DLN: 93493310029670

OMB No. 1545-0047

2019

Return of Organization Exempt From Income Tax

Department of the

Treasury

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.

 \blacktriangleright Go to $\underline{\textit{www.irs.gov/Form990}}$ for instructions and the latest information.

Open to Public Inspection

		2019 c	alendar vear or tay vear begin	ning 01-01-2019 , and ending :	12-31-201	Q		
		pplicable:	C Name of organization	ining 01-01-2019 , and ending .	12-31-201		r identificat	ion number
_		pplicable: change	Banner-University Medical Group					
	me cha	- 1	% DAVID BIXBY			94-2958	258	
	tial ret		Doing business as					
		n/terminated I return	Number and street (or P.O. box if ma	nil is not delivered to street address) Roo	om/suite	E Telephone	e number	
		on pending	2901 N Central Ave Suite 160	in is not delivered to street dath ess, inte	only build	(602) 74	17-4000	
		.]	City or town, state or province, coun	try, and ZIP or foreign postal code		(===)		
			PHOENIX, AZ 85012			G Gross red	eipts \$ 393,5	543,379
			F Name and address of principa	officer:	H(a) Is this a group ret	urn for	-
			LARRY GOLDBERG 2901 N CENTRAL AVE SUITE 160			subordinates?		□Yes ☑ No
			PHOENIX, AZ 85012		H(b) Are all subordinate	es	☐ Yes ☐No
I Ta:	x-exem	npt status:	▼ 501(c)(3)	insert no.)	27	included? If "No," attach a li	st (see ins	
1 W	ehsit	e: NW	/W.BANNERHEALTH.COM			Group exemption	•	,
K Forr	n of or	ganization:	✓ Corporation ☐ Trust ☐ Associ	ciation ☐ Other ▶	L Year	r of formation: 1983	M State of le	egal domicile: AZ
Pa	art I	Sum	mary					
			scribe the organization's mission or	· most significant activities: SSION TO MAKE HEALTH CARE EASI	TED SOLIE	E CAN BE BETTED BY	√ DD(\/IDIN	IG INTEGRATED
e)			ATED CARE & POPULATION HEALTI		IEK, 30 LIF	E CAN BE BETTER B	i PROVIDIN	IG INTEGRATED
≘	=							
Ĕ	-							
96	,	Check thi	e hov	continued its operations or disposed	l of more th	an 25% of its net as	cete	
<u> </u>				g body (Part VI, line 1a)			3	9
χ ο Υ	4	Number o	of independent voting members of	the governing body (Part VI, line 1b	o)		4	4
Activities & Governance	5	Total nun	nber of individuals employed in cal	endar year 2019 (Part V, line 2a)			5	2,870
£	6	Total nun	nber of volunteers (estimate if nec	essary)			6	0
ď	7a -	Total unr	elated business revenue from Part	VIII, column (C), line 12			7a	0
	Ь	Net unrel	ated business taxable income from	Form 990-T, line 39			7b	0
						Prior Year	Cu	ırrent Year
a .	8	Contribut	ions and grants (Part VIII, line 1h)			267,0	89	1,460,969
Ravenue	9	Program	service revenue (Part VIII, line 2g)			365,182,4	97	392,082,204
ŏΛċ	l		nt income (Part VIII, column (A), li			<u> </u>	0	206
Œ	11	Other rev	renue (Part VIII, column (A), lines 5	5, 6d, 8c, 9c, 10c, and 11e)			0	
	12	Total reve	enue—add lines 8 through 11 (mus	st equal Part VIII, column (A), line 1	2)	365,449,5	86	393,543,379
	13	Grants ar	nd similar amounts paid (Part IX, co	olumn (A), lines 1–3)		938,7	49	1,086,015
			paid to or for members (Part IX, co			-	0	
S.	15	Salaries,	other compensation, employee be	nefits (Part IX, column (A), lines 5-:	10)	387,577,5	41	415,105,738
ıse	16a	Professio	nal fundraising fees (Part IX, colun	nn (A), line 11e)			0	
Expenses			raising expenses (Part IX, column (D), I					
ಮ	17	Other exp	penses (Part IX, column (A), lines 1	.1a-11d, 11f-24e)	-	120,338,6	24	123,350,147
	18	Total exp	enses. Add lines 13–17 (must equ	al Part IX, column (A), line 25)		508,854,9	14	539,541,900
	19	Revenue	less expenses. Subtract line 18 fro	m line 12		-143,405,3	28	-145,998,521
S &					Ве	ginning of Current Ye	ear E	nd of Year
Net Assets or Fund Balances								
Bal	20	Total ass	ets (Part X, line 16)			80,580,3	96	66,611,754
물물	21	Total liab	ilities (Part X, line 26)		•	48,849,8	39	61,347,603
Zű	22	Net asset	s or fund balances. Subtract line 2	1 from line 20		31,730,5	57	5,264,151
	ırt II		ature Block					
				ned this return, including accompar Declaration of preparer (other thar				
	nowle							
		1k				2020-11-04		
Sign		Signati	ure of officer			Date		
Here		DENNIT	S I ADAMAY TREASIDED					
			S LARAWAY TREASURER r print name and title					
		<u>ј'</u> Р	rint/Type preparer's name	Preparer's signature	Date		TIN	
Paid	ł					Check L if p	01508556	
	pare	er 📴	irm's name ► ERNST & YOUNG US LL	P	•	Firm's EIN ►		
	On	ı ⊢	irm's address ▶ 101 E WASHINGTON ST	STE Q10		Dhens no (602) 2	22 2000	
	J-111	ا ر-		31L 310		Phone no. (602) 3	22-3000	
			PHOENIX, AZ 85004					
May t	he IRS	S discuss	this return with the preparer show	n above? (see instructions)			✓ Yes	∐ No

Form	990 (2	2019)				Page 2
Pa	rt III	Statement of Program S	ervice Accomplis	hments		
		Check if Schedule O contains a	response or note to	any line in this Part III .		🗹
1	Briefly	describe the organization's mis				
		NER HEALTH COMPLETE ITS MIS ED CARE & POPULATION HEALTH		TH CARE EASIER SO LI	FE CAN BE BETTER BY PROVIDING	S INTEGRATED &
2	Did th	ne organization undertake any sig	nificant program ser	vices during the year wh	nich were not listed on	
	the pr	ior Form 990 or 990-EZ?				🗌 Yes 🗹 No
	If "Yes	s," describe these new services o	n Schedule O.			
3	Did th	ne organization cease conducting	or make significant	changes in how it condu	icts, any program	
		es?				☐ Yes 🗹 No
4	Descri Sectio	ibe the organization's program s	ervice accomplishmer nizations are required	to report the amount o	largest program services, as meas f grants and allocations to others,	
4a	(Code:	:) (Expenses \$	484,853,986	including grants of \$	1,086,015) (Revenue \$	392,082,204)
	See Ad	dditional Data				
4b	(Code:) (Expenses \$		including grants of \$) (Revenue \$)
		\ (F) (p	
4c	(Code:	:) (Expenses \$		including grants of \$) (Revenue \$)
4d		program services (Describe in S	•) (December 4)
		enses \$	including grants of	<u>:</u>) (Revenue \$)
4e	Total	program service expenses >	484,853,9	86		

18

19

Nο

Nο

No

Nο

17

18

19

20a

20b

21

Yes

Form **990** (2019)

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

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

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

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)

lines 1c and 8a? If "Yes," complete Schedule G, Part II

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

orm 9	990 (2019)			Page 4
Part	Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III	27		No
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
•	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
L	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
1	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
ia	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
3	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pari	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	. ;		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 97		Yes	No

1b

 ${f b}$ Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .

1c

Yes

Par	tV Statements Regarding Other IRS Filings and Tax Compliance (continued)			rage 3
	Enter the number of employees reported on Form W-3, Transmittal of Wage and			
	Tax Statements, filed for the calendar year ending with or within the year covered by			
	this return	2b	Yes	
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	103	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country: ▶			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		No No
		5b		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5с 6а		No No
	solicit any contributions that were not tax deductible as charitable contributions?	Ua		
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7 b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
·	bid the organization receive any funds, unlessly of maneetry, to pay premiums on a personal benefit contract.	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form			
	1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
ь	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	Yes	
16	If "Yes," complete Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No

It there are material differences in voting rights among members of the governing body, or if the governing body delegated body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. In the moment of the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. In the moment of the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. In the moment of the governing body delegated broad authority to a secutive committee or similar committee, explain in Schedule 0 in line 1a, above, who are independent of the committee or similar committee, explain in Schedule 0 in line 1a, above, who are independent of the committee or similar committee, explain in Schedule 0 in line 1a, above, who are independent of the committee or similar committee or similar committee or some of the committee or some of similar committee or some or some of the committee or some or some of the committee or some or some of the committee or some or	Pai	t VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	" resp	onse to	lines ✓
1a filer the number of voting members of the governing body at the end of the tax year If these are material differences in voting rights among members of the governing of this governing, and in a Schedule 0. b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management duties customarily performed by or under the direct supervision of officers, director, trustee, or key employees to a management company or other person? 3 Did the organization become aware during the year of a significant diversion of the organization is assets? 5 No 6 Did the organization have members as stockholders, or other persons who had the power to elect or appoint one or more numbers of the governing body? 5 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7 To Yes A did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more numbers of the governing body? 8 A reasy governance due to so of the organization reserved to (or subject to approval by) members, stockholders, or 7 To Yes 10 did the organization became the power of the organization of the organization and the power of the p	Se	ction	A. Governing Body and Management			
If there are material differences in voting rights among memores of the governing body, or if the governing body delegated bread authority to an executive committee or similar committee, explain in Schedule O. 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officers, director, trustee, or key employees to a management duries customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management duries customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management duries customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 5 Did the organization necessary significant canagement duries customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 6 Did the organization have members or stockholders? 7 Did the organization have members or stockholders? 8 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 8 Did the organization nave members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 9 Did the organization nave members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 10 Did the organization makes of the organization reservee to (or subject to approval by) members, stockholders, or persons other than the governing body? 10 Did the organization makes of the organization reservee to (or subject to approval by) members, stockholders, or persons other than the governing body? 10 Did the organization makes to a subject to the governing body? 11 Did but the organization have written persons proved the names and add					Yes	No
body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. b Enter the number of voting members included in line 1a, above, who are independent 1	1 a	Enter	the number of voting members of the governing body at the end of the tax year 1a 9			
Did the organization have members or stockholders? 2		body,	or if the governing body delegated broad authority to an executive committee or			
officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 7 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 8 De Are any operanace decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 9 Is there any officer, director, trustees, or key employee isted in Part VII, Section A, who cannot be reached at the organization's maling address? If "Res," provide the names and addresses in Schedule O Section B, Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No. 10a Did the organization have local chapters, branches, or affiliates? 10b Eff "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates; and branches to ensure their operations are consistent with the organization's evempt purposes? 11a Has the organization have a written whistleblower policy? 11b Jid the organization have a written conflict of interest policy? If "No.", go to lime 13 11c Ves 12c Ves 13d Ves 14d Ves 15 Did the organization have a written conflict of interest policy? 14d Ves 15 Did the organization have a written document retention and destruction policy? 15 Did the organization have a written document retention and destruction policy? 15 Did the organization have a written document retention of the fellowing persons include a review and approv	b	Enter				
defificers, directors or trustees, or key employees to a management company or other person? 4	2			2		No
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Schedule 0 how this was done	b			12b	Yes	
13	C	Did th Sched	he organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in dule O how this was done	12c	Yes	
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taxable entity during the year?		If "Ye	es" to line 15a or 15b, describe the process in Schedule O (see instructions).			
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Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed▶ 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. □ Own website □ Another's website ☑ Upon request □ Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records:	b	in joir	nt venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt			
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20 State the name, address, and telephone number of the person who possesses the organization's books and records:	19	Descr	ribe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest			
	20	State	the name, address, and telephone number of the person who possesses the organization's books and records:			

