI ST. LUKE'S HEALTH - THE WOODLANDS HOSPITAL COMPARED WITH HARRIS COUNTY AND TEXAS HAS A HIGHER NUMBER OF COMMUNITY RESIDENTS AGED 45 YEARS AND OLDER, IS MAJORITY WHITE NON-HISPANIC, AND HAS A LARGER POPULATION OF HIGH SCHOOL GRADUATES WITH SOME COLLEGE EDUCATION. BELOW ARE ADDITIONAL DETAILS RELATED TO THE DEMOGRAPHICS OF THE CHI ST. LUKE'S HEALTH - THE WOODLANDS HOSPITAL COMMUNITY COMPARED WITH HARRIS COUNTY AND THE STATE OF TEXAS:AGE: THE CHI ST. LUKE'S HEALTH - THE WOODLANDS HOSPITAL COMMUNITY IS HOME TO MORE RESIDENTS IN THE AGE CATEGORY 45-54 YEARS, 55-64 YEARS AND OLDER THAN 65 YEARS IN COMPARISON TO HARRIS COUNTY. MORE THAN ONE-THIRD (38%) OF THOSE LIVING IN THE CHI ST. LUKE'S HEALTH - THE WOODLANDS HOSPITAL COMMUNITY ARE OLDER THAN 45 YEARS. IN COMPARISON TO HARRIS COUNTY AND THE STATE OF TEXAS, THERE ARE FEWER RESIDENTS IN THE CHI ST. LUKE'S HEALTH - THE WOODLANDS HOSPITAL COMMUNITY AGE 18-45 YEARS.RACE/ETHNICITY: WHITE NON-HISPANICS (69.8%) AND HISPANICS (21.7%) MAKE UP THE MAJORITY OF THE CHI ST. LUKE'S HEALTH - THE WOODLANDS HOSPITAL COMMUNITY. WHEN COMPARED TO HARRIS COUNTY AND TEXAS, THERE IS LESS RACIAL AND ETHNIC DIVERSITY FOUND IN THE CHI ST. LUKE'S HEALTH - THE WOODLANDS HOSPITAL COMMUNITY.GENDER: COMPARED WITH HARRIS COUNTY, THE CHI ST. LUKE'S HEALTH - THE WOODLANDS HOSPITAL COMMUNITY HAS A VERY SIMILAR REPORT FOR GENDER. HOWEVER THE CHI ST. LUKE'S HEALTH - THE WOODLANDS HOSPITAL COMMUNITY REPORTED A SLIGHTLY HIGHER POPULATION OF FEMALES (50.5% CHI ST. LUKE'S HEALTH - THE WOODLANDS HOSPITAL VS. 49.3% HARRIS COUNTY).EDUCATION: EDUCATIONAL ATTAINMENT IN THE CHI ST. LUKE'S HEALTH - THE WOODLANDS HOSPITAL COMMUNITY IS MOST SIMILAR WITH THE STATE OF TEXAS WHEN ISOLATING THOSE WITH A HIGH SCHOOL DEGREE OR HIGHER. THE LARGEST DISCREPANCIES FALL WITHIN THE CATEGORIES FOR THOSE WITH LESS THAN A HIGH SCHOOL DEGREE. WHEN COMPARING THE CHI ST. LUKE'S HEALTH - THE WOODLANDS HOSPITAL COMMUNITY AND HARRIS COUNTY, THERE IS HIGHER EDUCATIONAL ACHIEVEMENT FOR RESIDENTS OF THE CHI ST. LUKE'S HEALTH - THE WOODLANDS HOSPITAL COMMUNITY (86.5% WITH HIGH SCHOOL DIPLOMA OR MORE) THAN HARRIS COUNTY (79.1% WITH HIGH SCHOOL DIPLOMA OR MORE).</p>   |
| PART VI, LINE 5:        | <p>THE HOSPITAL, AS AN INTEGRAL PART OF THE ST. LUKE'S HEALTH SYSTEM IN HOUSTON, TX, CONTRIBUTES TO ENHANCING COMMUNITY HEALTH BY DELIVERING SUPERIOR VALUE IN HIGH-QUALITY, COST-EFFECTIVE ACUTE CARE. IN COLLABORATION WITH ITS MEDICAL STAFF, THE HOSPITAL IS DEDICATED TO EXCELLENCE AND COMPASSION IN CARING FOR THE WHOLE PERSON-BODY, MIND AND SPIRIT. THE HOSPITAL ALSO IS COMMITTED TO THE GROWTH AND DEVELOPMENT OF ITS EMPLOYEES AND TO SECURING THE HEALTH OF FUTURE GENERATIONS BY CREATING, APPLYING AND DISSEMINATING HEALTH KNOWLEDGE THROUGH EDUCATION. ADDITIONALLY, CHI ST. LUKE'S HEALTH - THE WOODLANDS HOSPITAL WORKED TO FURTHER ITS EXEMPT PURPOSE BY PROMOTING THE HEALTH OF THE COMMUNITY THROUGH A VARIETY OF PROJECTS AND ACTIVITIES:EDUCATION/HEART DISEASE - COFFEE WITH THE CARDIOLOGIST IS A PHYSICIAN LED EDUCATIONAL PROGRAM PROVIDED TO PATIENTS AND COMMUNITY MEMBERS ON VARIOUS HEART DISEASE TOPICS. SPEAKER EVENTS OFFERED BOTH AT THE HOSPITAL AND IN THE COMMUNITY.TARGET AUDIENCE- BROAD COMMUNITY; THOSE LIVING IN POVERTY; RACIAL, CULTURAL, AND ETHNIC MINORITIES; UNINSURED/UNDERINSURED. - MENDED HEARTS SUPPORT GROUP- MEETS SIX TIMES A YEAR AT THE HOSPITAL. PHYSICIAN AND OTHER PROVIDERS PRESENT ON A VARIETY OF TOPICS INCLUDING PREVENTION, DIAGNOSIS AND TREATMENT OF HEART DISEASE. TARGET AUDIENCE - BROAD COMMUNITY; THOSE LIVING IN POVERTY; RACIAL, CULTURAL, AND ETHNIC MINORITIES; UNINSURED/UNDERINSURED. - CARDIOVASCULAR NURSING SYMPOSIUM - IN DEPTH COMPLIMENTARY NURSING EDUCATION PROGRAM HELD ANNUALLY- PHYSICIAN SPEAKERS AND PROVIDERS PRESENT ON A VARIETY OF HEART TOPICS. TARGET POPULATION- BROAD COMMUNITY, HEALTHCARE PROFESSIONALS. EDUCATION/ STROKE - COFFEE WITH THE NEUROLOGIST IS A PHYSICIAN LED EDUCATIONAL PROGRAM PROVIDED TO PATIENTS AND COMMUNITY MEMBERS ON VARIOUS STROKE TOPICS, INCLUDING EDUCATION AND PREVENTION. - STROKE SUPPORT GROUP: MEETS MONTHLY AT THE HOSPITAL- OPEN TO PATIENTS AND GENERAL PUBLIC. COMMUNITY SCREENINGS: STROKE SCREENING &amp; EDUCATION CONDUCTED THROUGHOUT THE YEAR AT COMMUNITY EVENTS, HEALTH FAIRS AND SCHOOLS. TARGET POPULATION- BROAD COMMUNITYEDUCATION/BREAST HEALTH - BEAWARE BREAST HEALTH IN COLLABORATION WITH COMMUNITY PARTNERS, THE HOSPITAL HOSTS FREE, CANCER-RELATED EDUCATION AND SCREENING PROGRAMS DESIGNED TO ADDRESS THE PHYSICAL, EMOTIONAL, FINANCIAL AND PSYCHOLOGICAL NEEDS OF PATIENTS AND THEIR FAMILIES. TARGET POPULATION- BROAD COMMUNITY; THOSE LIVING IN POVERTY; RACIAL, CULTURAL, AND ETHNIC MINORITIES; UNINSURED/UNDERINSURED.EDUCATION/ MEN'S HEALTH - PHYSICIAN SPEAKERS PRESENT TWO TIMES ON YEAR ON TOPICS FOCUSED ON THE MALE POPULATION- URINARY HEALTH &amp; PROSTATE. TARGET POPULATION- BROAD COMMUNITY, THOSE LIVING IN POVERTY, RACIAL, CULTURAL AND ETHNIC MINORITIES, UNINSURED/UNDERINSURED.GENERAL COMMUNITY MEDICAL EDUCATION - PHYSICIAN LED SPEAKER EVENTS ARE OFFERED THROUGHOUT THE YEAR ON A VARIETY OF OTHER TOPIC INCLUDING SLEEP APNEA, WOMEN'S HEALTH, MANAGING MIGRAINES, GASTROENTEROLOGY, COLON CANCER PREVENTION, AND BACK PAIN. TARGET POPULATION - BROAD COMMUNITY, THOSE LIVING IN POVERTY, RACIAL, CULTURAL AND ETHNIC MINORITIES, UNINSURED/UNDERINSURED.EDUCATION- SPORTS MEDICINE - THROUGH OUR PERFORMANCE MEDICINE CLINIC, WE OFFER OUTREACH THROUGHOUT THE YEAR PROVIDING ATHLETIC TRAINERS AND PHYSICAL THERAPY ASSISTANT'S SERVICES AT LOCAL SCHOOLS AND SPORTING EVENTS. TARGET POPULATION- BROAD COMMUNITY, THOSE LIVING IN POVERTY, RACIAL, CULTURAL AND ETHNIC MINORITIES, UNINSURED/UNDERINSURED. SCREENING/HYPERTENSION - HYPERTENSION AND STROKE PREVENTION EDUCATION &amp; SCREENING PROGRAMS ARE OFFERED THROUGHOUT THE YEAR AT COMMUNITY EVENTS- INCLUDING HEALTH FAIRS, FESTIVALS, AND IN SCHOOLS. SCREENINGS ARE ALSO DONE TWICE ANNUALLY INSIDE THE HOSPITAL FOR OUR GUESTS, PATIENTS &amp; EMPLOYEES. TARGET POPULATION- BROAD COMMUNITY; THOSE LIVING IN POVERTY; RACIAL, CULTURAL, AND ETHNIC MINORITIES; UNINSURED/UNDERINSURED.</p> |

## 990 Schedule H, Supplemental Information

| Form and Line Reference                    | Explanation   |
|--|---|
| PART VI, LINE 6:                           | <p>THE ORGANIZATION IS AFFILIATED WITH COMMONSPIRIT HEALTH. COMMONSPIRIT HEALTH WAS CREATED BY THE ALIGNMENT OF CATHOLIC HEALTH INITIATIVES AND DIGNITY HEALTH AS A SINGLE MINISTRY IN EARLY 2019. COMMONSPIRIT HEALTH, A NONPROFIT, FAITH-BASED HEALTH SYSTEM IS COMMITTED TO BUILDING HEALTHIER COMMUNITIES, ADVOCATING FOR THOSE WHO ARE POOR AND VULNERABLE, AND INNOVATING HOW AND WHERE HEALING CAN HAPPEN BOTH INSIDE ITS HOSPITALS AND OUT IN THE COMMUNITY. COMMONSPIRIT HEALTH OWNS AND OPERATES HEALTH CARE FACILITIES IN 21 STATES AND IS THE SOLE CORPORATE MEMBER OF OTHER PRIMARILY NONPROFIT CORPORATIONS THAT ARE EXEMPT FROM FEDERAL AND STATE INCOME TAXES. COMMONSPIRIT HEALTH IS COMPRISED OF 137 HOSPITALS, INCLUDING ACADEMIC HEALTH CENTERS, MAJOR TEACHING HOSPITALS, AND CRITICAL ACCESS FACILITIES, COMMUNITY HEALTH SERVICES ORGANIZATIONS, ACCREDITED NURSING COLLEGES, HOME HEALTH AGENCIES, LIVING COMMUNITIES, A MEDICAL FOUNDATION AND OTHER AFFILIATED MEDICAL GROUPS, AND OTHER FACILITIES AND SERVICES THAT SPAN THE INPATIENT AND OUTPATIENT CONTINUUM OF CARE. IN FISCAL YEAR 2020, COMMONSPIRIT HEALTH PROVIDED MORE THAN \$2.2 BILLION IN FINANCIAL ASSISTANCE AND COMMUNITY BENEFIT FOR PROGRAMS AND SERVICES FOR THE POOR, FREE CLINICS, EDUCATION AND RESEARCH. FINANCIAL ASSISTANCE AND COMMUNITY BENEFIT TOTALED MORE THAN \$4.5 BILLION WITH THE INCLUSION OF THE UNPAID COSTS OF MEDICARE. THE HEALTH SYSTEM, WHICH GENERATED OPERATING REVENUES OF \$29.57 BILLION IN FISCAL YEAR 2020, HAS TOTAL ASSETS OF APPROXIMATELY \$46.77 BILLION.COMMONSPIRIT HEALTH PROVIDES STRATEGIC PLANNING AND MANAGEMENT SERVICES AS WELL AS CENTRALIZED SERVICES FOR ITS DIVISIONS. THE PROVISION OF CENTRALIZED MANAGEMENT AND SHARED SERVICES INCLUDING AREAS SUCH AS ACCOUNTING, HUMAN RESOURCES, PAYROLL AND SUPPLY CHAIN PROVIDES ECONOMIES OF SCALE AND PURCHASING POWER TO THE DIVISIONS. THE COST SAVINGS ACHIEVED THROUGH COMMONSPIRIT HEALTH'S CENTRALIZATION ENABLE DIVISIONS TO DEDICATE ADDITIONAL RESOURCES TO HIGH-QUALITY HEALTH CARE AND COMMUNITY OUTREACH SERVICES TO THE MOST VULNERABLE MEMBERS OF OUR SOCIETY.</p> |
| PART VI, LINE 7, REPORTS FILED WITH STATES | TX  |

**Additional Data****Software ID:****Software Version:****EIN:** 76-0536234**Name:** ST LUKES COMMUNITY HEALTH SERVICES**Form 990 Schedule H, Part V Section A. Hospital Facilities**

| <b>Section A. Hospital Facilities</b><br><br>(list in order of size from largest to smallest—see instructions)<br>How many hospital facilities did the organization operate during the tax year?<br><b>1</b> |   | Licensed hospital | General medical & surgical | Children's hospital | Teaching hospital | Critical access hospital | Research facility | ER—24 hours | ER—other | Other (Describe) | Facility reporting group |
|--|---|-------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|------------------|--------------------------|
| 1  | CHI ST LUKE'S HEALTH THE WOODLANDS HOSPITAL<br>17200 ST LUKES WAY<br>THE WOODLANDS, TX 77384<br>HTTPS://WWW.STLUKESHEALTH.ORG/LOCATION 7931 | X                 | X                          |                     |                   |                          |                   | X           |          |                  |                          |