 \checkmark

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 $\mbox{VII}\,\,$. Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount 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 director organization, more than \$10,000 of reportable co See instructions for the order in which to list the 	mpensation fro									
Check this box if neither the organization nor		ganizat	ion c	omp	ens	ated a	any o	current officer, dire	ctor, or trustee.	
(A) Name and title	(B) Average hours per week (list any hours	Positio tha pers	n (do an on on is	(C) not e bo both	t cho x, u n an		ore er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Former Highest compensated employee		(W-2/1099- MISC)	(W-2/1099- MISC)	organization and related organizations
(1) DENNIS LARAWAY DIRECTOR/TREASURER	40.0	X		x				0	1,891,411	973,974
(2) TEODOR PIREA MD PHYSICIAN	40.0					х		1,603,641	0	41,634
(3) SCOTT NORLAND DIRECTOR	8.0	Х						0	1,082,629	553,288
(4) LARRY GOLDBERG PRESIDENT/CO-CHAIRMAN	40.0	Х		x				1,221,473	0	357,607
(5) ASHISH PERSHAD MD PHYSICIAN	40.0					x		1,334,404	0	39,668
(6) WILBER SU MD PHYSICIAN	40.0					x		1,243,601	0	44,721
(7) RISHI GOSALIA MD PHYSICIAN	40.0					х		1,040,368	0	44,360
(8) DIVYA RATAN VERMA PHYSICIAN	40.0					х		918,954	0	37,832
(9) STEVE NARANG CEO - BUMC	40.0						х	0	732,769	26,136
(10) SCOTT HOFFERBER CHIEF OPERATING OFFICER	40.0			х				582,955	0	149,998
(11) SCOTT GOODWIN CFO - BUMG	40.0						х	558,862	0	4,843
(12) GEORGE DAMRON VP DIVISION CFO	40.0	Х						452,859	0	89,797
(13) CAROL KARP FORMER CFO	20.0						х	0	445,187	42,357
(14) JOHN HENSING MD DIRECTOR	8.0	Х						0	275,638	79,163
(15) IRV KRON DIRECTOR (THRU 11/19)	40.0	Х						0	0	0
(16) GUY REED DIRECTOR	40.0	Х						0	0	0
(17) LISA RUNLEY DIRECTOR/SECRETARY	40.0	Х		Х				0	0	0

SCRIBE ONE LIMITED LLC,

compensation from the organization ► 30

515 E GRANT ST PHOENIX, AZ 85004

Part VII

(A) Name and title	Name and title Average hours per week (list any hours for related any hours because for related any hours director/trustee) Average hours per than one box, unless person is both an officer and a director/trustee) Average hours position (do not check more than one box, unless person is both an officer and a director/trustee) Average hours position (do not check more than one box, unless person is both an officer and a director/trustee) Average hours per than one box, unless person is both an officer and a director/trustee) Average hours per than one box, unless person is both an officer and a director/trustee) Average hours per than one box, unless person is both an officer and a director/trustee) Average hours per than one box, unless person is both an officer and a director/trustee)				Reportable compensation from related organizations		(F) Estima amount o compen from	ated of other sation the				
	ror related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(W-2/1099- MISC)		organizat relat organiza	:ed
(18) MICHAEL ABECASSIS	40.0								0	0		0
DIRECTOR (as of 11/19)	0.0	1	<u> </u>	igspace	<u> </u>	<u> </u>	<u> </u>			1		
(19) MICHAEL DAKE	4.0			X					o	0		0
CO-CHAIRMAN	0.0			_						+		
				<u> </u>								
				 								
			\vdash	\vdash	+	<u> </u>	+-'			+		
1b Sub-Total		Щ_	لــــــــــــــــــــــــــــــــــــــ	Щ	<u> </u>		لــــــــــــــــــــــــــــــــــــــ					
c Total from continuation sheets to Part					•	-	—					
d Total (add lines 1b and 1c)	•					<u> </u>		8,957,117	4,427,634		2	2,485,378
Total number of individuals (including bu of reportable compensation from the org.			sted a	abov	/e) v	vho re	ceive	ed more than \$10	0,000			
									_		Yes	No
3 Did the organization list any former offic line 1a? If "Yes," complete Schedule J for						e, or h	_			_		
,									<u> </u>	3	Yes	
For any individual listed on line 1a, is the organization and related organizations gr individual									the	4	Yes	
5 Did any person listed on line 1a receive of services rendered to the organization? If								ganization or indiv	vidual for	5		No
Section B. Independent Contractors	 5				_	—	_		<u> </u>			
Complete this table for your five highest from the organization. Report compensation.	compensated in tion for the caler								's tax year.	ensa		
Name and	(A) business address							Descri	(B) iption of services		(C) Compen) sation
UNIVERSITY OF ARIZONA, PO BOX 210202 TUCSON, AZ 85721								Medical Servi	ices			,504,772
COMPHEALTH, PO BOX 972651 DALLAS, TX 753972651								Medical Staff	ing		3,	,484,316
THE CTR FOR ORTHOPEDIC RESEARCH E, 18444 N 25TH AVE SUITE 320 PHOENIX, AZ 85023								Medical Servi	ices		3,	,389,860
VALLEY ANESTHESIOLOGY CONS LTD, 645 E MISSOURI AVE SUITE 300 PHOENIX, AZ 85012								Medical Servi				,340,264
SCRIBE ONE LIMITED LLC								Mod Scribo 9	ConviCES		1	491 011

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

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

1,481,911

Med. Scribe ServiCES

orm 9			of F	Payar						Page 9
Part	VIII				resno	onse or note to an	y line in this Part VIII			\square
		Greek ii Schee		o contains a	ГСЭРС	vise of flore to un	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
, y	1 a	Federated campa	aigns		1 a			Tevenue		012 011
Contributions, Gifts, Grants and Other Similar Amounts	ı	b Membership dues	s.	. [1 b					
, Gr		c Fundraising even		-	1c					
ifts ar /		d Related organiza		-	1 d	1,419,438				
s, G imil		Government grants		Ļ	1e					
tion sr Si	1	 All other contribution and similar amounts above 			1f	41,531				
ibu Xthe	٩	Noncash contributio	ons in	cluded in						
ontr nd (lines 1a - 1f:\$			1 g					
ة ت		h Total. Add lines	la-l	· · ·	•	>	1,460,969			r
	22	HEALTHCARE SERVIC	CES			Business Code	392,082,204	392,082,204	0	0
e l	20					622222				
Program Service Revenue	b									
æ æ										
rvic	С									
3,	d									
grar	e									
ě										
		All other program								
		Total. Add lines 2 Investment income				392,082,204 nterest, and othe				
	s	imilar amounts) .					200	5		206
		Income from invest Royalties		it of tax-exer	-		· <u> </u>)		
		,	(i) Real (ii) Personal							
	6a	Gross rents	6a							
		Less: rental								
	_	expenses Rental income	6b							
		or (loss)	6с		(0			
	d	Net rental income	or				()		
	7a	Gross amount		(i) Securi	ties	(ii) Other				
	-	from sales of assets other	7a							
	b	than inventory Less: cost or								
	D	other basis and sales expenses	7b							
	_	Gain or (loss)	7c							
		Net gain or (loss)								
ی	8a	Gross income from fu	ındra			,				
Other Revenue		(not including \$								
ev.		See Part IV, line 18			8a		0			
erf		Less: direct expen Net income or (los			8b na ev					
	9a	Gross income from See Part IV, line 19	gam •	ing activities.	9a		0			
	b	Less: direct expen	ises		9b		0			
	C	Net income or (los	ss) fr	om gaming a	ctivit	ies >				
	10a	Gross sales of inve	entoi	ry, less						
		returns and allowa			10a		0			
		Less: cost of good			10ь		0			
		Net income or (los Miscellaneo			invent	ory Dusiness Code				
	11	a								
	b	•								
	-									
	c									
	d	All other revenue								
		Total. Add lines 1				>				
	12	Total revenue. S	ee ir	nstructions .					,	300
						•	393,543,379	392,082,204	1 (206

For	m 990 (2019)				Page 10
Р	art IX Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations must c		_		
	Check if Schedule O contains a response or note to an	y line in this Part IX			🗹
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,086,015	1,086,015		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	22,377	0	22,377	0
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	563,705	0	563,705	0
7	Other salaries and wages	374,502,266	374,502,266	0	0
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	6,178,026	6,178,026	0	0
9	Other employee benefits	16,870,139	16,870,139	0	0
10	Payroll taxes	16,969,225	16,969,225	0	0
11	Fees for services (non-employees):				
	a Management	0	0	0	0
	b Legal	722,301	0	722,301	0
	c Accounting	0	0	0	0
	d Lobbying	0	0	0	0
	e Professional fundraising services. See Part IV, line 17	0			0
1	f Investment management fees	0	0	0	0
!	g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	44,633,677	43,685,114	948,563	0
12	Advertising and promotion	21,791	0	21,791	0
13	Office expenses	714,290	714,290	0	0
14	Information technology	268,843	268,843	0	0
15	Royalties	0	0	0	0
16	Occupancy	2,691,245	2,691,245	0	0
17	Travel	889,704	889,704	0	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	7,282	7,282	0	0
20	Interest	466,605	0	466,605	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	2,043,133	2,043,133	0	0
23	Insurance	3,638,521	3,638,521	0	0
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e				

30,482,467

21,460,105

3,455,993

1,524,115

10,330,075

539,541,900

0

3,455,993

1,524,115

10,330,075

484,853,986

30,482,467

21,460,105

54,687,914

0

0

0

0

Form **990** (2019)

expenses on Schedule O.)

b BILLING AND CODING

c STAFF DEVELOPMENT

d MEDICAL SUPPLIES

e All other expenses

25 Total functional expenses. Add lines 1 through 24e

26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).

a CORPORATE ALLOCATIONS

Part X	Balance Sneet														
	Check if Schedule O contains a response or note to any line in this Part IX .														
			Boo	nin	(A	()	f ve	ar				(l End c	3) of ver	ar	
			Dei	41111	HIII	ųυ	1 70	aı		- 1		_nu c	II Y C	2 11	

Page 11

0

2,910,006

13,486,501

14,890

39,832

7,511,528

66,611,754

49,772,958

803.249

0

0

0

10,771,396

61.347.603

5.219,158

5,264,151

66,611,754

Form 990 (2019)

44,993

0

1,558,997

12,140,653

7

10c

11 0

12 0 13

14

15

16

17

18

19

20

24

25

26

27

28

29

30

31

32

33

0 21

0 22

0 23

0

78,509

48.849.839

31,686,098

31,730,557

80,580,396

44,459

0

10,085

80,580,396

47,769,087

1,002,243

1 Cash-non-interest-bearing	5,399	1	6,154
2 Savings and temporary cash investments	0	2	0
3 Pledges and grants receivable net	0	2	0

2	Savings and temporary cash investments	U	2	
3	Pledges and grants receivable, net	0	3	
4	Accounts receivable, net	66,865,262	4	
5	Loans and other payables to any current or former officer, director, trustee,			

10a

10b

Notes and loans receivable, net

Prepaid expenses and deferred charges .