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

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

| Form and Line Reference                      | Explanation   |
|--|---|
| CHI ST. LUKE'S HEALTH THE WOODLANDS HOSPITAL | PART V, SECTION B, LINE 5: FOR THE LATEST CHNA, THE HOSPITAL WORKED WITH THE EPISCOPAL HEALTH FOUNDATION WHICH HIRED HEALTH RESOURCES IN ACTION, A NONPROFIT PUBLIC HEALTH INSTITUTE, TO CONDUCT KEY INFORMANT INTERVIEWS WITH INFORMANTS IDENTIFIED BY THE HOSPITALS AND TO ANALYZE THOSE INTERVIEWS FOR KEY THEMES. A TOTAL OF 53 KEY INFORMANT INTERVIEWS WERE CONDUCTED. COMMUNITY INPUT ALSO INCLUDED EMAIL AND TELEPHONE SURVEYS OF RESIDENTS, AND FOCUS GROUPS INCLUDING HEALTH CARE STAFF, COMMUNITY ORGANIZATIONS AND OTHER STAKEHOLDERS. PARTICIPANTS REPRESENTED A WIDE RANGE OF COMMUNITY SECTORS, INCLUDING LOCAL PUBLIC HEALTH AND POOR AND MEDICALLY INDIGENT POPULATIONS IN THE COMMUNITY. ORGANZIATIONS REPRESENTED INCLUDE: CATHOLIC CHARITIES-FORT BEND, CHILD ADVOCATES OF FORT BEND, FORT BEND COUNTY HEALTH AND HUMAN SERVICES, FORT BEND REGIONAL COUNCIL ON SUBSTANCE ABUSE, FORT BEND SENIORS, FORT BEND WOMEN'S CENTER, THE ARC OF FORT BEND COUNTY, AIDS FOUNDATION OF HOUSTON, ASSOCIATION FOR THE ADVANCEMENT OF MEXICAN AMERICANS, AVENUE CDC, CHRIST CLINIC, COASTAL AREA HEALTH EDUCATION CENTERS, COMMUNITY HEALTH CHOICE, GREATER HOUSTON PARTNERSHIP, HEALTH CARE FOR THE HOMELESS-HOUSTON, HOPE CLINIC, HOUSTON AREA FOOD BANK, KINDER INSTITUTE, LEGACY COMMUNITY HEALTH, NEIGHBORHOOD CENTERS HEAD START/EARLY HEAD START PROGRAM SERVICES/BAKER RIPLEY, THE ROSE, LIBERTY COUNTY SHERIFF'S OFFICE, TRI COUNTY SERVICES BEHAVIORAL HEALTH CARE, PRAIRIE VIEW A&M, AND EL CENTRO DE CORAZON. |
| CHI ST. LUKE'S HEALTH THE WOODLANDS HOSPITAL | PART V, SECTION B, LINE 6A: FOR THE LATEST CHNA, THE HOSPITAL COLLABORATED WITH SEVERAL OTHER HOSPITALS AND HOSPITAL SYSTEMS. CHI ST. LUKE'S FACILITIES INCLUDED: CHI ST. LUKE'S HEALTH BAYLOR MEDICAL CENTER, PATIENTS MEDICAL CENTER, SPRINGWOODS VILLAGE HOSPITAL, SUGAR LAND HOSPITAL, THE VINTAGE HOSPITAL, THE WOODLANDS HOSPITAL, AND LAKESIDE HOSPITAL. OTHER PARTICIPATING HOSPITALS WERE HOUSTON METHODIST HOSPITAL, MEMORIAL HERMANN HEALTH SYSTEM, AND TEXAS CHILDREN'S HOSPITAL.   |



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

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

| Form and Line Reference                      | Explanation  |
|--|--|
| CHI ST. LUKE'S HEALTH THE WOODLANDS HOSPITAL | PART V, SECTION B, LINE 6B: EPISCOPAL HEALTH FOUNDATION  |
| CHI ST. LUKE'S HEALTH THE WOODLANDS HOSPITAL | PART V, SECTION B, LINE 11: THE SIGNIFICANT COMMUNITY HEALTH NEEDS THE HOSPITAL IS HELPING TO ADDRESS WERE IDENTIFIED IN THE HOSPITAL'S MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT. NEEDS BEING ADDRESSED BY STRATEGIES AND PROGRAMS ARE: ACCESS TO CARE, HUMAN TRAFFICKING, OBESITY, AND BEHAVIORAL HEALTH. THE HOSPITAL WILL TAKE ACTIONS TO HELP ADDRESS EACH OF THE SIGNIFICANT NEEDS. ACCESS TO CARE: DEFINE A PROCEDURE FOR TREATING AND/OR IDENTIFYING TRAFFICKED VICTIMS IN OUR FACILITIES AND COLLABORATING WITH COMMUNITY PARTNERS; PROVIDE EDUCATION FOR STAFF AND COMMUNITY REGARDING SERVICES, CULTURAL DIFFERENCE THAT EFFECT TREATMENT; COLLABORATE WITH COMMUNITY ORGANIZATIONS, CHURCHES, CIVIC GROUPS AND SUPPORT GROUPS TO PRESENT EDUCATIONAL SEMINARS; FOSTER NEW RELATIONSHIPS WITH PRIMARY CARE PROVIDERS AND HEALTHCARE SERVICE PROVIDERS TO ASSIST LINKING HOSPITAL PATIENTS TO MEDICAL HOMES. HUMAN TRAFFICKING: INCREASE PREVENTION AND TREATMENT RESOURCES IN AREAS OF PHYSICAL/SEXUAL ABUSE, HUMAN TRAFFICKING AND VIOLENCE IN SCHOOLS; PARTNER WITH HOUSTON WOMEN'S CENTER TO EDUCATE STAFF ON SIGNS TO RECOGNIZE ABUSED PATIENTS; PARTNER WITH LAW ENFORCEMENT AND SOCIAL SERVICE ORGANIZATIONS TO INCREASE TRAUMA INFORMED CARE TO HUMAN TRAFFICKING VICTIMS. OBESITY: PARTNER WITH SCHOOLS TO PROVIDE RESOURCES AND EDUCATIONAL SUPPORT FOR NUTRITION, OBESITY, AND HEALTHY LIFESTYLES AMONG YOUTH. BEHAVIORAL HEALTH: DEVELOP RESOURCES IN THE EMERGEY DEPARTMENT TO MANAGE NEEDS OF BEHAVIORAL HEALTH PATIENTS; STRENGTHEN COMMUNITY PARTNERSHIPS TO ADVOCATE FOR ADDITIONAL SUPPORT FOR BEHAVIORAL HEALTH SPECIALISTS TO WORK ALONGSIDE CAREGIVERS. |

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

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

| Form and Line Reference                                  | Explanation  |
|--|--|
| CHI ST. LUKE'S HEALTH THE WOODLANDS HOSPITAL             | PART V, SECTION B, LINE 13H: THE PATIENT MUST HAVE A MINIMUM ACCOUNT BALANCE OF THIRTY-FIVE DOLLARS (\$35.00) WITH THE CHI HOSPITAL ORGANIZATION. MULTIPLE ACCOUNT BALANCES MAY BE COMBINED TO REACH THIS AMOUNT. PATIENTS/GUARANTORS WITH BALANCES BELOW THIRTY-FIVE DOLLARS (\$35) MAY CONTACT A FINANCIAL COUNSELOR TO MAKE MONTHLY INSTALLMENT PAYMENT ARRANGEMENTS. THE PATIENT MUST SUBMIT A COMPLETED FINANCIAL ASSISTANCE APPLICATION. PATIENT COOPERATION STANDARDS - A PATIENT MUST EXHAUST ALL OTHER PAYMENT OPTIONS, INCLUDING PRIVATE COVERAGE, FEDERAL, STATE AND LOCAL MEDICAL ASSISTANCE PROGRAMS, AND OTHER FORMS OF ASSISTANCE PROVIDED BY THIRD-PARTIES PRIOR TO BEING APPROVED. AN APPLICANT FOR FINANCIAL ASSISTANCE IS RESPONSIBLE FOR APPLYING TO PUBLIC PROGRAMS FOR AVAILABLE COVERAGE. HE OR SHE IS ALSO EXPECTED TO PURSUE PUBLIC OR PRIVATE HEALTH INSURANCE PAYMENT OPTIONS FOR CARE PROVIDED BY A CHI HOSPITAL ORGANIZATION WITHIN A HOSPITAL FACILITY. A PATIENT'S AND, IF APPLICABLE, ANY GUARANTOR'S COOPERATION IN APPLYING FOR APPLICABLE PROGRAMS AND IDENTIFIABLE FUNDING SOURCES, INCLUDING COBRA COVERAGE (A FEDERAL LAW ALLOWING FOR A TIME-LIMITED EXTENSION OF EMPLOYEE HEALTHCARE BENEFITS), SHALL BE REQUIRED. IF A HOSPITAL FACILITY DETERMINES THAT COBRA COVERAGE IS POTENTIALLY AVAILABLE, AND THAT A PATIENT IS NOT A MEDICARE OR MEDICAID BENEFICIARY, THE PATIENT OR GUARANTOR SHALL PROVIDE THE HOSPITAL FACILITY WITH INFORMATION NECESSARY TO DETERMINE THE MONTHLY COBRA PREMIUM FOR SUCH PATIENT, AND SHALL COOPERATE WITH HOSPITAL FACILITY STAFF TO DETERMINE WHETHER HE OR SHE QUALIFIES FOR HOSPITAL FACILITY COBRA PREMIUM ASSISTANCE, WHICH MAY BE OFFERED FOR A LIMITED TIME TO ASSIST IN SECURING INSURANCE COVERAGE. A HOSPITAL FACILITY SHALL MAKE AFFIRMATIVE EFFORTS TO HELP A PATIENT OR PATIENT'S GUARANTOR APPLY FOR PUBLIC AND PRIVATE PROGRAMS. |
| SCHEDULE H, PART V, SECTION B, LINE 7A - CHNA REPORT URL | <a href="https://www.stlukeshalth.org/locations/woodlands-hospital/commitment-community">HTTPS://WWW.STLUKESHEALTH.ORG/LOCATIONS/WOODLANDS-HOSPITAL/COMMITMENT-COMMUNITY</a>   |

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

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

| Form and Line Reference  | Explanation  |
|--|--|
| SCHEDULE H, PART V, SECTION B, LINE 16A - FAP AVAILABLE WEBSITE        | <a href="https://www.stlukeshalth.org/patients-visitors/patients/billing-insurance/financial-assistance">HTTPS://WWW.STLUKESHEALTH.ORG/PATIENTS-VISITORS/PATIENTS/BILLING-INSURANCE/FINANCIAL-ASSISTANCE</a> |
| SCHEDULE H, PART V, SECTION B, LINE 16B - FAP APPLICATION FORM WEBSITE | <a href="https://www.stlukeshalth.org/patients-visitors/patients/billing-insurance/financial-assistance">HTTPS://WWW.STLUKESHEALTH.ORG/PATIENTS-VISITORS/PATIENTS/BILLING-INSURANCE/FINANCIAL-ASSISTANCE</a> |

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

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

| Form and Line Reference   | Explanation  |
|---|--|
| SCHEDULE H, PART V, SECTION B, LINE 16C -PLAIN LANGUAGE FAP SUMMARY WEBSITE | <a href="https://www.stlukeshhealth.org/patients-visitors/patients/billing-insurance/financial-assistance">HTTPS://WWW.STLUKESHEALTH.ORG/PATIENTS-VISITORS/PATIENTS/BILLING-INSURANCE/FINANCIAL-ASSISTANCE</a> |

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No. 1545-0047  
**2019**  
**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<br>ST LUKES COMMUNITY HEALTH SERVICES | Employer identification number<br>76-0536234 |
|--|--|

**Part I Questions Regarding Compensation**

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



**Part 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   |
|------------------|---|
| PART I, LINE 3   | DURING THE CALENDAR YEAR 2019, COMPENSATION FOR THE TOP MANAGEMENT OFFICIAL WAS ESTABLISHED AND PAID BY COMMONSPIRIT HEALTH, A RELATED ORGANIZATION. COMMONSPIRIT HEALTH USED THE FOLLOWING TO ESTABLISH THE TOP MANAGEMENT OFFICIAL'S COMPENSATION: (1) COMPENSATION COMMITTEE; (2) INDEPENDENT COMPENSATION CONSULTANT; (3) COMPENSATION SURVEY OR STUDY; (4) APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE.  |
| PART I, LINE 4A  | FOR REPORTABLE INDIVIDUALS EMPLOYED PRIOR TO 2019, POST-TERMINATION PAYMENTS ARE ADDRESSED IN EXECUTIVE EMPLOYMENT AGREEMENTS FOR EMPLOYEES AT THE LEVEL OF VICE PRESIDENT AND ABOVE. THESE EMPLOYMENT AGREEMENTS REQUIRE THAT IN ORDER FOR THE EXECUTIVE TO RECEIVE POST-TERMINATION PAYMENTS, THESE INDIVIDUALS MUST EXECUTE A GENERAL RELEASE AND SETTLEMENT AGREEMENT. POST-TERMINATION PAYMENT ARRANGEMENTS ARE PERIODICALLY REVIEWED FOR OVERALL REASONABLENESS IN LIGHT OF THE EXECUTIVE'S OVERALL COMPENSATION PACKAGE. OFFICERS, KEY EMPLOYEES AND CERTAIN HIGHLY COMPENSATED EMPLOYEES WHO BEGAN EMPLOYMENT AFTER NOVEMBER 1ST OF 2019 ARE COVERED BY A SEVERANCE POLICY THAT PROVIDES MARKET-STANDARD COMPENSATION, RANGING FROM PAYMENTS OF 9 MONTHS TO 2 YEARS OF BASE COMPENSATION, DEPENDING ON THE EXECUTIVE'S POSITION, IN THE EVENT OF A POSITION ELIMINATION OR OTHER INVOLUNTARY TERMINATION, IN ACCORDANCE WITH THE GUIDELINES OF THE POLICY. THE FOLLOWING REPORTABLE INDIVIDUALS RECEIVED SEVERANCE PAYMENTS FROM COMMONSPIRIT HEALTH (A RELATED ORGANIZATION) DURING THE 2019 CALENDAR YEAR, AND THESE SEVERANCE PAYMENTS WERE INCLUDED IN THE INDIVIDUALS' W-2 INCOME AND REPORTABLE COMPENSATION ON PART VII AND SCHEDULE J, PART II, COLUMN (B)(III): MICHAEL COVERT, \$1,154,658. |

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

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

Department of the Treasury

Name of the organization

ST LUKES COMMUNITY HEALTH SERVICES

Employer identification number

76-0536234

**990 Schedule O, Supplemental Information**

| Return Reference                                | Explanation   |
|---|---|
| FORM 990, PART V, LINE 1A - FORM 1096 REPORTING | PAYMENTS TO VENDORS FOR ENTITIES THAT ARE PART OF COMMONSPIRIT HEALTH (CSH) ARE MADE BY CSH. THEREFORE NO FORM 1099S ARE ISSUED BY THE ORGANIZATION. CSH FILES THE FORM 1099S AND COMPLIES WITH THE BACKUP WITHHOLDING RULES FOR REPORTABLE PAYMENTS TO VENDORS AND GAMING WINNINGS. THE 1099S ISSUED BY CSH ON BEHALF OF THE ORGANIZATION ARE REPORTED TO THE IRS. |



**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>                                 | <b>Explanation</b>   |
|---|--|
| FORM 990,<br>PART V,<br>LINE 2A<br>-FORM W-3<br>AND W-2 | THE EMPLOYEES OF ST. LUKE'S COMMUNITY HEALTH SERVICES ARE PAID BY A COMMON PAYMASTER, ST. LUKE'S HEALTH SYSTEM CORPORATION, (76-0536232). THEREFORE, NO FORM W-3 OR 941S WERE FILED BY CHI ST. LUKE'S HEALTH THE WOODLANDS HOSPITAL AS ALL PAYROLL INFORMATION RELATED TO THESE EMPLOYEES WAS INCLUDED IN THE FORM W-3 AND 941S FILED BY ST. LUKE'S HEALTH SYSTEM CORPORATION. |

# 990 Schedule O, Supplemental Information

| Return Reference                              | Explanation   |
|---|---|
| FORM 990,<br>PART VI,<br>SECTION A,<br>LINE 6 | ACCORDING TO THE BYLAWS OF CHI ST. LUKE'S HEALTH THE WOODLANDS HOSPITAL, THE ENTITY'S SOLE MEMBER IS CHI ST. LUKE'S HEALTH SYSTEM CORPORATION, A TEXAS NONPROFIT CORPORATION. |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>               | <b>Explanation</b>   |
|---------------------------------------|--|
| FORM 990, PART VI, SECTION A, LINE 7A | <p>ACCORDING TO THE ORGANIZATION'S BYLAWS, DIRECTORS SHALL BE APPOINTED OR REFUSED BY THE CORPORATE MEMBER. THE CORPORATE MEMBER MAY APPOINT ONE OR MORE INDIVIDUALS TO THE BOARD OF DIRECTORS, AND MAY AT ANY TIME REMOVE, WITH OR WITHOUT CAUSE, ANY MEMBER OF THE BOARD OF DIRECTORS. ACCORDING TO THE ORGANIZATION'S BYLAWS, DIRECTORS OF THE CORPORATION SHALL BE APPOINTED BY THE CORPORATE MEMBER NO LATER THAN JUNE 30 OF EACH YEAR. THE NAMES AND QUALIFICATIONS OF EACH INDIVIDUAL ACCEPTED BY THE BOARD OF DIRECTORS SHALL BE SUBMITTED TO THE CORPORATE MEMBER, WHO SHALL APPOINT OR REFUSE EACH NOMINEE IN ACCORDANCE WITH THE CORPORATE MEMBER'S BYLAWS AND WITH ENDORSEMENT OF THE SENIOR VICE PRESIDENT OF OPERATIONS. THE CORPORATE MEMBER MAY UNILATERALLY APPOINT ONE OR MORE INDIVIDUALS TO THE BOARD OF DIRECTORS SHOULD THE BOARD FAIL TO FURNISH THE CORPORATE MEMBER WITH A LIST OF INDIVIDUALS QUALIFIED TO SERVE ON THE BOARD OF DIRECTORS OF THE CORPORATION. (CHCF RESERVED RIGHTS) EXCEPT AS OTHERWISE PROVIDED IN THE CORPORATION'S ARTICLES OF INCORPORATION OR THE LAWS OF THE STATE OF ORGANIZATION, CATHOLIC HEALTH CARE FEDERATION ("CHCF") SHALL HAVE SUCH RIGHTS AS ARE RESERVED TO THE CORPORATE MEMBER, ACTING IN ITS CAPACITY AS THE MEMBERSHIP BODY OF CHCF, UNDER THE GOVERNANCE MATRIX.</p> |

# 990 Schedule O, Supplemental Information

| Return Reference                               | Explanation   |
|--|---|
| FORM 990,<br>PART VI,<br>SECTION A,<br>LINE 8B | THE ORGANIZATION HAD NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY. |

## 990 Schedule O, Supplemental Information

| Return Reference                       | Explanation  |
|--|--|
| FORM 990, PART VI, SECTION B, LINE 11B | THE RETURN WAS MADE AVAILABLE TO THE OFFICERS AND DIRECTORS BEFORE FILING. 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-FILE. ANY SUCH CHANGES ARE NOT RE-SUBMITTED TO THE BOARD. |

**990 Schedule O, Supplemental Information**

| Return Reference                       | Explanation   |
|--|---|
| FORM 990, PART VI, SECTION B, LINE 12C | <p>THE ORGANIZATION HAS A CONFLICTS OF INTEREST ("COI") POLICY (THE "POLICY") IN PLACE TO MAINTAIN THE INTEGRITY OF ITS ACTIVITIES. THE POLICY APPLIES TO THE FOLLOWING PERSONS ("COVERED PERSONS"): MEMBERS OF THE COMMONSPIRIT HEALTH ("COMMONSPIRIT") BOARD OF STEWARDSHIP TRUSTEES AND ITS COMMITTEES; COMMONSPIRIT HEALTH CORPORATE OFFICERS; MEMBERS OF THE DIGNITY HEALTH BOARD OF STEWARDSHIP TRUSTEES AND ITS COMMITTEES. IN ADDITION, THE POLICY APPLIES TO ORGANIZATIONS THAT WERE AFFILIATES AND SUBSIDIARIES OF COMMONSPIRIT HEALTH PRIOR TO ITS AFFILIATION WITH DIGNITY HEALTH ("CHI ENTITIES"). COVERED PERSONS OF CHI ENTITIES INCLUDE: MEMBERS OF ANY CHI ENTITY DIRECT AFFILIATE OR SUBSIDIARY BOARD AND THEIR COMMITTEES; EMPLOYEES OF CHI ENTITIES; AND CHI ENTITY RESEARCHERS (AS DEFINED BY THE POLICY). DISCLOSURE, REVIEW AND MANAGEMENT OF PERCEIVED, POTENTIAL OR ACTUAL CONFLICTS OF INTEREST ARE ACCOMPLISHED THROUGH A DEFINED COI DISCLOSURE REVIEW PROCESS. ALL COVERED PERSONS ARE REQUIRED TO DISCLOSE ACTUAL OR POTENTIAL CONFLICTS AND MUST DISCLOSE THAT CONFLICT TO HIS/HER DIRECT MANAGER (OR OTHER PERSON AS IS APPROPRIATE PER POLICY). SUCH DISCLOSURE IS REQUIRED ON A TRANSACTIONAL BASIS AT THE TIME SUCH CONFLICTS ARISE, WHEN AN INDIVIDUAL BECOMES A COVERED PERSON (E.G. UPON HIRING OR BOARD APPOINTMENT), AND ANNUALLY THEREAFTER. DISCLOSURES OF PERCEIVED, POTENTIAL OR ACTUAL CONFLICTS ARE INITIALLY REVIEWED BY NATIONAL OR REGIONAL LEGAL OR CORPORATE RESPONSIBILITY TEAM MEMBERS TO DETERMINE WHETHER AN ACTUAL OR POTENTIAL CONFLICT MAY EXIST. IF IT IS DETERMINED THAT A POTENTIAL OR ACTUAL CONFLICT EXISTS, ISSUES ARE ELEVATED TO THE BOARD EXECUTIVE COMMITTEE OR BOARD CHAIR (FOR BOARD OR OFFICER CONFLICTS), OR THE CONFLICTS OF INTEREST REVIEW COMMITTEE (FOR ANY OTHER CONFLICT). THE PROCEDURES FOR ADDRESSING A CONFLICT RELATED TO A PROPOSED TRANSACTION IN THE CASE OF GOVERNING BODIES OR A CORPORATE OFFICER INCLUDE, BUT ARE NOT LIMITED TO 1) DISCLOSURE TO THE BOARD, 2) THE TRUSTEE OR CORPORATE OFFICER BEING EXCUSED FROM THE MEETING DURING DISCUSSION AND VOTE ON THE CONFLICT OF INTEREST (ALTHOUGH HE OR SHE MAY RESPOND TO PERTINENT QUESTIONS IF THE KNOWLEDGE IS RELEVANT), AND 3) BOARD APPROVAL OF THE TRANSACTION BY A MAJORITY OF DISINTERESTED MEMBERS. IN ADDITION, BOARDS CAREFULLY REVIEW AND SCRUTINIZE ANY NON-TRANSACTIONAL CONFLICTS OF INTEREST. IN SUCH CIRCUMSTANCES, BY A MAJORITY VOTE OF THE DISINTERESTED TRUSTEES, THE BOARD TAKES WHATEVER ACTION IS DEEMED APPROPRIATE. FOR CONFLICTS NOT INVOLVING A BOARD MEMBER OR OFFICER, THE CONFLICTS OF INTEREST REVIEW COMMITTEE ("C-CIRC") WILL FACILITATE A COI MANAGEMENT PLAN TO MITIGATE THE CONFLICT IF ADEQUATE CONTROLS AREN'T ALREADY IN PLACE. NOTWITHSTANDING THE FOREGOING, AT ITS SOLE DISCRETION, AN ENTITY MAY REJECT A PERSON'S REQUEST TO ENTER INTO THE RELATIONSHIP IN QUESTION, OR REQUIRE THE RELATIONSHIP BE SUFFICIENTLY ALTERED TO AVOID A POTENTIAL CONFLICT OF INTEREST.</p> |

**990 Schedule O, Supplemental Information**

| Return Reference                             | Explanation   |
|--|---|
| <p>FORM 990, PART VI, SECTION B, LINE 15</p> | <p>LINE 15A - PROCESS FOR DETERMINING COMPENSATION OF TOP MANGEMENT OFFICIAL: THE ORGANIZATIO N'S TOP MANAGEMENT OFFICIAL'S COMPENSATION WAS PAID BY COMMONSPIRIT HEALTH, A RELATED ORGA NIZATION THE COMMONSPIRIT HEALTH BOARD OF STEWARDSHIP TRUSTEES APPOINTS A HUMAN RESOURCES AND COMPENSATION COMMITTEE, COMPRISED EXCLUSIVELY OF INDEPENDENT DIRECTORS, WHO ARE ACCOUN TABLE FOR APPROVING REASONABLE COMPENSATION PACKAGES FOR EACH OFFICER AND CERTAIN KEY EMPL OYEES (INCLUDING THE PRESIDENT/CEO). THE HUMAN RESOURCES AND COMPENSATION COMMITTEE APPROV ES, CONSISTENT WITH THE ORGANIZATION'S PHILOSOPHY AND PRINCIPLES, THE ANNUAL PERFORMANCE G OALS AND CRITERIA TO BE USED IN DETERMINING MERIT INCREASES AND VARIABLE COMPENSATION CRIT ERIA FOR OFFICERS AND KEY EXECUTIVES. THE HUMAN RESOURCES AND COMPENSATION COMMITTEE ALSO ENGAGES OUTSIDE LEGAL COUNSEL AS NECESSARY AND QUALIFIED INDEPENDENT COMPENSATION AND BENE FITS SPECIALISTS (INDEPENDENT EXPERTS) TO REVIEW, ANALYZE AND PROVIDE BENCHMARKING DATA FO R THE TOTAL COMPENSATION AND BENEFITS PACKAGES OF OFFICERS AND KEY EXECUTIVES. APPROPRIATE COMPARABLE DATA IS OBTAINED FROM THE INDEPENDENT EXPERTS, (E.G., TOTAL ECONOMIC BENEFITS PAID BY SIMILARLY SITUATED ORGANIZATIONS, BOTH TAXABLE AND TAX-EXEMPT, FOR SIMILAR JOB RES PONSIBILITIES). KEY DELIBERATIONS OF THE COMMITTEE ARE DOCUMENTED IN MEETING MINUTES WHICH ARE APPROVED AT THE NEXT COMMITTEE MEETING AND PROVIDED TO THE BOARD OF STEWARDSHIP TRUST EES. THE DOCUMENTATION OF THE DELIBERATIONS INCLUDES (A) THE TERMS OF THE AGREEMENT APPROV ED AND THE DATE APPROVED; (B) THE MEMBERS OF THE COMMITTEE WHO WERE PRESENT DURING DISCUSS ION OF THE APPROVED AGREEMENT AND THOSE WHO VOTED ON IT; AND (C) THE COMPARABILITY DATA OB TAINED AND RELIED UPON BY THE COMMITTEE AND HOW THE DATA WAS OBTAINED. LINE 15B - PROCESS FOR DETERMINING COMPENSATION OF OFFICERS &amp; KEY EMPLOYEES: DURING THE TAX YEAR ENDED 6/30/2 020, NO OFFICERS, DIRECTORS OR TRUSTEES RECEIVED COMPENSATION FROM THE ORGANIZATION. ANY E XECUTIVE COMPENSATION PAID TO OFFICERS, DIRECTORS OR TRUSTEES BY RELATED ORGANIZATIONS WAS SET BY THE RELATED ORGANIZATION'S COMPENSATION COMMITTEE UTILIZING BOTH AN INDEPENDENT CO NSULTANT AND COMPARABILITY STUDIES TO DETERMINE COMPENSATION. THEREFORE, THESE QUESTIONS A RE MORE APPROPRIATELY ANSWERED AS N/A.</p> |

## 990 Schedule O, Supplemental Information

| Return Reference                      | Explanation   |
|---------------------------------------|---|
| FORM 990, PART VI, SECTION C, LINE 19 | THE ORGANIZATION'S FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. THE ORGANIZATION'S FINANCIAL STATEMENTS ARE INCLUDED IN COMMONSPIRIT HEALTH'S CONSOLIDATED AUDITED FINANCIAL STATEMENTS THAT ARE AVAILABLE AT <a href="http://WWW.COMMONSPIRIT.ORG">WWW.COMMONSPIRIT.ORG</a> . |



**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>  | <b>Explanation</b>  |
|--|---|
| FORM 990,<br>PART VI, LINE<br>14-WRITTEN<br>DOCUMENT<br>RETENTION<br>AND<br>DESTRUCTION<br>POLIC | ST LUKE'S HEALTH SYSTEM CORPORATION AND RELATED ENTITIES HAVE A WRITTEN GENERAL POLICY RELATED TO DOCUMENT RETENTION AND DESTRUCTION. DOCUMENTS AND RECORDS ARE RETAINED FOR VARIOUS FEDERAL, STATE OR OTHER JURISDICTION STATUTES FOR MEDICAL OR FINANCIAL REVIEW ON A DEPARTMENT BY-DEPARTMENT BASIS. |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>     | <b>Explanation</b>  |
|-----------------------------|---|
| FORM 990, PART IX, LINE 11G | OTHER FEES: PROGRAM SERVICE EXPENSES 112,206,045. MANAGEMENT AND GENERAL EXPENSES 5,905,580. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 118,111,625. CONSULTING: PROGRAM SERVICE EXPENSES 206,406. MANAGEMENT AND GENERAL EXPENSES 10,863. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 217,269. CONTRACT SERVICES: PROGRAM SERVICE EXPENSES 675,575. MANAGEMENT AND GENERAL EXPENSES 75,064. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 750,639. CONTRACT LABOR: PROGRAM SERVICE EXPENSES 14,495,095. MANAGEMENT AND GENERAL EXPENSES 762,900. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 15,257,995. PURCHASED SERVICES: PROGRAM SERVICE EXPENSES 22,288,216. MANAGEMENT AND GENERAL EXPENSES 1,173,064. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 23,461,280. |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>          | <b>Explanation</b>            |
|----------------------------------|-------------------------------|
| FORM 990,<br>PART XI,<br>LINE 9: | ASC 842 ADJUSTMENT 1,832,678. |

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
ST LUKES COMMUNITY HEALTH SERVICES

**Employer identification number**

76-0536234

**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) . . . . .   | Yes |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .  |     | No |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .   |     | No |
| <b>f</b> Dividends from related organization(s) . . . . .  |     | No |
| <b>g</b> Sale of assets to related organization(s) . . . . .   |     | No |
| <b>h</b> Purchase of assets from related organization(s) . . . . .   |     | No |
| <b>i</b> Exchange of assets with related organization(s) . . . . .   |     | No |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .  |     | No |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .  |     | No |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .  | Yes |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .   | Yes |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .   | Yes |    |
| <b>o</b> Sharing of paid employees with related organization(s) . . . . .  | Yes |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .  | Yes |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .  | Yes |    |
| <b>r</b> Other transfer of cash or property to related organization(s) . . . . .   | Yes |    |
| <b>s</b> Other transfer of cash or property from related organization(s) . . . . .   |     | No |