10a Land, buildings, and equipment: cost or other

Investments—publicly traded securities .

Investments—other securities. See Part IV, line 11 .

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

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

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Organizations that follow FASB ASC 958, check here ▶

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

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

Retained earnings, endowment, accumulated income, or other funds

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

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

Investments-program-related. See Part IV, line 11

basis. Complete Part VI of Schedule D

Other assets. See Part IV, line 11 .

Accounts payable and accrued expenses

or family member of any of these persons

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

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Inventories for sale or use .

b Less: accumulated depreciation

Intangible assets .

Grants payable .

Deferred revenue . .

Tax-exempt bond liabilities

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions

complete lines 29 through 33.

Total net assets or fund balances

Assets

11

12

13

14

15

16

17

18 19

20

21

23

24

26

27

28

31

32

33

Liabilities 22

Fund Balances

٥ 29

Assets 30

3	Pledges and grants receivable, net	٥	3	J
4	Accounts receivable, net	66,865,262	4	42,642,843
5	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	5	0
6	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	6	0

24,329,183

10,842,682

3a

3h

Nο

Form 990 (2019)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

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.

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

EIN: 94-2958258

Name: Banner-University Medical Group

Form 990, Part III, Line 4a:

Form 990 (2019)

Software Version:

PROVIDING INTEGRATED AND COORDINATED CARE AND POPULATION HEALTH MANAGEMENT. SEE SCHEDULE O FOR ADDITIONAL INFORMATION.

efile	e GR/	<u>APHIC prii</u>	nt - DO NOT PROCESS	SS As Filed Data -				DLN: 93493310029670		
SCI	HED	ULE A	- Dublic (Charity Statu	e and Dul	hlic Sunn	ort	OMB No. 1545-0047		
/TE 000				rganization is a sect 4947(a)(1) nonexe ▶ Attach to Form	ion 501(c)(3) empt charitable	organization or trust.		2019		
		the Treasury	► Go to <u>www.irs</u>	.gov/Form990 for i			ormation.	Open to Public Inspection		
Nam	e of th	nue Service ne organiza ersity Medical G					Employer identific	ation number		
		-	· 				94-2958258			
	rt I		for Public Charity State a private foundation because				See instructions.			
1	rganiz		onvention of churches, or as	•			(A)(i)			
2		,	escribed in section 170(b)(
3			or a cooperative hospital serv		,					
4	✓	·	esearch organization operate	_			-	ator the beenital's		
7	Ш	name, city,		ed in conjunction with	a nospital descri	ibed in Section .	170(D)(1)(A)(III). E	iter the nospital's		
5		(b)(1)(A)	ation operated for the benefi (iv). (Complete Part II.)	-				ped in section 170		
6		A federal, s	tate, or local government or	governmental unit de	scribed in sectio	on 170(b)(1)(A	ı)(v).			
7			ation that normally receives (' 0(b)(1)(A)(vi). (Complete		s support from a	governmental u	nit or from the gener	al public described in		
8		A communi	ty trust described in sectior	170(b)(1)(A)(vi).	(Complete Part I	I.)				
9			ural research organization de rant college of agriculture. S					ege or university or a		
10		from activit	ation that normally receives: ties related to its exempt fun income and unrelated busin See section 509(a)(2). (Co	ctions—subject to ceres taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	pport from gross		
11		An organiza	ation organized and operated	d exclusively to test fo	r public safety. S	See section 509	(a)(4).			
12		more public	ation organized and operated ly supported organizations of through 12d that describes	described in section 5	09(a)(1) or sec	ction 509(a)(2). See section 509(a			
a		organizatio	supporting organization oper n(s) the power to regularly a Part IV, Sections A and B.	appoint or elect a majo						
b		manageme	supporting organization sup nt of the supporting organiza plete Part IV, Sections A a	ation vested in the sar			• • • • • • • • • • • • • • • • • • • •	_		
c			unctionally integrated. A sorganization(s) (see instructi					ted with, its		
d		Type III n	on-functionally integrated integrated. The organization integrated. The organization	d. A supporting organi n generally must satis	ization operated fy a distribution	in connection wi requirement and	th its supported orgar			
e		Check this	box if the organization received or Type III non-functionally	ved a written determir	nation from the I		pe I, Type II, Type II	I functionally		
f	Enter			· · · · · · · · · · · ·	-					
g	Provi	de the follow	ing information about the su	pported organization(s).					
	(i) N	lame of supp organization		(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				
			1							
Tota			tion Act Notice, see the Ir		Cat. No. 11285		Schedule A (Form 9			

Sch	edule A (Form 990 or 990-EZ) 2019						Page 2
P	art II Support Schedule for	Organizations	Described in S	Sections 170(b)(1)(A)(iv) ar	nd 170(b)(1)(A	(vi)
	(Complete only if you ch						under Part III.
	If the organization failed	to qualify unde	r the tests listed	below, please	complete Part I	II.)	
	ection A. Public Support Calendar year		I				
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grant.")						
2	Tax revenues levied for the						
_	organization's benefit and either paid						
_	to or expended on its behalf The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6	Public support. Subtract line 5 from						
	line 4.						
<u>s</u>	ection B. Total Support		T		1	1	
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and						
	income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on Other income. Do not include gain or						-
	loss from the sale of capital assets						
	(Explain in Part VI.).						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	or the organization	's first, second, th	ird, fourth, or fifth	n tax year as a sec	tion 501(c)(3) org	anization,
	check this box and stop here					▶ [
S	ection C. Computation of Publi						
14	Public support percentage for 2019 (li	ne 6, column (f) di	vided by line 11,	column (f))		14	-
15	Public support percentage for 2018 Sc	hedule A, Part II,	line 14			15	
16a	33 1/3% support test—2019. If the						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
b	33 1/3% support test—2018. If th	e organization did	not check a box o	on line 13 or 16a,	and line 15 is 33 i	1/3% or more, chec	k this
	box and stop here. The organization	qualifies as a pub	licly supported or	ganization			▶ 🗆
17 a	10%-facts-and-circumstances tes	t— 2019. If the org	ganization did not	check a box on lin	ne 13, 16a, or 16b	, and line 14	
	is 10% or more, and if the organization in Part VI how the organization meets	n meets the facts	-and-circumstanci cumstances" test.	es test, check thi The organization	s box and stop n e qualifies as a publ	e re. Explain icly supported	
	organization			-			►□
h	10%-facts-and-circumstances tes	st— 2018. If the o	rganization did no	t check a box on I	ine 13, 16a, 16b,	or 17a, and line	
_	15 is 10% or more, and if the organiz	zation meets the "i	facts-and-circums	tances" test, chec	k this box and sto	p here.	
	Explain in Part VI how the organization			-		• •	. \Box
_	supported organization		haven 15 40-4	C- 10b 47 4	76		▶⊔
18	_						. □
	instructions		<u> </u>		- Cabadu	lo A (Form 000 o	▶ ⊔

Р	art III Support Schedule for						
	(Complete only if you 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.)						
S	tne organization falls to ection A. Public Support	quality under	the tests listed i	pelow, please co	ompiete Part II.)		
30	Calendar year	() 2015	(1) 2016	() 2247	(1) 2010		(O.T.)
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.").						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513 Tax revenues levied for the						
•	organization's benefit and either paid						
_	to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
L	3 received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6.)						
Se	ection B. Total Support		1				Г
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975.						
С	Add lines 10a and 10b.						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
12	(Explain in Part VI.) Total support. (Add lines 9, 10c,						
13	11, and 12.).						
14	First five years. If the Form 990 is for	the organization	n's first, second, th	nird, fourth, or fift	h tax year as a sec	tion 501(c)(3) o	ganization <u>,</u>
	check this box and stop here						▶ ⊔
	ection C. Computation of Public S			! (6))		1 1	
15	Public support percentage for 2019 (lin		•			15	
16	Public support percentage from 2018 S	-	<u> </u>			16	
	ection D. Computation of Investr Investment income percentage for 201			line 13 column (f	:))	17	
17 10	Investment income percentage for 201	-		-		17	
18 10-	331/3% support tests—2019. If the		•			18 33 1/3% and lin	e 17 is not
	more than 33 1/3%, check this box and s						
	more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the						
ט	not more than 33 1/3%, check this box	-			•		
20	Private foundation. If the organization	-	-				
	Frivate foundation. If the organization	ni ulu not check a	a DOX ON UNE 14, I	.a, or iad, check	, unis pox and see I	HSGRUCGONS	. 📂 📖

Part 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

10a

answer line 10b below.

the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 2

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. 3a Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the

determination. 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3с

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or

4b supervised by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and

(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by 5a amendment to the organizing document).