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

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



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

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

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



**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 76-0536234  
**Name:** ST LUKES COMMUNITY HEALTH SERVICES

**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)                  | LINE 3  | ACH                              |   | No |
| 12809 W DODGE RD<br>OMAHA, NE 68154<br>47-0757164                   | HOSPITAL                | NE   | 501(C)(3)                  | LINE 3  | CHI NEBRASKA                     |   | No |
| 7500 MERCY RD<br>OMAHA, NE 68124<br>47-0484764                      | HOSPITAL                | NE   | 501(C)(3)                  | LINE 3  | CHI NEBRASKA                     |   | No |
| 631 N 8TH ST<br>MISSOURI VALLEY, IA 51555<br>42-0776568             | HOSPITAL                | IA   | 501(C)(3)                  | LINE 3  | CHI NEBRASKA                     |   | No |
| 6901 N 72ND ST<br>OMAHA, NE 68122<br>47-0376615                     | HOSPITAL                | NE   | 501(C)(3)                  | LINE 3  | CHI NEBRASKA                     |   | No |
| 104 W 17TH ST<br>SCHUYLER, NE 68661<br>47-0399853                   | HOSPITAL                | NE   | 501(C)(3)                  | LINE 3  | CHI NEBRASKA                     |   | No |
| PO BOX 368<br>CORNING, IA 50841<br>42-0782518                       | HOSPITAL                | IA   | 501(C)(3)                  | LINE 3  | CHI NEBRASKA                     |   | No |
| 300 SE 8TH AVE<br>LITTLE FALLS, MN 56345<br>41-1351177              | LTERM CARE              | MN   | 501(C)(3)                  | LINE 10   | CSH                              |   | No |
| 601 OAK ST<br>BRECKENRIDGE, MN 56520<br>41-1850500                  | SENIOR LIVING           | MN   | 501(C)(3)                  | LINE 10   | SFH                              |   | No |
| 345 S HALCYON RD<br>ARROYO GRANDE, CA 93420<br>20-3256066           | FUNDRAISING FOUNDATION  | CA   | 501(C)(3)                  | LINE 12A, I   | DH                               |   | No |
| 420 34TH STREET<br>BAKERSFIELD, CA 93301<br>95-1802779              | HOSPITAL                | CA   | 501(C)(3)                  | LINE 3  | DCC                              |   | No |
| 350 WEST THOMAS ROAD<br>PHOENIX, AZ 85013<br>86-0174371             | FUNDRAISING             | AZ   | 501(C)(3)                  | LINE 7  | DH                               |   | No |
| 17200 ST LUKES WAY STE 170<br>THE WOODLANDS, TX 77384<br>27-4499340 | PHYSICIANS              | TX   | 501(C)(3)                  | LINE 12A, I   | SLCHS                            | Yes   |    |
| 6624 FANNIN ST STE 1100<br>HOUSTON, TX 77030<br>76-0458535          | PHYSICIANS              | TX   | 501(C)(3)                  | LINE 3  | SLHS                             |   | No |
| 198 INVERNESS DRIVE WEST<br>ENGLEWOOD, CO 80112<br>23-2187242       | HEALTHCARE              | PA   | 501(C)(3)                  | LINE 12A, I   | CSH                              |   | No |
| 1 WEST WAY CT<br>LAKE JACKSON, TX 77566<br>76-0080110               | FUNDRAISING FOUNDATION  | TX   | 501(C)(3)                  | LINE 12A, I   | BRHS                             |   | No |
| 100 MEDICAL DRIVE<br>LAKE JACKSON, TX 77566<br>80-0240261           | PHYSICIANS              | TX   | 501(C)(3)                  | LINE 3  | BRHS                             |   | No |
| 2801 FRANCISCAN DRIVE<br>BRYAN, TX 77802<br>74-2759890              | HOSPITAL                | TX   | 501(C)(3)                  | LINE 3  | SJSC                             |   | No |
| 2801 FRANCISCAN DRIVE<br>BRYAN, TX 77802<br>74-2913931              | HEALTHCARE              | TX   | 501(C)(3)                  | LINE 10   | SJSC                             |   | No |
| 1401 SOUTH GRAND AVENUE<br>LOS ANGELES, CA 90015<br>95-4000909      | FUNDRAISING FOUNDATION  | CA   | 501(C)(3)                  | LINE 12A, 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)                  | LINE 3  | CSH                              |   | No |
| 9100 EAST MINERAL CIRCLE<br>CENTENNIAL, CO 80112<br>84-0405257                     | HOSPITAL                | CO   | 501(C)(3)                  | LINE 3  | CSH                              |   | No |
| 1111 6TH AVE<br>DES MOINES, IA 50314<br>42-0680448                                 | HOSPITAL                | IA   | 501(C)(3)                  | LINE 3  | CSH                              |   | No |
| 1150 KELLY JOHNSON BLVD 204<br>COLORADO SPRINGS, CO 80920<br>84-0902211            | FUNDRAISING FOUNDATION  | CO   | 501(C)(3)                  | LINE 7  | CHIC                             |   | No |
| 1150 KELLY JOHNSON BLVD 204<br>COLORADO SPRINGS, CO 80920<br>27-0930004            | HEALTHCARE              | CO   | 501(C)(3)                  | LINE 12A, I   | CSH                              |   | No |
| 198 INVERNESS DRIVE WEST<br>ENGLEWOOD, CO 80112<br>46-0992796                      | PHYSICIANS              | CO   | 501(C)(3)                  | LINE 12A, I   | CHINS                            |   | No |
| 2700 STEWART PKWY<br>ROSEBURG, OR 97471<br>26-3946191                              | SURGERY CENTER          | OR   | 501(C)(3)                  | LINE 10   | MMC                              |   | No |
| 300 OLD RIVER ROAD STE 200<br>BAKERSFIELD, CA 93311<br>84-4171789                  | CLINIC                  | CA   | 501(C)(3)                  | LINE 3  | DCC                              |   | No |
| 3515 BROADWAY<br>GREAT BEND, KS 67530<br>48-0543724                                | HOSPITAL                | KS   | 501(C)(3)                  | LINE 3  | CSH                              |   | No |
| 4816 AMBER VALLEY PKWY S<br>FARGO, ND 58104<br>27-1966847                          | FUNDRAISING FOUNDATION  | MN   | 501(C)(3)                  | LINE 10   | CSH                              |   | No |
| 12809 W DODGE RD<br>OMAHA, NE 68154<br>47-0648586                                  | FUNDRAISING FOUNDATION  | NE   | 501(C)(3)                  | LINE 7  | ACH                              |   | No |
| 198 INVERNESS DRIVE WEST<br>ENGLEWOOD, CO 80112<br>27-1050565                      | HEALTHCARE              | CO   | 501(C)(3)                  | LINE 12A, I   | CSH                              |   | No |
| 3900 OLYMPIC BLVD STE 400<br>ERLANGER, KY 41018<br>20-2741651                      | HEALTHCARE              | KY   | 501(C)(3)                  | LINE 12A, I   | CSH                              |   | No |
| 5942 RENAISSANCE PLACE STE A<br>TOLEDO, OH 43623<br>34-1892096                     | HEALTHCARE              | OH   | 501(C)(3)                  | LINE 12A, I   | SFH                              |   | No |
| 100 GROSS CRESCENT CIRCLE<br>FORT OGLETHORPE, GA 30742<br>82-2748395               | HOSPITAL                | GA   | 501(C)(3)                  | LINE 3  | MHCS                             |   | No |
| 198 INVERNESS DRIVE WEST<br>ENGLEWOOD, CO 80112<br>45-1261716                      | HEALTHCARE              | CO   | 501(C)(3)                  | LINE 10   | CHI NS                           |   | No |
| 198 INVERNESS DRIVE WEST<br>ENGLEWOOD, CO 80112<br>45-2532084                      | HEALTHCARE              | CO   | 501(C)(3)                  | LINE 12A, I   | CSH                              |   | No |
| 12809 WEST DODGE ROAD<br>OMAHA, NE 68510<br>36-3233121                             | HEALTHCARE              | NE   | 501(C)(3)                  | LINE 12A, I   | CSH                              |   | No |
| 1929 LINCOLN HWY E STE 150<br>LANCASTER, PA 17602<br>23-2342997                    | HEALTHCARE              | PA   | 501(C)(3)                  | LINE 12A, I   | CSH                              |   | No |
| 1516 5TH ST NW<br>ALBUQUERQUE, NM 87102<br>71-0897107                              | COMMUNITY               | NM   | 501(C)(3)                  | LINE 12A, I   | CSH                              |   | No |

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations |   |  |                            |   |                                  |   |    |
|--|---|--|----------------------------|---|----------------------------------|---|----|
| (a)<br>Name, address, and EIN of related organization                              | (b)<br>Primary activity                   | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512 (b)(13) controlled entity? |    |
|  |   |  |                            |   |                                  | Yes   | No |
| 300 WERNER ST<br>HOT SPRINGS, AR 71913<br>71-0236913                               | HOSPITAL                                  | AR   | 501(C)(3)                  | LINE 3  | CHISVHS                          |   | No |
| 300 WERNER ST<br>HOT SPRINGS, AR 71913<br>26-1125064                               | HOLDING CO                                | AR   | 501(C)(3)                  | LINE 12A, I   | SVIMC                            |   | No |
| 300 WERNER ST<br>HOT SPRINGS, AR 71913<br>26-1125131                               | PHYSICIANS                                | AR   | 501(C)(3)                  | LINE 3  | CHISVHS                          |   | No |
| 198 INVERNESS DRIVE WEST<br>ENGLEWOOD, CO 80112<br>47-0617373                      | HEALTHCARE                                | CO   | 501(C)(3)                  | LINE 12A, I   | N/A                              |   | No |
| 185 BERRY STREET SUITE 200<br>SAN FRANCISCO, CA 94107<br>85-0919176                | INVESTMENTS                               | CA   | 501(C)(3)                  | LINE 12A, I   | CSH                              |   | No |
| 1805 MEDICAL CENTER DRIVE<br>SAN BERNARDINO, CA 92411<br>95-1643373                | HOSPITAL                                  | CA   | 501(C)(3)                  | LINE 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)                  | LINE 12A, I   | AH-CMHMV                         |   | No |
| ONE SAINT JOSEPH DRIVE<br>LEXINGTON, KY 40504<br>61-1400619                        | HOSPITAL                                  | KY   | 501(C)(3)                  | LINE 3  | SJHS                             |   | No |
| 185 BERRY STREET SUITE 200<br>SAN FRANCISCO, CA 94107<br>81-5009488                | HOSPITAL                                  | CO   | 501(C)(3)                  | LINE 3  | CSH                              |   | No |
| 185 BERRY STREET SUITE 200<br>SAN FRANCISCO, CA 94107<br>94-1196203                | HOSPITAL                                  | CA   | 501(C)(3)                  | LINE 3  | CSH                              |   | No |
| 200 MERCY OAKS DRIVE<br>REDDING, CA 96003<br>23-7115371                            | SENIOR CENTER SERVICES                    | CA   | 501(C)(3)                  | LINE 7  | DH                               |   | No |
| 185 BERRY STREET SUITE 200<br>SAN FRANCISCO, CA 94107<br>46-2037641                | FUNDRAISING FOUNDATION                    | CA   | 501(C)(3)                  | LINE 12A, I   | DH                               |   | No |
| 2101 N WATERMAN AVENUE<br>SAN BERNARDINO, CA 92404<br>23-7440086                   | FUNDRAISING FOUNDATION                    | CA   | 501(C)(3)                  | LINE 12A, I   | DH                               |   | No |
| 475 SOUTH DOBSON ROAD<br>CHANDLER, AZ 85224<br>74-2418514                          | FUNDRAISING FOUNDATION                    | AZ   | 501(C)(3)                  | LINE 12A, I   | DH                               |   | No |
| 185 BERRY STREET SUITE 200<br>SAN FRANCISCO, CA 94107<br>94-3006034                | SELF INSURANCE                            | CA   | 501(C)(3)                  | LINE 12A, I   | DH                               |   | No |
| 185 BERRY STREET SUITE 200<br>SAN FRANCISCO, NV 94107<br>81-3800752                | SELF INSURANCE                            | NV   | 501(C)(3)                  | LINE 12A, I   | DH                               |   | No |
| 3400 DATA DRIVE<br>RANCHO CORDOVA, CA 95670<br>68-0220314                          | MULTI-SPECIALTY OUTPATIENT MEDICAL CLINIC | CA   | 501(C)(3)                  | LINE 12A, I   | DCC                              |   | No |
| 185 BERRY STREET SUITE 200<br>SAN FRANCISCO, CA 94107<br>94-6612446                | SELF INSURANCE                            | CA   | 501(C)(3)                  | LINE 12A, I   | DH                               |   | No |
| 1555 SOQUEL DRIVE<br>SANTA CRUZ, CA 95065<br>77-0056778                            | COMMUNITY HEALTH SYSTEM                   | CA   | 501(C)(3)                  | LINE 12A, 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 |  |
| 1555 SOQUEL DRIVE<br>SANTA CRUZ, CA 95065<br>94-2450442                            | FUNDRAISING FOUNDATION   | CA   | 501(C)(3)                  | LINE 12A, 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)                  | LINE 10   | DHS                              |   | No |  |
| 2801 VIA FORTUNA SUITE 500<br>AUSTIN, TX 78746<br>45-4736213                       | HEALTHCARE   | TX   | 501(C)(3)                  | LINE 12A, I   | SLHS                             |   | No |  |
| 1455 BATTERSBY AVE<br>ENUMCLAW, WA 98022<br>91-0715805                             | HOSPITAL   | WA   | 501(C)(3)                  | LINE 3  | FHS                              |   | No |  |
| 4305 NEW SHEPHERDSVILLE RD<br>BARDSTOWN, KY 40004<br>61-1345363                    | HOSPITAL   | KY   | 501(C)(3)                  | LINE 3  | KOH                              |   | No |  |
| 4305 NEW SHEPHERDSVILLE RD<br>BARDSTOWN, KY 40004<br>56-2351341                    | FUNDRAISING FOUNDATION   | KY   | 501(C)(3)                  | LINE 12A, I   | FH                               |   | No |  |
| 4111 N HOLLAND-SYLVANIA RD<br>TOLEDO, OH 43623<br>34-1931806                       | HEALTHCARE   | OH   | 501(C)(3)                  | LINE 10   | CHILC                            |   | No |  |
| 1717 SOUTH J ST<br>TACOMA, WA 98405<br>91-1145592                                  | FUNDRAISING FOUNDATION   | WA   | 501(C)(3)                  | LINE 10   | FHS                              |   | No |  |
| 1717 SOUTH J ST<br>TACOMA, WA 98405<br>91-0564491                                  | HOSPITAL   | WA   | 501(C)(3)                  | LINE 3  | CSH                              |   | No |  |
| TACOMA FNC CTR BLDG 1145 BROADWAY<br>TACOMA, WA 98402<br>43-1882377                | PHYSICIANS   | MO   | 501(C)(3)                  | LINE 10   | CSH                              |   | No |  |
| 1313 BROADWAY STE 200<br>TACOMA, WA 98402<br>91-1939739                            | HEALTHCARE   | WA   | 501(C)(3)                  | LINE 10   | FHS                              |   | No |  |
| 3601 S CHICAGO AVE<br>SOUTH MILWAUKEE, WI 53172<br>39-1093829                      | HEALTHCARE   | WI   | 501(C)(3)                  | LINE 10   | CSH                              |   | No |  |
| 1911 JOHNSON AVENUE<br>SAN LUIS OBISPO, CA 93401<br>20-3256125                     | FUNDRAISING FOUNDATION   | CA   | 501(C)(3)                  | LINE 12A, I   | DCC                              |   | No |  |
| 407 THIRD AVENUE SOUTHEAST<br>GARRISON, ND 58540<br>45-0227752                     | HOSPITAL   | ND   | 501(C)(3)                  | LINE 3  | SAMC                             |   | No |  |
| 1420 SOUTH CENTRAL AVENUE<br>GLENDALE, CA 91204<br>95-3625651                      | FUNDRAISING FOUNDATION   | CA   | 501(C)(3)                  | LINE 12A, I   | DCC                              |   | No |  |
| 198 INVERNESS DRIVE WEST<br>ENGLEWOOD, CO 80112<br>20-1536108                      | MINISTRIES   | CO   | 501(C)(3)                  | LINE 12A, I   | CSH                              |   | No |  |
| 619 OAK ST ACCOUNTING-3 W<br>CINCINNATI, OH 45206<br>31-1778403                    | EDUCATION  | OH   | 501(C)(3)                  | LINE 2  | GSH                              |   | No |  |
| 619 OAK ST ACCOUNTING-3 W<br>CINCINNATI, OH 45206<br>31-1206047                    | FUNDRAISING FOUNDATION   | OH   | 501(C)(3)                  | LINE 12A, I   | GSH                              |   | No |  |
| PO BOX 1990<br>KEARNEY, NE 68848<br>47-0379755                                     | HOSPITAL   | NE   | 501(C)(3)                  | LINE 3  | CHI NEBRASKA                     |   | No |  |
| 111 W 31ST ST<br>KEARNEY, NE 68847<br>47-0659443                                   | FUNDRAISING FOUNDATION   | NE   | 501(C)(3)                  | LINE 7  | GSH                              |   | No |  |

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

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

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations |   |  |                            |   |                                  |   |    |
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| (a)<br>Name, address, and EIN of related organization                              | (b)<br>Primary activity                         | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512 (b)(13) controlled entity? |    |
|  |   |  |                            |   |                                  | Yes   | No |
| PO BOX 1447<br>LUFKIN, TX 75902<br>75-0755367                                      | HOSPITAL  | TX   | 501(C)(3)                  | LINE 3  | SLHS                             |   | No |
| PO BOX 1447<br>LUFKIN, TX 75902<br>76-0436439                                      | HOSPITAL  | TX   | 501(C)(3)                  | LINE 3  | MHSET                            |   | No |
| PO BOX 1447<br>LUFKIN, TX 75902<br>75-2663904                                      | HOSPITAL  | TX   | 501(C)(3)                  | LINE 3  | MHSET                            |   | No |
| 1201 FRANK AVE<br>LUFKIN, TX 95904<br>75-2721155                                   | PHYSICIANS                                      | TX   | 501(C)(3)                  | LINE 12A, I   | MHSET                            |   | No |
| PO BOX 1447<br>LUFKIN, TX 95902<br>75-2492741                                      | HOSPITAL  | TX   | 501(C)(3)                  | LINE 3  | MHSET                            |   | No |
| 1111 6TH AVE<br>DES MOINES, IA 50314<br>42-6076069                                 | AUXILIARY                                       | IA   | 501(C)(3)                  | LINE 12A, I   | MF-DM IA                         |   | No |
| 1111 6TH AVE<br>DES MOINES, IA 50314<br>42-1193699                                 | PHYSICIANS                                      | IA   | 501(C)(3)                  | LINE 10   | CHI-IA CORP                      |   | No |
| 1111 6TH AVE<br>DES MOINES, IA 50314<br>42-1511682                                 | EDUCATION                                       | IA   | 501(C)(3)                  | LINE 2  | CHI-IA CORP                      |   | No |
| PO BOX 119<br>BAKERSFIELD, CA 93302<br>77-0201321                                  | FUNDRAISING FOUNDATION                          | CA   | 501(C)(3)                  | LINE 12A, I   | DH                               |   | No |
| 1111 6TH AVE<br>DES MOINES, IA 50314<br>23-7358794                                 | FUNDRAISING FOUNDATION                          | IA   | 501(C)(3)                  | LINE 7  | CHI-IA CORP                      |   | No |
| 2700 STEWART PKWY<br>ROSEBURG, OR 97471<br>93-6088946                              | FUNDRAISING FOUNDATION                          | OR   | 501(C)(3)                  | LINE 7  | MMC                              |   | No |
| PO BOX 368<br>CORNING, IA 50841<br>42-1461064                                      | FUNDRAISING FOUNDATION                          | IA   | 501(C)(3)                  | LINE 12A, I   | AHMH-CORNING                     |   | No |
| 570 CHAUTAUQUA BLVD<br>VALLEY CITY, ND 58072<br>45-0435338                         | FUNDRAISING FOUNDATION                          | ND   | 501(C)(3)                  | LINE 12A, I   | MHVC                             |   | No |
| 800 MERCY DR<br>COUNCIL BLUFFS, IA 51503<br>42-1178204                             | FUNDRAISING FOUNDATION                          | IA   | 501(C)(3)                  | LINE 12A, I   | AHBMHS                           |   | No |
| 1031 7TH ST NE<br>DEVILS LAKE, ND 58301<br>45-0227012                              | HOSPITAL  | ND   | 501(C)(3)                  | LINE 3  | CSH                              |   | No |
| 1031 7TH ST NE<br>DEVILS LAKE, ND 58301<br>35-2367360                              | FUNDRAISING FOUNDATION                          | ND   | 501(C)(3)                  | LINE 7  | MHDL                             |   | No |
| 570 CHAUTAUQUA BLVD<br>VALLEY CITY, ND 58072<br>45-0226553                         | HOSPITAL  | ND   | 501(C)(3)                  | LINE 3  | CSH                              |   | No |
| 3865 J STREET<br>SACRAMENTO, CA 95816<br>68-0117340                                | SENIOR CITIZEN'S HOUSING/RETIREMENT COMMUNITIES | CA   | 501(C)(3)                  | LINE 10   | DH                               |   | No |
| 1301 15TH AVE WEST<br>WILLISTON, ND 58801<br>45-0231183                            | HOSPITAL  | ND   | 501(C)(3)                  | LINE 3  | CSH                              |   | No |
| ONE ST JOSEPHS DRIVE<br>CENTERVILLE, IA 52544<br>42-0680308                        | HOSPITAL  | IA   | 501(C)(3)                  | LINE 3  | CHI-IA CORP                      |   | No |

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|  |                         |  |                            |   |                                  | Yes   | No |
| 204 N 4TH AVE E<br>NEWTON, IA 50314<br>42-1470935                                  | HOSPITAL                | IA   | 501(C)(3)                  | LINE 3  | CHI-IA CORP                      |   | No |
| 301 E 13TH STREET<br>MERCED, CA 95340<br>77-0035928                                | FUNDRAISING FOUNDATION  | CA   | 501(C)(3)                  | LINE 12A, I   | DH                               |   | No |
| 2700 STEWART PKWY<br>ROSEBURG, OR 97471<br>93-0386868                              | HOSPITAL                | OR   | 501(C)(3)                  | LINE 3  | CSH                              |   | No |
| 1301 15TH AVE WEST<br>WILLISTON, ND 58801<br>45-0381803                            | FUNDRAISING FOUNDATION  | ND   | 501(C)(3)                  | LINE 12A, I   | MMC                              |   | No |
| 7500 S 91ST ST<br>LINCOLN, NE 68526<br>39-2031968                                  | HOSPITAL                | NE   | 501(C)(3)                  | LINE 3  | CHI NEBRASKA                     |   | No |
| 2223 EAST ROSSER AVENUE<br>BISMARCK, ND 58501<br>91-1845296                        | MANAGEMENT              | ND   | 501(C)(3)                  | LINE 7  | NCHA                             |   | No |
| 18300 ROSCOE BLVD<br>NORTHRIDGE, CA 91328<br>23-7444901                            | FUNDRAISING FOUNDATION  | CA   | 501(C)(3)                  | LINE 12A, I   | DCC                              |   | No |
| 1200 N 7TH ST<br>OAKES, ND 58474<br>45-0231675                                     | HOSPITAL                | ND   | 501(C)(3)                  | LINE 3  | CSH                              |   | No |
| 1200 N 7TH ST<br>OAKES, ND 58474<br>71-0966606                                     | FUNDRAISING FOUNDATION  | ND   | 501(C)(3)                  | LINE 12A, I   | OCH                              |   | No |
| 1400 E CHURCH STREET<br>SANTA MARIA, CA 93454<br>77-0447575                        | CLINIC                  | CA   | 501(C)(3)                  | LINE 3  | DCC                              |   | No |
| PO BOX 1447<br>LUFKIN, TX 75902<br>75-2493116                                      | PROPERTY MGMT           | TX   | 501(C)(3)                  | LINE 12A, I   | MHSET                            |   | No |
| 3400 DATA DRIVE<br>RANCHO CORDOVA, CA 95670<br>46-5322209                          | HOSPITAL                | CA   | 501(C)(3)                  | LINE 3  | DH                               |   | No |
| 2025 HAYES AVENUE<br>SANDUSKY, OH 44870<br>34-1658625                              | HEALTHCARE              | OH   | 501(C)(3)                  | LINE 10   | CHILC                            |   | No |
| 2025 HAYES AVENUE<br>SANDUSKY, OH 44870<br>34-1826099                              | HOLDING CO              | OH   | 501(C)(3)                  | LINE 12A, I   | CHILC                            |   | No |
| 5055 PROVIDENCE DRIVE<br>SANDUSKY, OH 44870<br>34-1896807                          | LIVING COMM             | OH   | 501(C)(3)                  | LINE 10   | CHILC                            |   | No |
| 1925 E ORMAN AVE STE G52<br>PUEBLO, CO 81004<br>84-1234295                         | COMMUNITY               | CO   | 501(C)(3)                  | LINE 7  | CHIC                             |   | No |
| 16251 SYLVESTER ROAD SW<br>BURIEN, WA 98166<br>91-1170040                          | HOSPITAL                | WA   | 501(C)(3)                  | LINE 3  | FHS                              |   | No |
| 9100 E MINERAL CIRCLE<br>CENTENNIAL, CO 80112<br>84-1183335                        | SENIOR CENTER SERVICES  | CO   | 501(C)(3)                  | LINE 7  | CHIC                             |   | No |
| 25 POCONO RD<br>DENVER, NJ 07834<br>22-2876836                                     | HEALTHCARE              | NJ   | 501(C)(3)                  | LINE 10   | SCHS                             |   | No |
| 25 POCONO RD<br>DENVER, NJ 07834<br>22-3639733                                     | MANAGEMENT              | NJ   | 501(C)(3)                  | LINE 10   | CSH                              |   | No |