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b

5c Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6

supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) . 7

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

8 complete Part I of Schedule L (Form 990 or 990-EZ). 8

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as

defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI. 9a

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

than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its

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

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

9b

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Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in
which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
```

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

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

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

	edule A (101111 330 01 330 E2) 2013			age 3	
Pa	rt IV Supporting Organizations (continued)				
_			Yes	No	
	Has the organization accepted a gift or contribution from any of the following persons?				
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?				
		11a			
	A family member of a person described in (a) above?	11b			
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c			
S	ection B. Type I Supporting Organizations				
			Yes	No	
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? 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.	1			
2	2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that				
2	operated, supervised, or controlled the supporting organization? 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	2			
	organization.				
S	ection C. Type II Supporting Organizations				
_			Yes	No	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of				
	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the	1			
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).				
S	ection D. All Type III Supporting Organizations		v		
_			Yes	No	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing				
	documents in effect on the date of notification, to the extent not previously provided?				
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).				
_		2			
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax				
	year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3			
S	ection E. Type III Functionally-Integrated Supporting Organizations				
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions):			
	The organization satisfied the Activities Test. Complete line 2 below.				
	b				
•	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)		
2	Activities Test. Answer (a) and (b) below.	ſ	Yes	No	
•	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.	2a			
ı	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in 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.	2b			
3	Parent of Supported Organizations. Answer (a) and (b) below.				
•	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a			
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.	3h			

3b

1	Type III Non-Functionally Integrated 509(a)(3) Supporting O			. Part VIV See			
		Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.					
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)			
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8					
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1					
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1 b					
C	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
e	Discount claimed for blockage or other factors (explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt use assets	2					
3	Subtract line 2 from line 1d	3					
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by .035	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
	Section C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1					
2	Enter 85% of line 1	2					
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3					
4	Enter greater of line 2 or line 3	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6					

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

7 Total annual distributions. Add lines 1 through 6.					
8 Distributions to attentive supported organizations to who details in Part VI). See instructions					
9 Distributable amount for 2019 from Section C, line 6					
10 Line 8 amount divided by Line 9 amount	10 Line 8 amount divided by Line 9 amount				
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019		
1 Distributable amount for 2019 from Section C, line 6					
2 Underdistributions if any for years prior to 2019					

7 Total annual distributions. Add lines 1 through 6.			
Distributions to attentive supported organizations to who details in Part VI). See instructions			
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
b From 2015			
c From 2016			

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
 Carryover from 2014 not applied (see instructions) 			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
	The state of the s	·	

c From 2016		
d From 2017		
e From 2018		
Total of lines 3a through e		
g Applied to underdistributions of prior years		
n Applied to 2019 distributable amount		
Carryover from 2014 not applied (see instructions)		
Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
Distributions for 2019 from Section D, line 7:		
\$		
Applied to underdistributions of prior years		
Applied to 2019 distributable amount		
Remainder. Subtract lines 4a and 4b from 4.		

instructions)		
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
4 Distributions for 2019 from Section D, line 7:		
\$		
Applied to underdistributions of prior years		
b Applied to 2019 distributable amount		
c Remainder. Subtract lines 4a and 4b from 4.		
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.		
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions		

C Remainder, Subtract lines 4a and 4b from 4.		
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.		
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.		
7 Excess distributions carryover to 2020. Add lines 3j and 4c.		
8 Breakdown of line 7:		
a Excess from 2015		
b Excess from 2016		
c Excess from 2017		

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

d Excess from 2018.

e Excess from 2019.

Additional Data

Software ID: Software Version:

EIN: 94-2958258

Name: Banner-University Medical Group

Schedule A (Form 990 or 990-EZ) 2019

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).

instructions).

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493310029670

OMB No. 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements ▶ Complete if the organization answered "Yes," on Form 990,

2019

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

		he organization ersity Medical Group			Emp	oloyer identification number
انت		and the second of the second o			94-2	958258
Pa	rt I	Organizations Maintaining Donor Advi			or Acc	ounts.
		Complete if the organization answered "Ye		Part IV, line 6. advised funds	1	(b) Funds and other accounts
ı	Total n	umber at end of year	(a) Donor	advised fullus	-	(b) Funds and other accounts
L >		ate value of contributions to (during year)			+	
<u>-</u>		ate value of grants from (during year)			+	
, 1		ate value at end of year				
5	Did the	e organization inform all donors and donor adviso				
5	Did the	zation's property, subject to the organization's ex e organization inform all grantees, donors, and do able purposes and not for the benefit of the donor	onor advisors in writi or donor advisor, or	ng that grant funds ca for any other purpose	ın be use	Yes No ed only for ing impermissible
	private	e benefit?				☐ Yes ☐ No
Pa	rt II	Conservation Easements. Complete if the organization answered "Ye	os" on Form 990 B	Part IV line 7		
1	Durnos	se(s) of conservation easements held by the orga	·			
_		Preservation of land for public use (e.g., recreation	•		an histori	ically, improvement land area
		, , ,	n or education)			ically important land area
		Protection of natural habitat		☐ Preservation of a	a certifie	d historic structure
	∐ P	reservation of open space				
2	Compl	ete lines 2a through 2d if the organization held a ent on the last day of the tax year.	qualified conservation	on contribution in the f	orm of a	
а		umber of conservation easements			2a	Held at the End of the Year
a b		creage restricted by conservation easements			2b	
c		er of conservation easements on a certified histori			2c	
d		er of conservation easements included in (c) acqu		, ,	2d	
u		re listed in the National Register	11 ca arter 7, 23, 00, a	na not on a motoric	Zu	
3	Numbe tax ye	er of conservation easements modified, transferre ar 🕨	ed, released, extingui	ished, or terminated b	y the org	ganization during the
ı	Numbe	er of states where property subject to conservation	on easement is locate	ed ▶		
5		he organization have a written policy regarding t nforcement of the conservation easements it hold			g of viola	ations, Yes No
5	Staff a	and volunteer hours devoted to monitoring, inspec	cting, handling of vio	lations, and enforcing	conserva	ation easements during the year
7	Amour ► \$	nt of expenses incurred in monitoring, inspecting,	handling of violation	ns, and enforcing cons	ervation	easements during the year
3		each conservation easement reported on line 2(d) ection 170(h)(4)(B)(ii)?			170(h)(4)(B)(i) ☐ Y es ☐ N o
)	balanc	t XIII, describe how the organization reports cons ie sheet, and include, if applicable, the text of the ganization's accounting for conservation easemer	footnote to the orga			
ar	t III	Organizations Maintaining Collections Complete if the organization answered "Ye	of Art, Historica		ther Si	milar Assets.
La	art, his	organization elected, as permitted under SFAS 11 storical treasures, or other similar assets held for e, in Part XIII, the text of the footnote to its finar	.6 (ASC 958), not to public exhibition, ed	report in its revenue s ucation, or research ir	n further	
b	If the histori	organization elected, as permitted under SFAS 11 cal treasures, or other similar assets held for pub ng amounts relating to these items:	.6 (ASC 958), to repo	ort in its revenue state	ement an	