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations |                         |  |                            |   |                                  |     | Section 512 (b)(13) controlled entity? |  |
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| (a)<br>Name, address, and EIN of related organization                              | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g) |  |  |
|  |                         |  |                            |   |                                  | Yes | No                                     |  |
| 25 POCONO RD<br>DENVER, NJ 07834<br>22-3319886                                     | HEALTHCARE              | NJ   | 501(C)(3)                  | LINE 3  | SCHS                             |     | No                                     |  |
| 555 S 70TH ST<br>LINCOLN, NE 68510<br>47-0625523                                   | FUNDRAISING FOUNDATION  | NE   | 501(C)(3)                  | LINE 7  | SERMC                            |     | No                                     |  |
| 555 S 70TH ST<br>LINCOLN, NE 68510<br>36-3233120                                   | HOSPITAL                | NE   | 501(C)(3)                  | LINE 3  | SERMC                            |     | No                                     |  |
| 555 S 70TH ST<br>LINCOLN, NE 68510<br>47-0379836                                   | HOSPITAL                | NE   | 501(C)(3)                  | LINE 3  | CHI NEBRASKA                     |     | No                                     |  |
| 2620 W FAIDLEY<br>GRAND ISLAND, NE 68803<br>47-0376601                             | HOSPITAL                | NE   | 501(C)(3)                  | LINE 3  | CHI NEBRASKA                     |     | No                                     |  |
| PO BOX 9804<br>GRAND ISLAND, NE 68802<br>47-0630267                                | FUNDRAISING FOUNDATION  | NE   | 501(C)(3)                  | LINE 7  | SFMC                             |     | No                                     |  |
| 900 HYDE STREET<br>SAN FRANCISCO, CA 94109<br>94-1156295                           | HOSPITAL                | CA   | 501(C)(3)                  | LINE 3  | DCC                              |     | No                                     |  |
| 305 ESTILL ST<br>BEREA, KY 40403<br>26-0152877                                     | FUNDRAISING FOUNDATION  | KY   | 501(C)(3)                  | LINE 7  | SJHS                             |     | No                                     |  |
| 200 ABRAHAM FLEXNER WAY<br>LOUISVILLE, KY 40202<br>61-1334601                      | HOSPITAL                | KY   | 501(C)(3)                  | LINE 3  | KOH                              |     | No                                     |  |
| 701 BOB OLINK DR 200<br>LEXINGTON, KY 40504<br>61-1159649                          | FUNDRAISING FOUNDATION  | KY   | 501(C)(3)                  | LINE 12A, I   | SJHS                             |     | No                                     |  |
| 1001 SAINT JOSEPH LANE<br>LONDON, KY 40741<br>26-0438748                           | FUNDRAISING FOUNDATION  | KY   | 501(C)(3)                  | LINE 7  | SJHS                             |     | No                                     |  |
| 225 FALCON DR<br>MOUNT STERLING, KY 40353<br>27-2884584                            | FUNDRAISING FOUNDATION  | KY   | 501(C)(3)                  | LINE 7  | SJHS                             |     | No                                     |  |
| 2500 FAIRWAY STREET<br>DICKINSON, ND 58601<br>36-3418207                           | FUNDRAISING FOUNDATION  | ND   | 501(C)(3)                  | LINE 12A, I   | SJHHC                            |     | No                                     |  |
| 438 WEST LAS TUNAS DRIVE<br>SAN GABRIEL, CA 91776<br>95-3430341                    | INACTIVE                | CA   | 501(C)(3)                  | LINE 12A, I   | DH                               |     | No                                     |  |
| 104 W 17TH ST<br>SCHUYLER, NE 68661<br>36-3630014                                  | FUNDRAISING FOUNDATION  | NE   | 501(C)(3)                  | LINE 12A, I   | AHMHS                            |     | No                                     |  |
| 155 GLASSON WAY<br>GRASS VALLEY, CA 95945<br>94-1439787                            | HOSPITAL                | CA   | 501(C)(3)                  | LINE 3  | DCC                              |     | No                                     |  |
| 198 INVERNESS DRIVE WEST<br>ENGLEWOOD, CO 80112<br>44-0545809                      | HOSPITAL                | MO   | 501(C)(3)                  | LINE 3  | CSH                              |     | No                                     |  |
| 2323 DE LA VINA ST SUITE 104<br>SANTA BARBARA, CA 93105<br>23-7137119              | FUNDRAISING FOUNDATION  | CA   | 501(C)(3)                  | LINE 12A, I   | DH                               |     | No                                     |  |
| 601 E MICHELTORENA STREET<br>SANTA BARBARA, CA 93103<br>77-0022302                 | INACTIVE                | CA   | 501(C)(3)                  | LINE 12A, I   | DH                               |     | No                                     |  |
| 1600 NORTH ROSE AVENUE<br>OXNARD, CA 93030<br>20-2865781                           | FUNDRAISING FOUNDATION  | CA   | 501(C)(3)                  | LINE 12A, 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)                  | LINE 12A, I   | DH                               |   | No |
| 1800 N CALIFORNIA STREET<br>STOCKTON, CA 95204<br>51-0432777                       | FUNDRAISING FOUNDATION  | CA   | 501(C)(3)                  | LINE 12A, I   | DH                               |   | No |
| 1050 LINDEN AVENUE<br>LONG BEACH, CA 90813<br>23-7153876                           | FUNDRAISING FOUNDATION  | CA   | 501(C)(3)                  | LINE 12A, I   | DH                               |   | No |
| 1050 LINDEN AVENUE<br>LONG BEACH, CA 90813<br>23-7373088                           | INACTIVE                | CA   | 501(C)(3)                  | LINE 12A, I   | DH                               |   | No |
| 450 STANYAN STREET<br>SAN FRANCISCO, CA 94117<br>94-3336143                        | FUNDRAISING FOUNDATION  | CA   | 501(C)(3)                  | LINE 12A, I   | DH                               |   | No |
| 3001 ST ROSE PARKWAY<br>HENDERSON, NV 89052<br>88-0349432                          | FUNDRAISING FOUNDATION  | NV   | 501(C)(3)                  | LINE 12A, I   | DH                               |   | No |
| 900 EAST BROADWAY AVENUE<br>BISMARCK, ND 58501<br>45-0226711                       | HOSPITAL                | ND   | 501(C)(3)                  | LINE 3  | CSH                              |   | No |
| 2801 ST ANTHONY WAY<br>PENDLETON, OR 97801<br>93-0391614                           | HOSPITAL                | OR   | 501(C)(3)                  | LINE 3  | CSH                              |   | No |
| 2801 ST ANTHONY WAY<br>PENDLETON, OR 97801<br>93-0992727                           | FUNDRAISING FOUNDATION  | OR   | 501(C)(3)                  | LINE 12A, I   | SAH                              |   | No |
| FOUR HOSPITAL DR<br>MORRILTON, AR 72110<br>71-0245507                              | HOSPITAL                | AR   | 501(C)(3)                  | LINE 3  | SVIMC                            |   | No |
| 401 EAST SPRUCE ST<br>GARDEN CITY, KS 67846<br>48-0543721                          | HOSPITAL                | KS   | 501(C)(3)                  | LINE 3  | CSH                              |   | No |
| 401 EAST SPRUCE ST<br>GARDEN CITY, KS 67846<br>20-0598702                          | FUNDRAISING FOUNDATION  | KS   | 501(C)(3)                  | LINE 12A, I   | SCH                              |   | No |
| 12469 FIVE POINT ROAD<br>TOLEDO, OH 43551<br>27-0163752                            | LIVING COMM             | OH   | 501(C)(3)                  | LINE 10   | CHILC                            |   | 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)                  | LINE 10   | CSH                              |   | No |
| 19 POCONO RD<br>DENVER, NJ 07834<br>22-2536017                                     | ELDERLY CARE            | NJ   | 501(C)(3)                  | LINE 8  | SCHS                             |   | No |
| 2400 ST FRANCIS DR<br>BRECKENRIDGE, MN 56520<br>41-0695598                         | HOSPITAL                | MN   | 501(C)(3)                  | LINE 3  | CSH                              |   | No |
| 2801 FRANCISCAN DRIVE<br>BRYAN, TX 77802<br>74-2351158                             | FUNDRAISING FOUNDATION  | TX   | 501(C)(3)                  | LINE 12A, I   | SJSC                             |   | No |
| 2801 FRANCISCAN DRIVE<br>BRYAN, TX 77802<br>74-2847594                             | HEALTHCARE              | TX   | 501(C)(3)                  | LINE 10   | SJSC                             |   | No |
| 201 INTERNATIONAL CIRCLE STE 212<br>HUNT VALLEY, MD 21030<br>52-0591461            | HOSPITAL                | MD   | 501(C)(3)                  | LINE 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)                  | LINE 3  | SJSC                             |   | No |  |
| 201 INTERNATIONAL CIRCLE STE 212<br>HUNT VALLEY, MD 21030<br>52-1311775            | PHYSICIANS              | MD   | 501(C)(3)                  | LINE 12A, I   | SJMC                             |   | No |  |
| 2801 FRANCISCAN DRIVE<br>BRYAN, TX 77802<br>74-1282696                             | HOSPITAL                | TX   | 501(C)(3)                  | LINE 3  | SJSC                             |   | No |  |
| 2801 FRANCISCAN DRIVE<br>BRYAN, TX 77802<br>45-4088170                             | HOSPITAL                | TX   | 501(C)(3)                  | LINE 3  | SJSC                             |   | No |  |
| 2801 FRANCISCAN DRIVE<br>BRYAN, TX 77802<br>46-3265423                             | HEALTHCARE              | TX   | 501(C)(3)                  | LINE 10   | SJSC                             |   | No |  |
| 2801 FRANCISCAN DRIVE<br>BRYAN, TX 77802<br>74-2455161                             | MANAGEMENT              | TX   | 501(C)(3)                  | LINE 12A, I   | SLHS                             |   | No |  |
| 600 PLEASANT AVE<br>PARK RAPIDS, MN 56470<br>41-0695603                            | HOSPITAL                | MN   | 501(C)(3)                  | LINE 3  | CSH                              |   | No |  |
| 2500 FAIRWAY ST<br>DICKINSON, ND 58601<br>45-0226429                               | HOSPITAL                | ND   | 501(C)(3)                  | LINE 3  | CSH                              |   | No |  |
| 8100 CLYO ROAD<br>CENTERVILLE, OH 45458<br>34-1940863                              | LIVING COMM             | OH   | 501(C)(3)                  | LINE 10   | CHILC                            |   | No |  |
| 6624 FANNIN ST STE 2505<br>HOUSTON, TX 77030<br>27-3733278                         | HOSPITAL                | TX   | 501(C)(3)                  | LINE 3  | SLHS                             |   | No |  |
| 6624 FANNIN ST STE 2505<br>HOUSTON, TX 77030<br>26-1947374                         | HOSPITAL                | TX   | 501(C)(3)                  | LINE 3  | SLHS                             |   | No |  |
| 6624 FANNIN ST STE 2505<br>HOUSTON, TX 77030<br>26-0335902                         | HOSPITAL                | TX   | 501(C)(3)                  | LINE 3  | SLHS                             |   | No |  |
| 6624 FANNIN ST STE 1100<br>HOUSTON, TX 77030<br>76-0536234                         | HOSPITAL                | TX   | 501(C)(3)                  | LINE 3  | SLHS                             |   | No |  |
| 1213 HERMANN DRIVE STE 855<br>HOUSTON, TX 77004<br>45-3811485                      | FUNDRAISING FOUNDATION  | TX   | 501(C)(3)                  | LINE 7  | SLHS                             |   | No |  |
| PO BOX 20269<br>HOUSTON, TX 77225<br>76-0536232                                    | MANAGEMENT              | TX   | 501(C)(3)                  | LINE 12A, I   | CSH                              |   | No |  |
| 6624 FANNIN ST STE 2505<br>HOUSTON, TX 77030<br>26-3734606                         | HOSPITAL                | TX   | 501(C)(3)                  | LINE 3  | SLHS                             |   | No |  |
| 1213 HERMANN DRIVE STE 855<br>HOUSTON, TX 77004<br>76-0531716                      | PROPERTY MGMT           | TX   | 501(C)(3)                  | LINE 12A, I   | SLHS                             |   | No |  |
| 6624 FANNIN ST STE 2505<br>HOUSTON, TX 77030<br>45-4120549                         | PROPERTY MGMT           | TX   | 501(C)(3)                  | LINE 12A, I   | SLCDC-SL                         |   | No |  |
| 1301 GRUNDMAN BOULEVARD<br>NEBRASKA CITY, NE 68410<br>47-0443636                   | HOSPITAL                | NE   | 501(C)(3)                  | LINE 3  | CHI NEBRASKA                     |   | No |  |
| 1314 3RD AVE<br>NEBRASKA CITY, NE 68410<br>47-0707604                              | FUNDRAISING FOUNDATION  | NE   | 501(C)(3)                  | LINE 7  | SMCH                             |   | 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>51-0169537    | FUNDRAISING FOUNDATION  | AR   | 501(C)(3)                  | LINE 12A, I   | SVIMC                            |   | No |
| TWO ST VINCENT CIRCLE<br>LITTLE ROCK, AR 72205<br>71-0236917    | HOSPITAL                | AR   | 501(C)(3)                  | LINE 3  | CSH                              |   | No |
| TWO ST VINCENT CIRCLE<br>LITTLE ROCK, AR 72205<br>71-0830696    | HEALTHCARE              | AR   | 501(C)(3)                  | LINE 10   | SVIMC                            |   | No |
| 1715 INDIAN WOOD CIR 200<br>MAUMEE, OH 43537<br>34-1412964      | HEALTHCARE              | OH   | 501(C)(3)                  | LINE 12A, I   | CSH                              |   | No |
| 1715 INDIAN WOOD CIR 200<br>MAUMEE, OH 43537<br>45-5357161      | FUNDRAISING FOUNDATION  | OH   | 501(C)(3)                  | LINE 12A, I   | SFH                              |   | No |
| 5000 PROVIDENCE DRIVE<br>SANDUSKY, OH 44870<br>34-1826097       | ASSIST LIVING           | OH   | 501(C)(3)                  | LINE 10   | CHILC                            |   | No |
| 100 MEDICAL DRIVE<br>LAKE JACKSON, TX 77566<br>74-1385192       | HOSPITAL                | TX   | 501(C)(3)                  | LINE 3  | SLHS                             |   | No |
| 619 OAK ST ACCOUNTING-3 W<br>CINCINNATI, OH 45206<br>31-0537486 | HOSPITAL                | OH   | 501(C)(3)                  | LINE 3  | CSH                              |   | No |
| 2000 Q ST STE 500<br>LINCOLN, NE 68503<br>47-0780857            | PHYSICIANS              | NE   | 501(C)(3)                  | LINE 12A, I   | CHI NEBRASKA                     |   | No |
| 9100 E MINERAL CIRCLE<br>CENTENNIAL, CO 80112<br>84-0927232     | HOSPITAL                | CO   | 501(C)(3)                  | LINE 3  | CHIC                             |   | No |
| 380 SUMMIT AVENUE<br>STEUBENVILLE, OH 43952<br>31-1329423       | FUNDRAISING FOUNDATION  | OH   | 501(C)(3)                  | LINE 12A, I   | THS                              |   | No |
| 380 SUMMIT AVENUE<br>STEUBENVILLE, OH 43952<br>34-1818681       | HEALTHCARE              | OH   | 501(C)(3)                  | LINE 12A, I   | N/A                              |   | No |
| 819 NORTH FIRST STREET<br>DENNISON, OH 44621<br>27-5401105      | HOSPITAL                | OH   | 501(C)(3)                  | LINE 3  | THS                              |   | No |
| ONE ROSS PARK BLVD<br>STEUBENVILLE, OH 43952<br>34-1522484      | ASSIST LIVING           | OH   | 501(C)(3)                  | LINE 7  | THS                              |   | No |
| 815 SE 2ND ST<br>LITTLE FALLS, MN 56345<br>41-0721642           | HOSPITAL                | MN   | 501(C)(3)                  | LINE 3  | CSH                              |   | No |
| 801 PAGE DR<br>FARGO, ND 58103<br>45-0226714                    | LTERM CARE              | ND   | 501(C)(3)                  | LINE 10   | CSH                              |   | No |
| 191 WOODPORT RD<br>SPARTA, NJ 07871<br>22-1768334               | HOME HEALTH             | NJ   | 501(C)(3)                  | LINE 10   | SCHS                             |   | 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 |                             |
| AMERICAN MERCY HOME CARE LLC<br><br>1700 EDISON DR<br>MILFORD, OH 45150<br>83-0486150                             | HOME HEALTH                               | OH   | N/A                              | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| ARIZONA CARE NETWORK - NEXT LLC<br><br>350 W THOMAS RD<br>PHOENIX, AZ 85018<br>47-4696671                         | CARE NETWORK                              | AZ   | N/A                              | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| ARIZONA CARE NETWORK LLC (ACN LLC)<br><br>350 W THOMAS RD<br>PHOENIX, AZ 85013<br>45-4494682                      | CARE NETWORK                              | AZ   | N/A                              | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| AUDUBON LAND COMPANY LLC<br><br>630 SOUTHPOINTE COURT 200<br>COLORADO SPRINGS, CO 80906<br>84-1513085             | REAL ESTATE                               | CO   | N/A                              | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| AVON EMERGENCY AND URGENT CARE CENTER LLC<br><br>9100 E MINERAL CIRCLE<br>CENTENNIAL, CO 80112<br>81-1727282      | HEALTHCARE SRVC                           | CO   | N/A                              | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| BAYLOR CHI ST LUKES HEALTH SERVICES LLC<br><br>6624 FANNIN ST STE 1100<br>HOUSTON, TX 77030<br>47-2079184         | HEALTHCARE SRVC                           | TX   | N/A                              | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| BERGAN MERCY SURGERY CENTER LLC<br><br>7710 MERCY RD STE 200<br>OMAHA, NE 68124<br>20-8671994                     | AMBUL SURG CTR                            | NE   | N/A                              | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| BERYWOOD OFFICE PROPERTIES LLC<br><br>2501 CITICO AVENUE<br>CHATTANOGA, TN 37404<br>62-1875199                    | PHYS OFFICE                               | TN   | N/A                              | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| BIOLIFE DIGNITY HEALTH INTERNATIONAL LTD<br><br>709 WING ON PLAZA 62 MODY ROAD TS<br>HONG KONG<br>CH              | HEALTH SERVICES                           | CH   | N/A                              | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| BLUEGRASS REGIONAL IMAGING CENTER<br><br>1218 SOUTH BROADWAY STE 310<br>LEXINGTON, KY 40504<br>61-1386736         | DIAGNOSTIC IMAGING                        | KY   | N/A                              | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| CBCC OUTSMARTING CANCER LLC<br><br>6501 TRUXTUN AVENUE<br>BAKERSFIELD, CA 93309<br>46-1602286                     | RADIATION / ONCOLOGY INCLUDING CYBERKNIFE | CA   | N/A                              | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| CENTRAL NEBRASKA REHABILITATION SERVICES LLC<br><br>3004 W FAIDLEY AVENUE<br>GRAND ISLAND, NE 68803<br>81-0653461 | PHYSICAL THERAPY                          | NE   | N/A                              | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| CENTURA-SCA HOLDINGS LLC<br><br>569 BROOK VILLAGE STE 901<br>BIRMINGHAM, AL 35209<br>47-4823023                   | OP SURGERY CENTER                         | AL   | N/A                              | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| CHI OPERATING INVESTMENT PROGRAM LP<br><br>198 INVERNESS DRIVE WEST<br>ENGLEWOOD, CO 80112<br>47-0727942          | INVESTMENTS                               | CO   | N/A                              | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| CHICAMSURG SURGERY CENTERS LLC<br><br>1A BURTON HILLS BLVD<br>NASHVILLE, TN 37215<br>46-5683027                   | SURGERY CENTER                            | CO   | N/A                              | 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 |                             |
| COLORADO SPRINGS CK LEASING LLC<br><br>630 SOUTHPOINTE COURT 200<br>COLORADO SPRINGS, CO 80906<br>26-2982714                | REAL ESTATE                 | CO   | N/A                              | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| COMMUNITY MERCY HOME CARE SERVICES OF SPRINGFIELD LLC<br><br>1700 EDISON DR<br>MILFORD, OH 45150<br>31-1746556              | HOME HEALTH                 | OH   | N/A                              | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| DE JV LLC<br><br>8686 NEW TRAILS DRIVE<br>THE WOODLANDS, TX 77381<br>32-0496548   | EMERGENCY CARE              | NV   | N/A                              | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| DHHP SURGERY CENTERS LLC<br><br>1513 S GRAND AVENUE STE 350<br>LOS ANGELES, CA 90015<br>83-1847466                          | SURGERY                     | CA   | N/A                              | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| DHRT HOLDINGS LLC<br><br>185 BERRY STREET SUITE 200<br>SAN FRANCISCO, CA 94107<br>35-2484591                                | HOLDING COMPANY             | DE   | N/A                              | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| DIGNITY- GOHEALTHURGENT CARE MANAGEMENT LLC<br><br>5555 GLENRIDGE CONNECTOR<br>SUITE 700<br>ATLANTA, GA 30342<br>35-2548698 | MANAGEMENT SERVICES         | DE   | N/A                              | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| DIGNITY HEALTH AT HOME LLC<br><br>1700 EDISON DR<br>MILFORD, OH 45150<br>82-4674115   | HEALTHCARE SRVC             | DE   | N/A                              | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| DIGNITY HEALTH SPECIALTY PHARMACY LLC<br><br>185 BERRY STREET SUITE 200<br>SAN FRANCISCO, CA 94107<br>32-0589462            | SPECIALTY PHARMACY SERVICES | DE   | N/A                              | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| DIGNITY HOME RECOVERY CARE LLC<br><br>49 MUSIC SQUARE WEST SUITE 401<br>NASHVILLE, TN 37203<br>83-2832522                   | HOME RECOVERY PROGRAM       | DE   | N/A                              | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| DIGNITYUSP LAS VEGAS SURGERY CENTERS LLC<br><br>15305 DALLAS PARKWAY SUITE 1600 LB<br>ADDISON, TX 75001<br>20-2999237       | SURGERY                     | TX   | N/A                              | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| DIGNITYUSP NORCAL SURGERY CENTERS LLC<br><br>15305 DALLAS PARKWAY SUITE 1600 LB<br>ADDISON, TX 75001<br>20-2468509          | SURGERY                     | TX   | N/A                              | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| DIGNITYUSP PHOENIX SURGERY CENTERS LLC<br><br>15305 DALLAS PARKWAY SUITE 1600 LB<br>ADDISON, TX 75001<br>13-4248908         | SURGERY                     | TX   | N/A                              | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| DIGNITYUSPJOHN MUIR EAST BAY SURG CTRS LLC<br><br>15305 DALLAS PARKWAY SUITE 1600 LB<br>ADDISON, TX 75001<br>35-2584991     | SURGERY                     | TX   | N/A                              | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| DIGNITY-ABRAZO HEALTH NETWORK LLC<br><br>3030 N CENTRAL AVENUE SUITE 1402<br>PHOENIX, AZ 85012<br>46-5477985                | MANAGEMENT SERVICES         | AZ   | N/A                              | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| DOMINICAN MAGNETIC RESONANCE IMAGING CENTER<br><br>1545 SOQUEL DRIVE<br>SANTA CRUZ, CA 94065<br>77-0095477                  | IMAGING CENTER              | CA   | N/A                              | 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 |                             |
| ECCS ACQUISITION COMPANY LLC<br><br>2940 NORTH CIRCLE DRIVE<br>COLORADO SPRINGS, CO 80909<br>35-2656413       | AMBUL SURG CTR              | CO   | N/A                              | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| FOLSOM SIERRA ENDOSCOPY CENTER LP<br><br>1650 CREEKSIDE DRIVE 1600<br>FOLSOM, CA 95630<br>68-0482416          | ENDOSCOPY                   | CA   | N/A                              | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| FRANCISCAN MEDICAL PAVILION BONNEY LAKE LLC<br><br>6622 WOLLOCHET DR NW<br>GIG HARBOR, WA 98335<br>46-3494108 | REAL ESTATE                 | WA   | N/A                              | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| FRANCISCAN SPECIALTY CARE LLC<br><br>680 SOUTH FOURTH STREET<br>LOUISVILLE, KY 40202<br>81-3725123            | HEALTHCARE SRVC             | WA   | N/A                              | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| GOOD SAMARITAN HOME CARE SERVICES OF VINCENNE IN LLC<br><br>1700 EDISON DR<br>MILFORD, OH 45150<br>20-1792869 | HOME HEALTH                 | OH   | N/A                              | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| HC SL VINTAGE I LLC<br><br>18000 W SARAH LANE STE 250<br>BROOKFIELD, WI 53045<br>27-0453767                   | PROPERTY HOLDING            | WI   | N/A                              | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| HEALTHCARE SUPPORT SERVICES LLC<br><br>PO BOX 9804<br>GRAND ISLAND, NE 68802<br>72-1546196                    | LAUNDRY                     | NE   | N/A                              | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| HEARTLAND ONCOLOGY LLC<br><br>2337 E CRAWFORD ST<br>SALINA, KS 67401<br>46-4265403                            | ONCOLOGY                    | KS   | N/A                              | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| LAKESIDE AMBULATORY SURGICAL CENTER LLC<br><br>17031 LAKESIDE HILLS DR<br>OMAHA, NE 68130<br>20-4267902       | AMBUL SURG CTR              | NE   | N/A                              | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| LAKESIDE ENDOSCOPY CENTER LLC<br><br>17001 LAKESIDE HILLS PLZ STE 201<br>OMAHA, NE 68130<br>20-5544496        | ENDOSCOPY SRVC              | NE   | N/A                              | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| LINCOLN CK LEASING LLC<br><br>555 SOUTH 70TH STREET<br>LINCOLN, NE 68510<br>26-2496856                        | REAL ESTATE                 | NE   | N/A                              | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| MEMORIAL MEDICAL PLAZA<br><br>3838 SAN DIMAS SUITE B 201<br>BAKERSFIELD, CA 93301<br>36-4510880               | REAL ESTATE                 | CA   | N/A                              | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| MERCY DAVIS CANCER CENTER MANAGEMENT CO LLC<br><br>2740 M STREET<br>MERCED, CA 95340<br>94-3358445            | MANAGEMENT OF CANCER CENTER | CA   | N/A                              | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| MERCY REHABILITATION HOSPITAL LLC<br><br>680 SOUTH FOURTH STREET<br>LOUISVILLE, KY 40202<br>81-4437201        | HEALTHCARE SRVC             | TX   | N/A                              | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| MILITARY ROAD PROPERTIES LLC<br><br>181 S 333RD STREET STE 250<br>FEDERAL WAY, WA 98003<br>91-2067879         | REAL ESTATE                 | WA   | N/A                              | 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 |                             |
| NEBRASKA SPINE HOSPITAL LLC<br><br>6901 N 72ND ST STE 20300<br>OMAHA, NE 68122<br>27-0263191                                | SPINE HOSPITAL             | NE   | N/A                              | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| NICU OPERATING CO OF SANTA CRUZ LLC<br><br>1555 SOQUEL DRIVE<br>SANTA CRUZ, CA 95065<br>46-0502935                          | NEONATAL HEALTHCARE        | CA   | N/A                              | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| NORTH RIVER SURGERY CENTER LLC<br><br>2209 WILDWOOD AVE<br>SHERWOOD, AR 72120<br>71-0799771                                 | AMBUL SURG CTR             | AR   | N/A                              | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| NORTHERN PLAINS LABORATORY LLC<br><br>401 N 9 STREET<br>BISMARK, ND 58501<br>84-1641341                                     | DIAGNOSTIC SERVICES        | ND   | N/A                              | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| NSC CHANNEL ISLANDS LLC<br><br>3000 RIVERCHASE GALLERIA SUITE 500<br>BIRMINGHAM, AL 35244<br>77-0418197                     | AMBULATORY SURGICAL CENTER | CA   | N/A                              | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| OMG ARIZONA LLC<br><br>130 SUTTER STREET 2ND FLR<br>SAN FRANCISCO, CA 94104<br>47-1708588                                   | MEDICAL OFFICE             | AZ   | N/A                              | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| ORTHOCOLORADO LLC<br><br>11650 WEST 2ND PLACE<br>LAKEWOOD, CO 80228<br>37-1577105   | ORTHO HOSPITAL             | CO   | N/A                              | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| PARK RAPIDS AREA HEALTH CARE<br><br>600 PLEASANT AVENUE S<br>PARK RAPIDS, MN 56470<br>20-4926259                            | HEALTHCARE SRVC            | MN   | N/A                              | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| PASADENA URGENCY CENTER LLC<br><br>4600 E SAM HOUSTON PKWY SOUTH<br>PASADENA, TX 77505<br>81-2482854                        | URGENT CARE                | TX   | N/A                              | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| PATIENT TRANSPORT SERVICES OF COLUMBUS INC<br><br>1700 EDISON DR<br>MILFORD, OH 45150<br>26-4601285                         | AMBULANCE                  | OH   | N/A                              | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| PENINSULA RADIATION ONCOLOGY LLC<br><br>314 MLK JR WAY STE 11<br>TACOMA, WA 98405<br>87-0808610                             | HEALTHCARE SRVC            | WA   | N/A                              | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| PENRAD IMAGING LLC<br><br>1390 KELLY JOHNSON BLVD<br>COLORADO SPRINGS, CO 80920<br>84-1072619                               | MEDICAL IMAGING            | CO   | N/A                              | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| PERFORMANCE MEDICAL EQUIPMENT & RESPIRATORY SVSC LLC<br><br>19625 62ND AVENUE SOUTH STE 101<br>KENT, WA 98032<br>45-2901632 | HOLDING COMPANY            | WA   | N/A                              | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| PLAZA SURGERY CENTER LP<br><br>525 E PLAZA DRIVE SUITE 100<br>SANTA MARIA, CA 93454<br>77-0573567                           | SURGERY                    | CA   | N/A                              | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| PMC HOSPITAL LLC<br><br>3100 MAIN ST STE 500<br>HOUSTON, TX 77002<br>27-3280598   | HOSPITAL                   | TX   | N/A                              | 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 |                             |
| PRECISION MEDICINE ALLIANCE LLC<br><br>198 INVERNESS DRIVE WEST<br>ENGLEWOOD, CO 80112<br>35-2569159               | DIAGNOSTIC SERVICES     | CO   | N/A                              | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| PUEBLO AMBULATORY SURGERY CENTER LLC<br><br>25 MONTEBELLO RD<br>PUEBLO, CO 81003<br>62-1488737                     | SURGERY CENTER          | CO   | N/A                              | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| RADIATION ONCOLOGY CENTERS OF VENTURA COUNTY<br><br>1700 N ROSE AVENUE SUITE 120<br>OXNARD, CA 93030<br>77-0191706 | IMAGING                 | CA   | N/A                              | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| RBR MANAGEMENT LLC<br><br>91 CORPORATE PARK DRIVE<br>SUITE 120<br>HENDERSON, NV 89074<br>27-1466450                | AMBULANCE               | NV   | N/A                              | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| REID-ANC HOME CARE SERVICES LLC<br><br>1700 EDISON DR<br>MILFORD, OH 45150<br>37-1454747                           | HOME HEALTH             | IN   | N/A                              | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| SAINT JOSEPH - SCA HOLDINGS LLC<br><br>1451 HARRODSBURG RD<br>LEXINGTON, KY 40503<br>45-3801157                    | OP SURGERY              | DE   | N/A                              | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| SAINT JOSEPH-ANC HOME CARE SERVICES<br><br>1700 EDISON DR<br>MILFORD, OH 45150<br>26-3330545                       | HOME HEALTH             | KY   | N/A                              | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| SANTA CRUZ COMPREHENSIVE IMAGING LLC<br><br>1661 SOQUEL DRIVE SUITE G<br>SANTA CRUZ, CA 95065<br>01-0550623        | IMAGING                 | CA   | N/A                              | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| SANTA CRUZ LAND & BUILDING LP<br><br>1555 SOQUEL DRIVE<br>SANTA CRUZ, CA 95065<br>77-0285236                       | REAL ESTATE             | CA   | N/A                              | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| SANTA CRUZ SURGERY CENTER LLC<br><br>3003 PAUL SWEET ROAD<br>SANTA CRUZ, CA 95065<br>77-0194916                    | SURGERY                 | CA   | N/A                              | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| SOUTHEASTERN HOME CARE LLC<br><br>1700 EDISON DR<br>MILFORD, OH 45150<br>27-1219638                                | HOME HEALTH             | OH   | N/A                              | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| ST JOSEPH'S SURGERY CENTER LP<br><br>15305 DALLAS PARKWAY SUITE<br>1600 LB<br>ADDISON, TX 75001<br>20-1019390      | SURGERY                 | TX   | N/A                              | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| ST ELIZABETH HOME CARE SERVICES LLC<br><br>1700 EDISON DR<br>MILFORD, OH 45150<br>26-1236191                       | HOME HEALTH             | KY   | N/A                              | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| ST FRANCIS LAND COMPANY<br><br>5390 N ACADEMY BLVD STE 300<br>COLORADO SPRINGS, CO 80918<br>26-3134100             | REAL ESTATE             | CO   | N/A                              | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| ST LUKE'S DIAGNOSTIC CATH LAB LLP<br><br>6624 FANNIN ST STE 800<br>HOUSTON, TX 77030<br>71-0959365                 | DIAGNOSTICS             | TX   | N/A                              | 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 |                             |
| ST LUKE'S LAKESIDE HOSPITAL LLC<br><br>6624 FANNIN STE 2505<br>HOUSTON, TX 77030<br>30-0427437                    | HOSPITAL                | TX   | N/A                              | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| ST LUKE'S THE WOODLANDS SLEEP CENTER LLC<br><br>6624 FANNIN STE 800<br>HOUSTON, TX 77030<br>46-2795726            | DIAGNOSTICS             | TX   | N/A                              | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| TEMPLETON SURGERY CENTER LLC<br><br>1310 LAS TABLAS ROAD SUITE 104<br>TEMPLETON, CA 94365<br>20-2246616           | SURGERY                 | CA   | N/A                              | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| THE MEDICAL PAVILION AT ST JOHN'S<br><br>1700 ROSE AVENUE<br>OXNARD, CA 93030<br>77-0332349                       | REAL ESTATE             | CA   | N/A                              | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| THREE SPRING IMAGING LLC<br><br>1 MERCADO ST STE 200A<br>DURANGO, CO 81301<br>81-3571570                          | HEALTHCARE SRVC         | CO   | N/A                              | N/A   |                              |                                    |                                      | No |  |                                     | No |                             |
| VALLEY PHYSICIANS SURGERY CENTER AT NORTHRIDGE LLC<br><br>18330 ROSCOE BLVD<br>NORTHRIDGE, CA 91328<br>80-0864336 | SURGERY                 | CA   | N/A                              | 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 |
| ALEGENT HEALTHCARE<br>MANAGED CARE SERVICES INC<br>12809 WEST DODGE RD<br>OMAHA, NE 68154<br>47-0802396                           | MANAGED CARE            | NE  | N/A                                 | C  |                                 |   |                                |  | No |
| ALL SAINTS INSURANCE COMPANY SPC LTD<br>PO BOX 10073 APO<br>GEORGETOWN, GRAND CAYMAN<br>CJ 98-0556913                             | INSURANCE               | CJ  | N/A                                 | C  |                                 |   |                                |  | No |
| ALLIANCE HEALTH PROVIDERS OF BRAZOS<br>VALLEY INC<br>2801 FRANCISCAN DRIVE<br>BRYAN, TX 77802<br>74-2466914                       | HEALTHCARE              | TX  | N/A                                 | C  |                                 |   |                                |  | No |
| ALTERNATIVE INSURANCE MANAGEMENT<br>SERVICE INC<br>3900 OLYMPIC BLVD STE 400<br>ERLANGER, KY 41018<br>84-1112049                  | MANAGEMENT SERVICES     | CO  | N/A                                 | C  |                                 |   |                                |  | No |
| AMERICAN NURSING CARE INC<br>1700 EDISON DR<br>MILFORD, OH 45150<br>31-1085414  | HOME HEALTH             | OH  | N/A                                 | C  |                                 |   |                                |  | No |
| AMERIMED INC<br>1700 EDISON DR<br>MILFORD, OH 45150<br>31-1158699   | HOME HEALTH             | OH  | N/A                                 | C  |                                 |   |                                |  | No |
| BC HOLDING COMPANY INC<br>1850 BLUEGRASS AVE<br>LOUISVILLE, KY 40215<br>31-1542851  | FITNESS CLUB            | KY  | N/A                                 | C  |                                 |   |                                |  | No |
| BRAZOSPORT HEALTH ALLIANCE<br>1 WEST WAY COURT<br>LAKE JACKSON, TX 77566<br>76-0518376  | HEALTH CARE             | TX  | N/A                                 | C  |                                 |   |                                |  | No |
| CADUCEUS MEDICAL ASSOCIATES INC<br>5600 BRAINERD ROAD STE 500<br>CHATTANOOGA, TN 37411<br>62-1570736                              | HEALTHCARE              | TN  | N/A                                 | C  |                                 |   |                                |  | No |
| CAPTIVE MANAGEMENT INITIATIVES LTD<br>PO BOX 10073 APO<br>GEORGETOWN, GRAND CAYMAN<br>CJ 98-0663022                               | CAPTIVE MANAGEMENT      | CJ  | N/A                                 | C  |                                 |   |                                |  | No |
| CATHOLIC HEALTH INITIATIVES CENTER FOR<br>TRANSLATIONAL RESEARCH<br>198 INVERNESS DRIVE WEST<br>ENGLEWOOD, CO 80112<br>27-2269511 | RESEARCH                | CO  | N/A                                 | C  |                                 |   |                                |  | No |
| 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  | N/A                                 | C  |                                 |   |                                |  | No |
| CLEARRIVER HEALTH<br>198 INVERNESS DRIVE WEST<br>ENGLEWOOD, CO 80112<br>46-4495960  | INSURANCE               | TN  | N/A                                 | C  |                                 |   |                                |  | No |
| COASTAL SURGICAL SPECIALISTS INC<br>921 OAK PARK BLVD SUITE 101<br>PISMO BEACH, CA 93449<br>74-3000596                            | HEALTHCARE              | CA  | N/A                                 | S  |                                 |   |                                |  | No |
| COMCARE SERVICES INC<br>5570 DTC PARKWAY<br>ENGLEWOOD, CO 80111<br>84-0904813   | INACTIVE                | CO  | N/A                                 | C  |                                 |   |                                |  | No |

| Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust                                     |                         |   |                                     |  |                                 |   |                                |  |    |
|---|-------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|--|----|
| (a)<br>Name, address, and EIN of<br>related organization  | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|   |                         |   |                                     |  |                                 |   |                                | Yes  | No |
| CONSOLIDATED HEALTH SERVICES<br>1700 EDISON DR<br>MILFORD, OH 45150<br>31-1378212   | HOME HEALTH             | OH  | N/A                                 | C  |                                 |   |                                |  | No |
| DES MOINES MEDICAL CENTER INC<br>1111 6TH AVE<br>DES MOINES, IA 50314<br>42-0837382   | REAL ESTATE             | IA  | N/A                                 | C  |                                 |   |                                |  | No |
| DIGNITY HEALTH HOLDING CORPORATION<br>185 BERRY STREET SUITE 200<br>SAN FRANCISCO, CA 94107<br>46-0675371                                     | HOLDING CO              | NV  | N/A                                 | C  |                                 |   |                                |  | No |
| DIGNITY HEALTH INSURANCE LTD (CAYMAN<br>ISLAND CORPORATION)<br>PO BOX 1051 KY1-1102<br>GRAND CAYMAN ISLANDS, GRAND CAYMAN<br>CJ<br>98-1065338 | INSURANCE               | CJ  | N/A                                 | C  |                                 |   |                                |  | No |
| DIGNITY HEALTH PROVIDER RESOURCES INC<br>185 BERRY STREET SUITE 200<br>SAN FRANCISCO, CA 94107<br>47-3366764                                  | HEALTH PLAN             | CA  | N/A                                 | C  |                                 |   |                                |  | No |
| DIVERSIFIED HEALTH RESOURCES INC<br>100 MEDICAL DRIVE<br>LAKE JACKSON, TX 77566<br>76-0222679   | HEALTH CARE             | TX  | N/A                                 | C  |                                 |   |                                |  | No |
| FIRST INITIATIVES INSURANCE LTD<br>PO BOX 10073 APO<br>GEORGETOWN, GRAND CAYMAN<br>CJ 98-0203038  | INSURANCE               | CJ  | N/A                                 | C  |                                 |   |                                |  | No |
| FRANCISCAN CITY URGENT CARE SERVICES<br>PS<br>C/O CPGUSA 1345 AVE OF THE AMERICAS<br>NEW YORK, NY 10105<br>81-2174959                         | HEALTHCARE              | NY  | N/A                                 | C  |                                 |   |                                |  | No |
| FRANCISCAN SERVICES INC<br>198 INVERNESS DRIVE WEST<br>ENGLEWOOD, CO 80112<br>23-2487967  | HEALTHCARE              | CO  | N/A                                 | C  |                                 |   |                                |  | No |
| GOOD SAMARITAN OUTREACH SERVICES<br>PO BOX 1990<br>KEARNEY, NE 68848<br>47-0659440  | MEDICAL CLINIC          | NE  | N/A                                 | C  |                                 |   |                                |  | No |
| HARVESTPLAINS HEALTH OF IOWA<br>32129 WEYERHAEUSER WAY S STE 201<br>FEDERAL WAY, WA 98001<br>47-3451750                                       | INSURANCE               | WA  | N/A                                 | C  |                                 |   |                                |  | No |
| HEALTH SERVICES OF THE PACIFIC CENTRAL<br>COAST INC<br>1400 E CHURCH STREET<br>SANTA MARIA, CA 93454<br>77-0074057                            | HEALTHCARE              | CA  | N/A                                 | C  |                                 |   |                                |  | No |
| HEALTH SYSTEMS ENTERPRISES INC<br>PO BOX 1990<br>KEARNEY, NE 68848<br>47-0664558  | MGMT                    | NE  | N/A                                 | C  |                                 |   |                                |  | No |
| HEALTHCARE MGMT SERVICES<br>ORGANIZATION INC<br>1149 MARKET ST<br>TACOMA, WA 98402<br>91-1865474  | HEALTH ORG.             | WA  | N/A                                 | C  |                                 |   |                                |  | No |
| HEARTLANDPLAINS HEALTH<br>198 INVERNESS DRIVE WEST<br>ENGLEWOOD, CO 80112<br>46-4368223   | INSURANCE               | NE  | N/A                                 | C  |                                 |   |                                |  | No |