(i) Rever	nue included on Form 990, Part VIII, line ${f 1}$				▶ \$
(i	i)Assets	s included in Form 990, Part X				. ▶\$
2	If the	organization received or held works of art, histori ng amounts required to be reported under SFAS	cal treasures, or othe	er similar assets for fir		
а	Reven	ue included on Form 990, Part VIII, line 1				. ▶\$
b	Assets	included in Form 990, Part X				. ▶\$

 ${f d}$ Equipment .

Sch	edule D (Form 990) 2019								Page 2
Pai	t III Organizations Maintaining Col	lections of Art, I	Histori	cal Tr	easures	, or Other	Similar As	sets (continued)
3	Using the organization's acquisition, accession items (check all that apply):	n, and other records	, check a	any of t	he followi	ng that are a	significant u	se of its	s collection
а	Public exhibition		d		Loan or e	xchange pro	grams		
b	Scholarly research		е		Other				
С	Preservation for future generations								
4	Provide a description of the organization's col Part XIII.	lections and explain	how the	y furth	er the org	anization's e	xempt purpos	se in	
5	During the year, did the organization solicit o assets to be sold to raise funds rather than to							☐ Ye	es 🗆 No
Pa	Int IV Escrow and Custodial Arrange Complete if the organization answ X, line 21.		rm 990	, Part :	IV, line 9	, or reporte	ed an amou	nt on F	Form 990, Part
1 a	Is the organization an agent, trustee, custodincluded on Form 990, Part X?							☐ Ye	es 🗌 No
b	If "Yes," explain the arrangement in Part XIII	and complete the fe	ollowing	table:			۸,	mount	
C	· ·	•	-			1c		Hount	
d						1d			
e	radiations daring the year to the term to					1e			
f	Ending balance					1f			
	-					الحسا	- Lilitary		es 🗆 No
2a ե	Did the organization include an amount on Fo							_	es ⊔ No
b	<u> </u>	. Check here if the e	xpianati	on nas	been prov	lided in Part	XIII	<u> </u>	
-	Endowment Funds. Complete if the organization answ	vered "Yes" on Fo	rm 990	. Part	IV. line 1	.0.			
	<u>-</u>	(a) Current year		rior year		wo years back	(d) Three yea	rs back	(e) Four years back
1 a	Beginning of year balance								
b	Contributions								
c	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance								_
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1	g, colun	nn (a)) he	ld as:			
а	Board designated or quasi-endowment 🟲								
b	Permanent endowment ►								
c	Temporarily restricted endowment								
	The percentages on lines 2a, 2b, and 2c shou	ld equal 100%.							
3а	organization by:	sion of the organiza	tion that	are he	ld and ad	ministered fo	r the	_	Yes No
	(i) unrelated organizations			•		•			a(i)
b	(ii) related organizations		on Scho	 dula B2		•			a(ii) 3b
4	Describe in Part XIII the intended uses of the							L'	30
	irt VI Land, Buildings, and Equipmer		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	J.,UJ.					
_	Complete if the organization answ		rm 990	, Part	IV, line 1	.1a. See Fo	rm <u>9</u> 90, Par	t X, lir	ne 10
	Description of property (a) Cost or oth	ner basis (b) Cost	or other			Accumulated			(d) Book value
	(investme	int)							
1 a	Land			1,02	0,000				1,020,000
b	Buildings			95	8,228		299,857		658,371
c	Leasehold improvements			3,06	6,254		1,257,814		1,808,440

18,118,882

1,165,819

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

9,285,011

8,833,871

1,165,819

13,486,501

Part VII	Investments—Other Securities.				- age 3
Pair VII	Complete if the organization answered "Yes" on Form 990,	Part IV, li	ne 11b	See Form 990, I	Part X, line 12.
	(a) Description of security or category	(b)		(c) Metho	d of valuation:
	(including name of security)	Book value		Cost or end-or	-year market value
(1) Financia	ıl derivatives				
(2) Closely-(3)Other	held equity interests				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 12.)	•			
Part VIII	Investments—Program Related.				D
	Complete if the organization answered 'Yes' on Form 990,	Part IV, li	ne 110		
	(a) Description of investment			(b) Book value	(c) Method of valuation: Cost or end-of-year market
(1)					value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col.(B) line 13.)				
Part IX	Other Assets.		<u> </u>		
	Complete if the organization answered 'Yes' on Form 990,	Part IV, lir	ne 11d	. See Form 990, Pa	
(1)RIGHT O	(a) Description				(b) Book value 7,511,528
(2)					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colu	mn (b) must equal Form 990, Part X, col.(B) line 15.)				7,511,528
Part X	Other Liabilities. Complete if the organization answered 'Yes' on Form 990,	Part IV, lir	ne 11e	or 11f.See Form	990, Part X, line 25.
1.	(a) Description of liability	,			(b) Book value
	income taxes				0
(4)					
(6)					
(7)					
(8)					
(9)	up (h) must squal Form 990. Part V. sal /P) line 35.				10 771 000
	on (b) must equal Form 990, Part X, col.(B) line 25.) or uncertain tax positions. In Part XIII, provide the text of the footn	ote to the o	rganizat	ion's financial state	ments that reports the
organization	's liability for uncertain tax positions under FIN 48 (ASC 740). Checl	k here if the	text of	the footnote has be	een provided in Part XIII 🔽

Schedule D (Form 990) 2019

	Complete if the organize	zation answered 'Yes' on Form 990, Part	t IV, li	ne 12a.		
1	Total revenue, gains, and other su	upport per audited financial statements			1	
2	Amounts included on line 1 but no	ot on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on in	nvestments	2a			
b	Donated services and use of facilit	ties	2b			
c	Recoveries of prior year grants .		2c			
d	Other (Describe in Part XIII.) .		2d			
e	Add lines 2a through 2d		٠		2e	
3	Subtract line 2e from line 1				3	
4	Amounts included on Form 990, P	art VIII, line 12, but not on line 1:				
а	Investment expenses not included	on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII.) .		4b			
c	Add lines 4a and 4b		٠		4c	
5	Total revenue. Add lines 3 and 4c	. (This must equal Form 990, Part I, line 12.)			5	
Par		penses per Audited Financial Statem		•	Retur	n.
	•	zation answered 'Yes' on Form 990, Part			1 .	
1	•	lited financial statements			1	
2	Amounts included on line 1 but no	, ,		1		
а		cies	2a			
b	Prior year adjustments		2b		_	
С	Other losses		2c			
d	Other (Describe in Part XIII.) .		2d]	
е	Add lines 2a through 2d				2e	
3	Subtract line 2e from line 1				3	
4	Amounts included on Form 990, P	art IX, line 25, but not on line 1:				
а	Investment expenses not included	l on Form 990, Part VIII, line 7b 🔒 🔒	4a			
b	Other (Describe in Part XIII.) .		4b			
C	Add lines 4a and 4b				4c	
5	Total expenses. Add lines 3 and 4	c. (This must equal Form 990, Part I, line 18.	.) .		5	
Pai	t XIII Supplemental Info	rmation				
		art II, lines 3, 5, and 9; Part III, lines 1a and a 2d and 4b. Also complete this part to provide			t V, line	4; Part X, line 2; Part
	Return Reference		Ex	olanation		
See A	Additional Data Table					

Page 4

chedule D (Forn	n 990) 2019	Page 5
Part XIII	Supplemental Info	rmation (continued)
Retur	n Reference	Explanation

Schedule D (Form 990) 2019

Additional Data

Software ID:

Software Version:

EIN: 94-2958258

Name: Banner-University Medical Group

Supplemental Information

Return Reference Explanation BANNER HAS NOT RECORDED ANY EXPENSE OR ACCRUED FOR ANY RELATED EXPENSE FOR ANY UNCERTAIN T

SCHEDULE D, PART X, LINE 2

AX POSITIONS. BANNER'S 2016 THROUGH 2019 TAX YEARS REMAIN SUBJECT TO EXAMINATION FOR FEDER AL INCOME TAX PURPOSES, WHEREAS THE 2016 THROUGH 2019 TAX YEARS REMAIN SUBJECT TO EXAMINAT ION FOR STATE TAXING JURISDICTIONS IN WHICH BANNER OPERATES.

efile GRAPHIC print - DO N	NOT PROCESS	As Filed Data -				Di	N: 93493310029670		
Note: To capture the full co	ntent of this d	ocument, please se	lect landscape mode	e (11" x 8.5") whe	en printing.				
Schedule I		Grants and C	thar Accietan	o to Organiz	ations		OMB No. 1545-0047		
(Form 990)			ther Assistant				2019		
			and Individuals		4017				
Department of the	Co	mplete if the organiza	tion answered "Yes," o Attach to Form		, line 21 or 22.		Open to Public		
Treasury Internal Revenue Service		► Go to <u>www</u>	w.irs.gov/Form990 for	the latest information	on.		Inspection		
Name of the organization						Employer identif	cation number		
Banner-University Medical Group						94-2958258			
Part I General Informa	tion on Grants	and Assistance				•			
 Does the organization maint the selection criteria used to Describe in Part IV the orga 	o award the grants nization's procedur	or assistance? es for monitoring the use	e of grant funds in the Ur	nited States.		,	✓ Yes □ No		
		can be duplicated if add		nts. Complete if the oi	rganization answered "Yes'	on Form 990, Part IV, lin	e 21, for any recipient		
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
(1) UNIVERSITY OF ARIZONA 888 N EUCLID TUCSON, AZ 85719	74-2652689	501(c)(3)	1,086,015	0			GENERAL SUPPORT		
2 Enter total number of section	n 501(c)(3) and go	vernment organizations	listed in the line 1 table .			•	1		
3 Enter total number of other	organizations listed	d in the line 1 table				. -	0		
For Paperwork Reduction Act Notice	, see the Instruction	ns for Form 990.		Cat. No. 50055	5P	Sc	hedule I (Form 990) 2019		

(7)

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

Part IV **Explanation**

Return Reference BANNER-UNIVERSITY MEDICAL GROUP'S (BUMG) GUIDELINES REGARDING CHARITABLE CONTRIBUTIONS TO OUTSIDE ORGANIZATIONS DIRECT US TO MAKE SCHEDULE I, PART I, LINE 2 CONTRIBUTIONS TO OTHER ORGANIZATIONS WHOSE CHARITABLE MISSIONS ALIGN WITH BUMG'S MISSION "TO ASSIST BANNER HEALTH IN COMPLETING ITS

MISSION 'TO MAKE HEALTH CARE EASIER, SO LIFE CAN BE BETTER' BY PROVIDING INTEGRATED & COORDINATED CARE & POPULATION HEALTH MANAGEMENT." IN SELECTED CIRCUMSTANCES WHEN A CONTRIBUTION IS NOT DIRECTLY LINKED TO PATIENT CARE, IT SERVES TO BETTER SUPPORT OUR COMMUNITY'S NEEDS. Schedule I (Form 990) 2019

efil	e GRAPHIC pi	int - DO NOT PROCESS	As Filed Dat	a -	DLN: 93	49331	10029	670
Sch	edule J	C	ompensat	ion Information	OI	ИВ No.	1545-0	0047
(For	n 990)	For certain Office		Trustees, Key Employees, and Hig	hest			
		Complete if the ord		ated Employees vered "Yes" on Form 990, Part IV,	, line 23.	20)
D			► Attach	n to Form 990. rinstructions and the latest inforr) Dpen i		
•	tment of the Treasury al Revenue Service	P do to <u>www.ms.go</u>	101	mstructions and the latest mion		Insp	ectio	n
	ne of the organization of				Employer identifica	tion nu	ımber	
	,	,			94-2958258			
Pa	rt I Questi	ons Regarding Compensa	ition				T	
1 a	Check the appro	oniate hov(es) if the organization	n provided any o	f the following to or for a person liste	d on Form		Yes	No
La				ry relevant information regarding the				
	☐ First-class	s or charter travel		Housing allowance or residence for	personal use			
		companions		Payments for business use of perso	nal residence			
	✓ Tax idemi	nification and gross-up payment	ts 🔲	Health or social club dues or initiation	on fees			
	☐ Discretion	nary spending account	Ц	Personal services (e.g., maid, chauf	feur, chef)			
b	If any of the bo	xes on Line 1a are checked. did	the organization	follow a written policy regarding pay	ment or			
_				ve? If "No," complete Part III to expl		1 b	Yes	
2				or allowing expenses incurred by all or, regarding the items checked on Lir	20.122	2	Yes	
	directors, truste	es, officers, including the CEO/1	executive Directo	r, regarding the items checked on th	ie las			
3				ed to establish the compensation of the	ne			
				not check any boxes for methods CEO/Executive Director, but explain i	n Part III.			
	Compose	ation committee		Written appleyment central				
	_ ·	ation committee ent compensation consultant	H	Written employment contract Compensation survey or study				
		of other organizations		Approval by the board or compensa	tion committee			
		-		,				
4	During the year related organiza		990, Part VII, Se	ection A, line 1a, with respect to the f	iling organization or a			
а	_	ance payment or change-of-con	strol navment?			4a	Yes	
b		r receive payment from, a supp				4b	Yes	
c	•		•	nsation arrangement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons an	d provide the app	plicable amounts for each item in Part	t III.			
	- 1()/-	\ 4/ \/4\ 4/ \/						
5), 501(c)(4), and 501(c)(29)	-	the organization pay or accrue any				
5		ontingent on the revenues of:		the organization pay or accrue any				
а	The organization	1?				5a		No
b						5b		No
	If "Yes," on line	5a or 5b, describe in Part III.						
6		ed on Form 990, Part VII, Section Ontingent on the net earnings o		the organization pay or accrue any				
а	The organization	1?				6a		No
b						6b		No
	•	6a or 6b, describe in Part III.						
7	For persons liste payments not d	ed on Form 990, Part VII, Section escribed in lines 5 and 6? If "Ye	on A, line 1a, did s," describe in Pa	the organization provide any nonfixed art III	d 	7	Yes	
8				red pursuant to a contract that was				
				section 53.4958-4(a)(3)? If "Yes," do				Nie
						8		No_
9				presumption procedure described in		9		
For F	Panerwork Redu	ction Act Notice, see the Ins	structions for Fo	orm 990. Cat. No. 5	50053T Schedule J		1 990)	2019

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported on Schedule J. report compensation from the organization on row (i) and from related organizations, described in the

For each individual whose compensation must be reported on Schedule J, report instructions, on row (ii). Do not list any individuals that are not listed on Form 99	compeni 30. Part	sation fro VII.	om the organization	on row (i) and fro	m related organiza	tions, described i	n the	
Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the to	tal amou	ınt of Fo	rm 990, Part VII, Se	ection A, line 1a, ap				
(A) Name and Title	((B) Breal	kdown of W-2 and/o compensation	or 1099-MISC	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in
	(i) comp	Base ensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				column (B) reported as deferred on prior Form 990
See Additional Data Table								
	_							
	+-							

Schedule J (Form 990) 2019

Return Reference **Explanation** SCHEDULE J, PART I, LINE 1A GROSS-UP FOR TAXABLE RELOCATION THE FOLLOWING INDIVIDUALS RECEIVED A ONE-TIME PAYMENT FOR RELOCATION EXPENSES, WHICH INCLUDED A GROSS-UP. THIS AMOUNT IS INCLUDED IN THE INDIVIDUAL'S COMPENSATION AND IS INCLUDED IN SCHEDULE J. PART II, COLUMN (B)(III). THE AMOUNT OF

THE PAYMENT IS LISTED BELOW. GEORGE DAMRON \$152,146 SCHEDULE J. PART I, LINE 3 THE COMPENSATION OF THE ORGANIZATION'S CEO IS DETERMINED BY A RELATED TAX-EXEMPT ORGANIZATION. SEE SCHEDULE O FOR FORM 990, PART VI. LINES 15A AND 15B FOR THE PROCESS USED BY THE RELATED ORGANIZATION TO DETERMINE COMPENSATION. SCHEDULE J, PART I, LINE 4A THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE PAY DURING 2019 (INCLUDED IN SCH J, PART II, COLUMN (B)(III)): SCOTT GOODWIN \$373,077

SCHEDULE J. PART I. LINE 4B THE EXECUTIVE EXEC 457(F) PLAN OF BANNER HEALTH COVERS SOME OF THE OFFICERS AND DIRECTORS LISTED ON FORM 990, PART VII, SECTION A, LINE 1A. THIS NONOUALIFIED PLAN IS HELD AT FIDELITY INVESTMENTS. VESTING OCCURS UPON MEETING VESTING REOUIREMENTS (SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE) - EARLIER OF AGE 62, 5 YEARS FROM DATE OF DEPOSIT, OR RULE OF 80. TAXATION OCCURS UPON DISTRIBUTION (IF VESTED). THE ONLY CONTRIBUTIONS ALLOWED ARE EMPLOYER CONTRIBUTIONS. PAYOUT AMOUNTS ARE TAXABLE AND INCLUDED IN SCHEDULE J. PART II. COLUMN (B)(III). DEPOSIT AMOUNTS ARE INCLUDED IN SCHEDULE J, PART II, COLUMN (C). NAME 457(F) PAYOUT EMPLOYER 457(F) DEPOSIT DENNIS LARAWAY \$0 \$122,681 STEVE NARANG \$126,267 \$0 SCOTT HOFFERBER \$0 \$14,740 CAROL KARP \$0 \$12,300 LARRY GOLDBERG \$0 \$60,597 SCOTT NORDLAND \$0 \$51,203

SCHEDULE J, PART I, LINE 7 1. THE INDIVIDUALS IDENTIFIED BELOW PARTICIPATE IN A LONG-TERM INCENTIVE PLAN (LTIP) COVERING THE THREE-YEAR CYCLES FROM 2015-2017, 2016-2018. 2017-2019 AND 2018-2020. THE LTIP WAS DESIGNED AT THE INITIATIVE OF THE BANNER BOARD OF DIRECTORS WITH THE ASSISTANCE OF TOWERS WATSON, AND ALL COMPONENTS WERE APPROVED BY THE BOARD. THE PLANS' AREAS OF PERFORMANCE TARGETS INCLUDE: BANNER HEALTH NETWORK COST PER CASE, ELECTRONIC HEALTH RECORD IMPLEMENTATION, COVERED LIVES (POPULATION HEALTH MANAGEMENT) AND HIRING PHYSICIANS, AWARDS ARE CALCULATED AS A PERCENTAGE OF AVERAGE BASE SALARY DURING THE THREE-YEAR CYCLE. AND OPPORTUNITY VARIES BY POSITION LEVEL. THE PLAN REQUIRES A THRESHOLD LEVEL OF FINANCIAL PERFORMANCE BEFORE ANY AWARDS CAN BE MADE. AND THE AMOUNT OF THE AWARDS VARIES WITH THE DEGREE OF ACHIEVEMENT OF THE TARGETS. THE MAXIMUM LTIP PAYOUT OPPORTUNITY RANGES FROM 20% TO 255% OF THE AVERAGE THREE-YEAR BASE SALARY. AWARDS HAVE BEEN ACCRUED UNDER THE LTIP, BUT NO PAYMENTS ARE MADE UNTIL AFTER YEAR-END AND ACHIEVEMENT IS VERIFIED BY THE BANNER HEALTH BOARD COMPENSATION COMMITTEE AND APPROVED BY THE FULL BOARD OF DIRECTORS OF BANNER HEALTH. ALL LTIP COMPENSATION PAYMENTS ARE REPORTED IN THE INCENTIVE AND BONUS COMPENSATION SHOWN IN SCHEDULE J, PART II, COLUMN (B)(II). AMOUNTS PAID FOR 2018 FOR THE 2015-2016 CYCLE ARE REPORTED IN SCHEDULE J. PART II. COLUMN (B)(II) AS BONUS & INCENTIVE COMPENSATION. AMOUNTS ACCRUED FOR 2018 FOR THE 2015-2017 CYCLE AND THE 2016-2018, 2017-2019, AND 2018-2020 CYCLES (TO BE PAID OUT IN 2019, 2020, AND 2021 RESPECTIVELY) ARE REPORTED IN SCHEDULE J, PART II, COLUMN (C) AS DEFERRED COMPENSATION. NAME LTIP ACCRUAL LTIP PAYOUT LARRY GOLDBERG \$283,433 \$0 SCOTT NORDLUND \$472.508 \$0 DENNIS LARAWAY \$818.125 \$0 JOHN HENSING, MD \$79.163 \$275.638 STEVE NARANG \$0 \$115.708 SCOTT HOFFERBER \$102.005 \$72.883 GEORGE DAMRON \$70,834 \$0 2. BANNER HEALTH HAS A MANAGEMENT INCENTIVE PLAN (MIP) WHICH IS BASED ON COMPANY ACHIEVEMENT OF BASE AND STRETCH TARGETS FOR SEVERAL FINANCIAL AND NON-FINANCIAL/CLINICAL QUALITY METRICS THAT ARE ESTABLISHED ANNUALLY BY THE BANNER HEALTH BOARD OF DIRECTORS. AWARDS ARE GRANTED AS A PERCENTAGE OF THE PARTICIPANT'S BASE SALARY AND VARY WITH THE POSITION LEVEL OF THE PARTICIPATING EMPLOYEE, RANGING FROM 7% TO 110% OF BASE SALARY. IN 2018, THERE WERE 1,053 MIP PARTICIPANTS. THE MIP WAS ACCRUED IN 2018 FOR THE 2018 MIP, AND PAYOUTS ON THE 2018 MIP WERE PAID IN 2018. MIP COMPENSATION IS INCLUDED IN SCHEDULE J, PART II, COLUMN (B)(II). 3. CLINICAL PHYSICIANS

EMPLOYED BY BANNER ARE TYPICALLY PAID ON THE BASIS OF A COMPENSATION SYSTEM THAT INCORPORATES A BASE SALARY AND A NON-FIXED PRODUCTIVITY COMPONENT THAT IS BASED UPON THE PHYSICIAN'S PRODUCTIVITY. ALL BONUS AND INCENTIVE COMPENSATION UNDER THIS PLAN IS INCLUDED IN SCHEDULE J. PART II, COLUMN (B)(II).

Schedule 1 (Form 990) 2019

Page 3

Software ID:

Software Version:

EIN: 94-2958258

(A) Name and Title		Part II - Officers, Dir (B) Breakdown	of W-2 and/or 1099-MISC		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1LARRY GOLDBERG PRESIDENT/CO-CHAIRMAN	(i)	763,772	435,000	22,701	344,775	12,832	1,579,080	0
·	(ii)	О	0	0	0	0	0	0
1SCOTT NORLAND DIRECTOR	(i)	0	0	0	0	0	0	C
	(ii)	532,156	528,939	21,534	529,096	24,192	1,635,917	0
2JOHN HENSING MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	0	275,638	0	79,163	0	354,801	275,638
3DENNIS LARAWAY DIRECTOR/TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	831,463	1,036,890	23,058	952,006	21,968	2,865,385	0
4SCOTT HOFFERBER CHIEF OPERATING OFFICER	(i)	332,482	229,971	20,502	127,945	22,053	732,953	72,883
	(ii)	0	0	0	0	0	0	0
5 GEORGE DAMRON VP DIVISION CFO	(i)	300,262	0	152,597	70,834	18,963	542,656	O
VI DIVISION CI O	(ii)	0	0	0	0	0	0	0
6 TEODOR PIREA MD PHYSICIAN	(i)	550,372	1,052,435	834	11,200	30,434	1,645,275	0
	(ii)	0	0	0	0	0	0	0
7 ASHISH PERSHAD MD PHYSICIAN	(i)	771,458	561,700	1,246	11,200	28,468	1,374,072	0
	(ii)	0	0	0	0	0	0	0
8WILBER SU MD PHYSICIAN	(i)	882,870	340,069	20,662	11,200	33,521	1,288,322	α
	(ii)	0	0	0	0	0	0	0
9RISHI GOSALIA MD PHYSICIAN	(i)	0	1,020,882	19,486	11,200	33,160	1,084,728	0
11110101111	(ii)	0	0	0	0	0	0	0
10DIVYA RATAN VERMA PHYSICIAN	(i)	436,589	462,891	19,474	9,718	28,114	956,786	α
	(ii)	0	0	0	0	0	0	0
11CAROL KARP FORMER CFO	(i)	0	0	0	0	0	0	0
. S.MIER OF O	(ii)	310,779	114,038	20,370	22,466	19,891	487,544	7,340
12STEVE NARANG CEO - BUMC	(i)	0	0	0	0	0	0	0
220 20110	(ii)	240,662	346,475	145,632	9,820	16,316	758,905	221,055
13SCOTT GOODWIN CFO - BUMG	(i)	0	185,785	373,077	0	4,843	563,705	7,856