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|   |                                     |   |                                     |  |                                 |   |                                | Yes  | No |
| HIGHLINE MEDICAL GROUP<br>1717 S J STREET<br>TACOMA, WA 98405<br>91-1407026                                       | MEDICAL SERVICES                    | WA  | N/A                                 | C  |                                 |   |                                |  | No |
| INTEGRATED MEDICAL SERVICES<br>9250 N 3RD STREET SUITE 4010<br>PHOENIX, AZ 85020<br>86-0783428                    | MULTI-SPECIALTY<br>PHYSICIANS GROUP | AZ  | N/A                                 | C  |                                 |   |                                |  | No |
| KOMG-LOUISVILLE REGION INC<br>201 ABRAHAM FLEXNER WAY<br>LOUISVILLE, KY 40202<br>83-2481198                       | HEALTHCARE                          | KY  | N/A                                 | C  |                                 |   |                                |  | No |
| MEDICAL OFFICE BUILDING HORIZONTAL<br>PROPERTY REGIME INC<br>300 WERNER ST<br>HOT SPRINGS, AR 71913<br>71-0720429 | REAL ESTATE                         | AR  | N/A                                 | C  |                                 |   |                                |  | No |
| MEDQUEST<br>1301 15TH AVENUE WEST<br>WILLISTON, ND 58801<br>45-0392137  | SALE OF DME                         | ND  | N/A                                 | C  |                                 |   |                                |  | No |
| MEMORIAL CV SERVICE LINE MANAGEMENT<br>COMPANY LLC<br>1201 W FRANK AVE<br>LUFKIN, TX 75904<br>46-3622849          | HEATH CARE                          | TX  | N/A                                 | C  |                                 |   |                                |  | No |
| MERCY PARK APARTMENTS LTD<br>1111 6TH AVE<br>DES MOINES, IA 50314<br>42-1202422                                   | HOUSING                             | IA  | N/A                                 | C  |                                 |   |                                |  | No |
| MERCY SERVICES CORP<br>2700 STEWART PARKWAY<br>ROSEBURG, OR 97471<br>93-0824308                                   | RETAIL SALES                        | OR  | N/A                                 | C  |                                 |   |                                |  | No |
| MHI CLINICAL SERVICES<br>1201 W FRANK AVE<br>LUFKIN, TX 75904<br>46-1967952                                       | HEALTHCARE                          | TX  | N/A                                 | C  |                                 |   |                                |  | No |
| MILLENNIUM SURGERY CENTER INC<br>9300 STOCKDALE HWY 200<br>BAKERSFIELD, CA 93311<br>77-0513445                    | HEALTHCARE                          | CA  | N/A                                 | S  |                                 |   |                                |  | No |
| MOUNTAIN MANAGEMENT SERVICES INC<br>6028 SHALLOWFORD RD<br>CHATTANOOGA, TN 37421<br>62-1570739                    | MGMT SVC ORG                        | TN  | N/A                                 | C  |                                 |   |                                |  | No |
| NORTH CENTRAL HEALTH CARE ALLIANCE<br>PO BOX 5538<br>BISMARCK, ND 58506<br>45-0439894                             | HEALTHCARE                          | ND  | N/A                                 | C  |                                 |   |                                |  | No |
| PATIENT TRANSPORT SERVICES INC<br>1700 EDISON DR<br>MILFORD, OH 45150<br>31-1100798                               | HOME HEALTH                         | OH  | N/A                                 | C  |                                 |   |                                |  | No |
| QUALCHOICE ADVANTAGE<br>32129 WEYERHAEUSER WAY S STE 201<br>FEDERAL WAY, WA 98001<br>47-3433912                   | INSURANCE                           | WA  | N/A                                 | C  |                                 |   |                                |  | No |
| QUALCHOICE HEALTH PLAN SERVICES INC<br>198 INVERNESS DRIVE WEST<br>ENGLEWOOD, CO 80112<br>46-1224037              | ADMIN SERVICES                      | CO  | N/A                                 | C  |                                 |   |                                |  | No |

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|  |                         |   |                                     |  |                                 |   |                                | Yes  | No |
| QUALCHOICE HEALTH INC (FKA<br>COLLABHEALTH MANAGED SOLUTIONS INC)<br>198 INVERNESS DRIVE WEST<br>ENGLEWOOD, CO 80112<br>46-1222808 | HOLDING CO              | CO  | N/A                                 | C  |                                 |   |                                |  | No |
| QUALCHOICE HOLDINGS INC<br>198 INVERNESS DRIVE WEST<br>ENGLEWOOD, CO 80112<br>27-4075520   | HOLDING CO              | AR  | N/A                                 | C  |                                 |   |                                |  | No |
| QUALCHOICE OF NEBRASKA<br>2401 S 73RD ST<br>OMAHA, NE 68124<br>81-0738827  | INACTIVE                | NE  | N/A                                 | C  |                                 |   |                                |  | No |
| RIVERLINK HEALTH<br>198 INVERNESS DRIVE WEST<br>ENGLEWOOD, CO 80112<br>46-4380824  | INSURANCE               | OH  | N/A                                 | C  |                                 |   |                                |  | No |
| RIVERLINK HEALTH OF KENTUCKY INC<br>198 INVERNESS DRIVE WEST<br>ENGLEWOOD, CO 80112<br>46-4828332                                  | INSURANCE               | KY  | N/A                                 | C  |                                 |   |                                |  | No |
| ROSS PARK PHARMACY INC<br>380 SUMMIT AVE<br>STEUBENVILLE, OH 43952<br>34-1832654   | PHARMACY                | OH  | N/A                                 | C  |                                 |   |                                |  | No |
| SAINT CLARE'S PRIMARY CARE INC<br>198 INVERNESS DRIVE WEST<br>ENGLEWOOD, CO 80112<br>22-2441202                                    | BILLING SERVICES        | NJ  | N/A                                 | C  |                                 |   |                                |  | No |
| SJH SERVICES CORPORATION<br>198 INVERNESS DRIVE WEST<br>ENGLEWOOD, CO 80112<br>23-2307408  | HEALTHCARE              | CO  | N/A                                 | C  |                                 |   |                                |  | No |
| SJL PHYSICIAN MANAGEMENT SERVICES INC<br>424 LEWIS HARGETT CR STE 160<br>LEXINGTON, KY 40503<br>27-0164198                         | MGMT                    | KY  | N/A                                 | C  |                                 |   |                                |  | No |
| SOUNDPATH HEALTH INC<br>32129 WEYERHAEUSER WAY S STE 201<br>FEDERAL WAY, WA 98001<br>42-1720801                                    | INSURANCE               | WA  | N/A                                 | C  |                                 |   |                                |  | No |
| ST MARY HEALTH VENTURES INC<br>1050 LINDEN AVENUE<br>LONG BEACH, CA 90813<br>95-1912528  | RETAIL PHARMACY         | CA  | N/A                                 | C  |                                 |   |                                |  | No |
| ST ANTHONY DEVELOPMENT COMPANY<br>1415 SOUTHGATE<br>PENDLETON, OR 97801<br>93-1216943  | ATHLETIC CLUB           | OR  | N/A                                 | C  |                                 |   |                                |  | No |
| ST JOSEPH DEVELOPMENT COMPANY INC<br>1717 SOUTH J ST<br>TACOMA, WA 98405<br>91-1480569   | RENTAL                  | WA  | N/A                                 | C  |                                 |   |                                |  | No |
| ST LUKE'S HEALTH SYSTEM HOLDINGS INC<br>6624 FANNIN STE 800<br>HOUSTON, TX 77030<br>76-0637138                                     | HOLDING CO              | TX  | N/A                                 | C  |                                 |   |                                |  | No |
| ST VINCENT COMMUNITY HEALTH SERVICES<br>INC<br>TWO ST VINCENT CIRCLE<br>LITTLE ROCK, AR 72205<br>71-0710785                        | HEALTHCARE              | AR  | N/A                                 | C  |                                 |   |                                |  | No |

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|---|-------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|--|----|
|   |                         |   |                                     |  |                                 |   |                                | Yes  | No |
| STE HOLDINGS<br>12809 WEST DODGE RD<br>OMAHA, NE 68154<br>82-2383629                                  | HOLDING CO              | NE  | N/A                                 | C  |                                 |   |                                |  | No |
| SUGAR LAND DOCTOR GROUP<br>1317 LAKE POINT PARKWAY<br>SUGAR LAND, TX 77478<br>45-4270163              | MEDICAL CLINIC          | TX  | N/A                                 | C  |                                 |   |                                |  | No |
| TOWSON MANAGEMENT INC<br>7601 OSLER DR<br>TOWSON, MD 21204<br>52-1710750                              | MGMT SERVICES           | MD  | N/A                                 | C  |                                 |   |                                |  | No |
| TRINITY MANAGEMENT SERVICES<br>ORGANIZATION<br>380 SUMMIT AVE<br>STEUBENVILLE, OH 43952<br>34-1471026 | MGMT SERVICES           | OH  | N/A                                 | C  |                                 |   |                                |  | No |