C. C. DOMO	I							

efile GRAPH	IIC print - DO NOT PROCESS	As Filed Data -		DLN:	93493310029670
SCHEDUL (Form 990 or EZ)	990- Complete to p	rovide information fo or 990-EZ or to prov ► Attach to Forn	on to Form 990 or 9 r responses to specific questi ide any additional informatio n 990 or 990-EZ. 90 for the latest information.	ons on n.	OMB No. 1545-0047 2019 Open to Public Inspection
Namel Brtherofg Banner-University 990 Schedul		ion		Employer identi 94-2958258	fication number
Return Reference			Explanation		
FORM 990, PART III, LINE 4	BANNER-UNIVERSITY MEDICAL WHOM ARE EMPLOYED BY THE BUMG. THE PHYSICIANS PRAC ACROSS TUCSON, SOUTHERN BUMG PHYSICIANS EDUCATE M MEDICAL RESIDENTS ANNUALI CENTER, STEELE CHILDREN'S MANY OTHER FACILITIES AND SOLE MEMBER IS BANNER HEA	E UNIVERÈITY OF ARI, TICE AT BANNER HEA ARIZONA, AND NEVAI MORE THAN 500 MEDI LY. THEY ALSO COND RESEARCH CENTER, PROGRAMS. FORM 98 ALTH, AN ARIZONA NO	ZONA COLLEGE OF MEDICINE ILTH'S HOSPITALS AND AT NU DA. WITH THE CONNECTIONS CAL STUDENTS AND TRAIN N UCT RESEARCH AT THE UNIV ARIZONA ARTHRITIS CENTER DO, PART VI, LINE 6 BANNER - DONPROFIT CORPORATION, WE	E, WHILE SOME AI IMEROUS HOSPI TO THE UA COLI EARLY AS MANY ERSITY OF ARIZO S SARVER HEAR UNIVERSITY MED HICH IS ALSO EXE	RE EMPLOYED BY TALS AND CLINICS LEGE OF MEDICINE, POSTGRADUATE DNA'S CANCER T CENTER, AND DICAL GROUP'S

990 Schedule O, Supplemental Information

BH, BUMG'S SOLE CORPORATE MEMBER.

Return

Reference		ı
FORM 990,	THE DIRECTORS OF BANNER - UNIVERSITY MEDICAL GROUP (BUMG) ARE THOSE INDIVIDUALS SERVING AS	ı
PART VI,	MEMBERS OF THE ACADEMIC MANAGEMENT COUNCIL (AMC) PURSUANT TO THE ACADEMIC AFFILIATION	ı
LINE 7A	AGREEMENT DATED FEBRUARY 28, 2015 BETWEEN BANNER HEALTH (BH) AND THE ARIZONA BOARD OF REGENTS	ı

Explanation

ON BEHALF OF THE UNIVERSITY OF ARIZONA, AMC MEMBERS ARE APPOINTED BY THE UNIVERSITY OF ARIZONA AND

990 Schedule O, Supplemental Information

Return

Reference	<u>'</u>
	AS THE SOLE CORPORATE MEMBER, BANNER HEALTH RESERVES THE POWER TO MAKE OR APPROVE DECISIONS
	OF THE CORPORATION AS GRANTED IN THE BYLAWS SUBJECT TO SPECIFIC POWERS OF THE ACADEMIC MANAGEMENT COUNCIL.

Explanation

Return

Reference

LINE 11B

FORM 990,	THE 990 IS REVIEWED BY BANNER HEALTH'S LEGAL DEPARTMENT, TAX DEPARTMENT, INTERNAL AUDIT
PART VI,	DEPARTMENT AND CERTAIN BANNER - UNIVERSITY MEDICAL GROUP OFFICERS. A MEETING IS HELD WITH THE TAX

Explanation

PREPARER AND A LINE-BY-LINE REVIEW IS DONE PRIOR TO THE FILING OF THE RETURN. THE FORM 990 WILL BE MADE AVAILABLE TO THE GOVERNING BODY AT THE NEXT REGULARLY SCHEDULED BOARD MEETING AFTER FILING.

990 Schedule O, Supplemental Information

CONFLICT OF INTEREST.

Return

Reference	p
FORM 990,	BANNER - UNIVERSITY MEDICAL GROUP (BUMG) HAS ADOPTED THE BANNER HEALTH (BH) CONFLICT OF INTEREST
PART VI,	POLICY. THIS POLICY REQUIRES THE INTERNAL AUDIT DEPARTMENT OF BANNER HEALTH TO PROVIDE EACH PARTY
LINE 12C	WITH A DISCLOSURE QUESTIONNAIRE. THE INTERNAL AUDIT DEPARTMENT PREPARES A SUMMARY FOR THE TAX
	DEPARTMENT. THIS SUMMARY IS ALSO PRESENTED TO THE AUDIT COMMITTEE. THE TAX DEPARTMENT PREPARES
	THE FORM 990 DISCLOSURE. THIS DISCLOSURE IS PRESENTED TO THE LEGAL DEPARTMENT FOR REVIEW.
	PURSUANT TO BH'S CONFLICT OF INTEREST POLICY ALL BOARD MEMBERS, OFFICERS AND THE DIRECTOR OF

AUDIT SERVICES MUST DISCLOSE THE EXISTENCE OF ANY FINANCIAL INTEREST THAT MAY GIVE RISE TO A

Explanation

Return Reference	Explanation
FORM 990, PART VI, LINES 15A & 15B	BANNER-UNIVERSITY MEDICAL GROUP (BUMG) UTILIZES A COMPENSATION COMMITTEE COMPRISED OF INDE PENDENT DIRECTORS THAT EXERCISES OVERSIGHT OVER ALL ASPECTS OF THE COMPENSATION PAID TO OR FOR THE BENEFIT OF THE CEO AND ALL OTHER SENIOR EXECUTIVES OF BUMG AND ANY OF ITS AFFILIA TES AND ALL OTHER PERSONS WHO CONSTITUTE "DISQUALIFIED PERSONS" WITH RESPECT TO BANNER HEA LTH UNDER CODE SECTION 4958. THE COMMITTEE: - ASSESSES ANNUALLY THE PERFORMANCE OF THE PRE SIDENT AND CEO - EXERCISES OVERSIGHT OVER ALL ASPECTS OF COMPENSATION FOR THE PRESIDENT AN D CEO - REVIEWS AND DETERMINES THE EXECUTIVE TOTAL COMPENSATION PHILOSOPHY OF BUMG - ESTAB LISHES THE PERMISSIBLE RANGES OF COMPENSATION FOR SENIOR EXECUTIVES AND DISQUALIFIED PERSON S REVIEWS AND APPROVES THE DESIGN OF THE COMPONENTS OF COMPENSATION FOR SENIOR EXECUTIVE SAND ANY OTHER DISQUALIFIED PERSONS AND MONITORS COMPLIANCE OF BUMG WITH THE PHILOSOPHY AND DESIGN COMPONENTS OF EXECUTIVE COMPENSATION. FOR SENIOR EXECUTIVE COMPENSATION FOR SENIOR EXECUTIVE COMPENSATION FOR SENIOR EXECUTIVE COMPENSATION. PRECEIVES THE PRESIDENT AND CEO'S REPORT CONCERNING THE OVERALL PERFORMANCE AND DEVELOPMENT ASSESSMENT OF THE SENIOR EXECUTIVES - A CTS FOR THE BOARD IN THE ENGAGEMENT AND DEVELOPMENT ASSESSMENT OF THE SENIOR EXECUTIVES - A CTS FOR THE BOARD IN THE ENGAGEMENT AND DEVELOPMENT AND CEO'S REPORT CONCERNING THE OVERALL PERFORMANCE AND INFORMATION WITH RESPECT TO THE REASONABLENE SS AND COMPETITIVENESS OF THE COMPENSATION PAID TO THE PRESIDENT AND CEO, SENIOR EXECUTIVE S AND ANY OTHER DISQUALIFIED PERSONS, WHICH THE CONSULTANT REPORTS DIRECTLY TO THE COMMITTEE IN ADDITION, THE COMMITTEE HAS ADOPTED THE FOLLOWING BEST PRACTICES WITH RESPECT TO ITS EXECUTIVE COMPENSATION OVERSIGHT FUNCTION: - REVIEWS ALL INCENTIVE PLANS, BENEFIT PLANS AND PROOPENSATION OVERSIGHT FUNCTION: - REVIEWS ALL INCENTIVE PLANS, BENEFIT PLANS AND PROPORED STOON, THE COMPENSATION OF SENIOR EXECUTIVES' COMPENSATION OF SENIOR EXECUTIVES' COMPENSATION OF SENIOR EXECUTIVES' COMPENSATION OF SENIOR EXECUTIVES' CO

Return Reference	Explanation
FORM 990, PART VI, LINES 15A & 15B	CONNECTION WITH EACH SUCH EVALUATION, THE COMMITTEE REQUESTS A WRITTEN CERTIFICATION FROM EACH CONSULTANT THAT: - INCLUDES AN INDEPENDENCE ATTESTATION AFFIRMING THAT THE CONSULTANT HAS CONDUCTED ITS OWN INTERNAL ASSESSMENT AND, BASED ON SUCH ASSESSMENT AND ITS INTERNAL CONTROLS, CONCLUDED THAT IT HAS PERFORMED ITS SERVICES FOR THE COMMITTEE IN AN INDEPENDENT MANNER AND IS INDEPENDENT AS DEFINED IN THE INTERMEDIATE SANCTION REGULATIONS UNDER CODE SECTION 4958 - CONFIRMS THAT THE CONSULTANT REPORTS TO THE COMMITTEE THROUGH THE CHAIR OF THE COMMITTEE AND THAT ALL CONSULTING ACTIVITY FOR BUMG CONDUCTED BY SUCH CONSULTANT DURIN G THE PRECEDING YEAR WAS CONDUCTED WITH THE KNOWLEDGE AND CONSENT OF THE CHAIR OF THE COMMITTEE DETAILS THE AMOUNTS PAID BY BANNER HEALTH TO THE CONSULTANT IN ITS CAPACITY AS AN EXTERNAL COMPENSATION CONSULTANT TO THE COMMITTEE, AND THE AMOUNTS PAID BY BUMG, IF ANY, TO THE CONSULTANT AND ITS AFFILIATES FOR ANY OTHER ENGAGEMENTS. WITH THE ASSISTANCE OF THE INDEPENDENT COMPENSATION CONSULTANT, THE COMPENSATION COMMITTEE ANNUALLY REVIEWS THE PERFO RMANCE OF THE PRESIDENT AND COO, AND RECOMMENDS ADJUSTMENTS TO HIS BASE SALARY AS DEEMED A PPROPRIATE BASED UPON THE REVIEW, SUBJECT TO CONFIRMATION FROM THE CONSULTANT (WHO ATTENDS SUCH MEETING) THAT THE RECOMMENDATION IS APPROPRIATE AND WILL NOT RESULT IN THE OVERALL C OMPENSATION DECISION IS SUBJECT TO THE ACTION OF INDEPENDENT DIRECTORS, THE BOARD MAY NOT A PPROVE A SALARY ACTION DIFFERENT FROM THAT RECOMMENDED BY THE COMPENSATION COMMITTEE WITHOUT AND PROVE A SALARY ACTION DIFFERENT FROM THAT RECOMMENDED BY THE COMPENSATION COMMITTEE WITHOUT BASE SALARY ACTION DIFFERENT FROM THAT RECOMMENDED BY THE COMPENSATION COMMITTEE WITHOUT BASE SALARY OF THE EXECUTIVES WHO DIRECTLY REPORT TO HIM, AND THOSE EXECUTIVES IN TURN ESTABLISH THE BASE SALARY OF THE EXECUTIVES WHO DIRECTLY REPORT TO HIM, AND THOSE SALARIES ARE, HOWEVER, BASED UPON POSITION-SPECIFIC MARKET DATA PROVOVAL OF THE BRONDER TO PHEM. ALL BASE SALARIES ARE, HOWEVER, BASED UPON POSITION-SPECI

Return Explanation
Reference

FORM 990, CTORS IN APPROVING THE COMPENSATION OF THE PRESIDENT AND CEO AND REVIEWING AND MONITORING THE COMPENSATION FOR ALL OTHER SENIOR EXECUTIVES AND TOP MANAGEMENT. THE COMPENSATION REVIEW PROCESS WAS LAST COMPLETED IN 2019.

Return

Reference	_apis.itation
FORM 990,	THE ORGANIZATION'S GOVERNING DOCUMENTS, AUDITED FINANCIAL STATEMENTS, CONFLICT OF INTEREST
PART VI,	POLICY, AND TAX RETURNS ARE AVAILABLE UPON REQUEST. COPIES ARE MAINTAINED AT EACH ADMINISTRATIVE
LINE 19	OFFICE AND IN THE LEGAL AND TAX DEPARTMENTS. FORM 990, PART VII, SECTION B, LINE 1 COMPENSATION
	AMOUNTS OF THE FIVE HIGHEST PAID INDEPENDENT CONTRACTORS INCLUDE ALL PAYMENTS MADE TO THE
i	INDEPENDENT CONTRACTORS AND MAY INCLUDE GOODS/MATERIALS BECAUSE BREAKDOWN WAS NOT AVAILABLE.

Explanation

Return Explanation

LINE 9

Reference	·
FORM 990, PART XI,	OTHER CHANGES IN NET ASSETS INTERCOMPANY TRANSFERS \$119,532,115

efile GRAPHIC print - DO	O NOT PROCESS	As Filed Data -										DLN: 93493	310029	670
SCHEDULE R (Form 990)	ization ar	zations and Unrelated Partnerships nswered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990. (Form990 for instructions and the latest information.									OMB No. 1545-0047 2019 Open to Public			
Department of the Treasury Internal Revenue Service		. 40 to											ection	
Name of the organization Banner-University Medical Group CA 2000000000000000000000000000000000000														
									94-2	958258				
	of Disregarded E	ntities. Complete if	the orgar	nization ansv	vered "Ye	s" on Form	า 990, Part	: IV, line 3	33.					
	See Additional Data Table (a) Name, address, and EIN (if applicable) of disregarded entity			(b) Primary a		(c) Legal domicile (state or foreign country)		(d) Total inc	come End-of-year		ssets	(f Direct co ent		
Part II Identification of related tax-exent See Additional Data Table	of Related Tax-Ex npt organizations di		s. Compl	ete if the org	ganization	answered	i "Yes" on	Form 990	, Part 1	I IV, line 34 be	ecause	it had one or	more	
	(a) d EIN of related organizat	on	Prim	(b) ary activity	Legal dom	c) nicile (state n country)		(d) Exempt Code section		(e) charity status on 501(c)(3))	Di	(f) rect controlling entity	Section (13) co ent	512(b) ntrolled ty?
													Yes	No
For Paperwork Reduction Ac						at No. 5013						edule P (Form		

(a) Name, address, and EI related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predomina income(related unrelated excluded frax unde sections 51 514)	ted, total income om	(g) Share of e end-of-year assets	Disprop alloca	tions?	(i) Code V-U amount i box 20 c Schedule I (Form 106	Gen mai f pai (-1 (5)	(j) neral or naging rtner?	(k) Percenta ownersh
) Partners in Integrated Health LLC		MANAGEMENT SVS	AZ	NA	N/A			Yes	No		Yes	s No	
E PART VII Joenix, AZ 85012 1700965													
2) Banner Union Hills Surgery Center LLC EE PART VII Joenix, AZ 85012 J-1164193		Medical services	AZ	NA	N/A								
BHSM Rehabilitation LLC EPART VII Joenix, AZ 85012		Medical Services	DE	NA	N/A								
2-3481322 1) Banner Atlas JV LLC EE PART VII cottsdale, AZ 85255 3-1276122		OP Surgery CTR	AZ	NA	N/A								
		<u> </u>			+					1			
Part IV Identification of Related Or							swered "Ye	s" on	Form	990, Par	: IV, li	ine 34	
Part IV Identification of Related Or because it had one or more re (a) Name, address, and EIN of related organization		as a corporatio	n or tru c) egal micile or foreign	st during th	(d) t controlling		Swered "Ye (f) Share of tota income		(g) re of energiear assets	d-of- F	(h) ercenta	ge	(i) Section 51 (13) contri entity?
because it had one or more re (a) Name, address, and EIN of	lated organizations treated (b)	as a corporatio (Le dor (state of court	n or tru c) egal nicile	st during th	(d) t controlling entity	. (e) Type of entity C corp, S corp,	(f) Share of tota		(g) re of en	d-of- F	(h) ercenta	ge	(i) Section 51 (13) contr
because it had one or more re (a) Name, address, and EIN of related organization	lated organizations treated (b) Primary activity	as a corporatio (Le dor (state of court	n or tru c) egal nicile or foreign ntry)	St during th	(d) t controlling entity	(e) Type of entity C corp, S corp, or trust)	(f) Share of tota		(g) re of en	d-of- F	(h) ercenta	ge	(i) Section 51 (13) contri entity? Yes
Decause it had one or more re (a) Name, address, and EIN of related organization Decause it had one or more re (b) Some of the property o	lated organizations treated (b) Primary activity	as a corporatio (Le dor (state c cou	n or tru c) egal nicile or foreign ntry)	St during th	(d) t controlling entity	(e) Type of entity C corp, S corp, or trust)	(f) Share of tota		(g) re of en	d-of- F	(h) ercenta	ge	(i) Section 51 (13) contri entity? Yes
Decause it had one or more re (a) Name, address, and EIN of related organization Decause it had one or more re (a) Name, address, and EIN of related organization Decause it had one or more re (b) Decause it had one or more re (a) Decause it had one or more re (b) Decause it had one or more re (c) Decause it had one or more re (d) Decause it had one or had eller in had e	lated organizations treated (b) Primary activity THIRD PARTY ADMIN	as a corporatio	n or tru c) egal nicile or foreign ntry)	Direct	ne tax year (d) t controlling entity ((e) Type of entity C corp, S corp, or trust) Corp	(f) Share of tota		(g) re of en	d-of- F	(h) ercenta	ge	(i) Section 51 (13) contrientity Yes Yes
Decause it had one or more re (a) Name, address, and EIN of related organization Decause it had one or more re (a) Name, address, and EIN of related organization Decause it had one or more re (b) Decause it had one or more re (c) Decause it had one or more re (d) Decause it had expended it had exp	lated organizations treated (b) Primary activity THIRD PARTY ADMIN Investments	as a corporatio (Le dor (state o cou	n or tru c) ggal nicile or foreign ntry) Z	Direct NA NA	ne tax year (d) t controlling entity ((e) Type of entity C corp, S corp, or trust) Corp oreign Corp	(f) Share of tota		(g) re of en	d-of- F	(h) ercenta	ge	(i) Section 51 (13) contrentity: Yes Yes
Decause it had one or more re (a) Name, address, and EIN of related organization Decause it had one or more re (a) Name, address, and EIN of related organization Decause it had one or more re (b) Decause it had one or more re (c) Decause it had one or more re (d) Decause it had expended it had expende	(b) Primary activity	as a corporatio (Le dor (state of court))	n or tru c) egal nicile nicile nitry) .Z	Direct NA NA NA	ne tax year (d) t controlling entity ((e) Type of entity C corp, S corp, or trust) Corp oreign Corp	(f) Share of tota		(g) re of en	d-of- F	(h) ercenta	ge	Section 51 (13) contrentity Yes Yes

chedule R (Form 990) 2019					Pa	ge 3
Part V Transactions With Related Organizations. Complete if the organization answere	d "Yes" on Form 990, Pa	rt IV, line 34, 35l	b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more re	elated organizations listed ir	Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		No
${f b}$ Gift, grant, or capital contribution to related organization(s)				1 b		No
${f c}$ Gift, grant, or capital contribution from related organization(s)				1 c	Yes	
f d Loans or loan guarantees to or for related organization(s)				1 d		No
e Loans or loan guarantees by related organization(s)				1e		No
f Dividends from related organization(s)				1f		No
g Sale of assets to related organization(s)				1 g		No
h Purchase of assets from related organization(s)				1h		No
i Exchange of assets with related organization(s)				1 i		No
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)				1 j		No
k Lease of facilities, equipment, or other assets from related organization(s)				1k	Yes	
I Performance of services or membership or fundraising solicitations for related organization(s) . $$.				11	Yes	
$m{m}$ Performance of services or membership or fundraising solicitations by related organization(s)				1m	Yes	
${f n}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Yes	
o Sharing of paid employees with related organization(s)				10	Yes	
p Reimbursement paid to related organization(s) for expenses				1 p	Yes	
q Reimbursement paid by related organization(s) for expenses				1 q	Yes	
r Other transfer of cash or property to related organization(s)				1r		No
${f s}$ Other transfer of cash or property from related organization(s)				1 s	Yes	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including covered r	relationships and tra	nsaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining a	amount ii	nvolved	
1)BANNER HEALTH FOUNDATION	С	1,419,438	FMV			
	1	1	1			

r.	t Lease of facilities, equipment, of other assets from related organization(s).	-"		1
- 1	Performance of services or membership or fundraising solicitations for related organization(s)	11	Yes	
m	n Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
0	Sharing of paid employees with related organization(s)	10	Yes	
р	Reimbursement paid to related organization(s) for expenses	1 p	Yes	
q	Reimbursement paid by related organization(s) for expenses	1 q	Yes	
r	Other transfer of cash or property to related organization(s)	1r		No
s	Other transfer of cash or property from related organization(s)	1s	Yes	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			
	(a) Name of related organization (b) Transaction Transaction type (a-s) (d) Amount involved Method of determinin		involve	d
(1) BA	SANNER HEALTH FOUNDATION C 1,419,438 FMV			

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	Ar	(e) re all partners section 501(c)(3) rganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		ocations? Code V-UBI amount in box		Disproprtionate Code V-UBI		or g ?	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No			
			1			ı				Schedul	e R (Form	990	0) 2019		

Schedule R (Form 990) 2019 Page 5 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R. (see instructions). Return Reference Explanation SCHEDULE R, PART III PARTNERS IN INTEGRATED HEALTH, LLC EIN: 61-1700965 ADDRESS: 2901 N. CENTRAL AVENUE, SUITE 160, PHOENIX, AZ 85012 BANNER UNION HILLS SURGERY CENTER, LLC EIN: 90-1164193 ADDRESS: 2901 N. CENTRAL AVENUE, SUITE 160, PHOENIX, AZ 85012 BHSM REHABILITATION, LLC EIN: 82-3481322 ADDRESS: 2901 N. CENTRAL AVENUE, SUITE 160. PHOENIX, AZ 85012 BANNER ATLAS JV. LLC EIN: 83-1276122 ADDRESS: 10554 EAST MORNING STAR DRIVE. SCOTTSDALE, AZ 85255

Additional Data

Banner - U Dental Services LLC

Banner - U Hospital Based PhysicIANS

Banner - U Physician Specialists LLC

Banner - U Primary Care PhysiciaNS LLC

BANNER-UMG Integrated Health Clinic LLC

BANNER-UMG Tucson AP Physicians LLC

2901 N Central Ave Suite 160

Banner - U Super Specialists LLC

Phoenix, AZ 85012 90-1116747

Phoenix, AZ 85012 90-1116751

Phoenix, AZ 85012 90-1116753

Phoenix, AZ 85012 90-1116752

Phoenix, AZ 85012 90-1116750

Phoenix, AZ 85012 90-1140260

Phoenix, AZ 85012 90-1182070

(a)

Name, address, and EIN (if applicable) of disregarded entity

Software ID: Software Version:

EIN: 94-2958258

(b)

Primary Activity

Medical SVCS

Name: Banner-University Medical Group Form 990, Schedule R, Part I - Identification of Disregarded Entities

(c)

Legal Domicile

(State

or Foreign Country)

ΑZ

ΑZ

ΑZ

ΑZ

ΑZ

ΑZ

ΑZ

(d)

Total income

0

39,129,959

70,128,850

20,010,960

0

0

۵

(e)

End-of-year assets

(f)

Direct Controlling

Entity

0 BUMG

3,830,085 BUMG

6,864,291 BUMG

1,958,696 BUMG

0 BUMG

0 BUMG

0 BUMG

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations (c) (d) (e) (f) (g) Name, address, and EIN of related organization Primary activity Legal domicile Direct controlling Exempt Code Public charity Section 512 (state section entity (b)(13)status (if section 501(c) or foreign country) controlled (3)) entity? Yes No ΑZ 501(C)(3) Hospital INA No 2901 N Central Ave Suite 160 Phoenix, AZ 85012 45-0233470 ΑZ Support 501(C)(3) Banner Hith Yes 2901 N Central Ave Suite 160 Phoenix, AZ 85012 94-2545356 ΑZ 501(C)(3) Support Banner Hlth Yes 2901 N Central Ave Suite 160 Phoenix, AZ 85012 20-4862361 Medical SVCS ΑZ 501(C)(3) Banner Hith Yes 2901 N Central Ave Suite 160 Phoenix, AZ 85012 90-0532830 Medical SVCS CO 501(C)(3) lз Banner Hith Yes 2901 N Central Ave Suite 160 Phoenix, AZ 85012 90-0532831 ΑZ 501(C)(3) Banner Hlth Support Yes

ΑZ

ΑZ

ΑZ

501(C)(3)

501(C)(3)

501(C)(4)

Health INS

Health INS

HEALTH INS

10

10

N/A

Banner Hith

Banner Hlth

Banner Hlth

Yes

Yes

Yes

1800 E Florence Blvd Casa Grande, AZ 85122

2901 N Central Ave Suite 160 Phoenix, AZ 85012 46-3766901

2901 N Central Ave Suite 160

2901 N Central Ave Suite 160

Phoenix, AZ 85012 46-3757358

Phoenix, AZ 85012 84-3237280

31-1726569