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Form 990



Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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▶ Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 01-01-2014 , and ending 12-31-2014

B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization LAKEWOOD REGIONAL HEALTHCARE FOUNDATION		D Employer identification number 41-1893795	
	Doing business as			
	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone number	
	600 MAIN AVENUE SOUTH		(218) 634-3440	
	City or town, state or province, country, and ZIP or foreign postal code BAUDETTE, MN 56623		G Gross receipts \$ 127,025	
F Name and address of principal officer TOM MIO 600 MAIN AVENUE SOUTH BAUDETTE,MN 56623		H(a) Is this a group return for subordinates? ☐ Yes ☒ No H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list (see instructions) H(c) Group exemption number ▶		
I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527				
J Website: ▶ LAKEWOODHEALTHCENTER.ORG/LAKEWOOD-FOUNDATION				
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶		L Year of formation 1997	M State of legal domicile MN	

Part I	Summary
Activities & Governance	1 Briefly describe the organization’s mission or most significant activities SUPPORTING THE HEALTH CARE SERVICES AND FACILITIES OF LAKEWOOD HEALTH CENTER
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets
Revenue	3 Number of voting members of the governing body (Part VI, line 1a)
	4 Number of independent voting members of the governing body (Part VI, line 1b)
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)
	6 Total number of volunteers (estimate if necessary)
	7a Total unrelated business revenue from Part VIII, column (C), line 12
	b Net unrelated business taxable income from Form 990-T, line 34
Expenses	8 Contributions and grants (Part VIII, line 1h)
	9 Program service revenue (Part VIII, line 2g)
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)
	14 Benefits paid to or for members (Part IX, column (A), line 4)
Net Assets or Fund Balances	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)
	16a Professional fundraising fees (Part IX, column (A), line 11e)
	b Total fundraising expenses (Part IX, column (D), line 25) ▶62,228
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)
	19 Revenue less expenses Subtract line 18 from line 12
	20 Total assets (Part X, line 16)
	21 Total liabilities (Part X, line 26)
	22 Net assets or fund balances Subtract line 21 from line 20

Part II Signature Block

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

Sign Here	***** Signature of officer		2015-11-13 Date		
	TOM MIO BOARD CHAIR Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name KACIE MCEWEN	Preparer's signature KACIE MCEWEN	Date	Check ☐ if self-employed	PTIN P01599614
	Firm's name ▶ CLIFTONLARSONALLEN LLP			Firm's EIN ▶ 41-0746749	
	Firm's address ▶ 220 SOUTH SIXTH STREET SUITE 300 MINNEAPOLIS, MN 55402			Phone no (612) 376-4500	

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

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

Form **990** (2014)

Part 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? If "Yes," complete Schedule C, Part II	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 I 	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 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a	No
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e	No
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b	No
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
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	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	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		
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)?		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).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	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?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	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.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	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.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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?	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	No
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	
13	Did the organization have a written whistleblower policy?	13	No
14	Did the organization have a written document retention and destruction policy?	14	No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	No
b	Other officers or key employees of the organization	15b	No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	MN
18	Section 6104 requires an organization to make its Form 1023 (or 1024 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	JAY ROSS

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

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

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JASON BREUER BOARD CHAIR	1 00 49 00	X		X				0	195,614	53,384
(2) ROBYN SONSTEGARD SECRETARY/TREASURER	1 00	X		X				0	0	0
(3) GEORGE CHEREKOS BOARD MEMBER	1 00	X						0	0	0
(4) LISA KINSELLA BOARD MEMBER	1 00	X						0	0	0
(5) MIKE LARSON BOARD MEMBER	1 00	X						0	0	0
(6) TOM MIO BOARD MEMBER	1 00 39 00	X						0	119,869	30,944
(7) BILL MOUW BOARD MEMBER	1 00	X						0	0	0
(8) CONNIE NESMITH BOARD MEMBER	1 00	X						0	0	0
(9) BECKY POOLMAN BOARD MEMBER	1 00 39 00	X						0	128,770	32,708
(10) TINA RENEMO BOARD MEMBER	1 00	X						0	0	0
(11) ROSEANN SWENSON BOARD MEMBER	1 00	X						0	0	0
(12) CARRIE DAVIDSON FOUNDATION DIRECTOR	32 00			X				0	42,893	2,835

Part VII

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

[illegible]

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	0	487,146	119,871

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►0

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a					
	b	Membership dues 1b					
	c	Fundraising events 1c					
	d	Related organizations 1d					
	e	Government grants (contributions) 1e					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	126,267				
	g	Noncash contributions included in lines 1a-1f \$ 963					
	h	Total. Add lines 1a-1f	126,267				
Program Service Revenue	2a	Business Code					
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	758			758
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6a		Gross rents					
b		Less rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss)					
7a		Gross amount from sales of assets other than inventory					
b		Less cost or other basis and sales expenses					
c		Gain or (loss)					
d		Net gain or (loss)					
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18					
b		Less direct expenses					
c		Net income or (loss) from fundraising events					
9a		Gross income from gaming activities See Part IV, line 19					
b		Less direct expenses					
c		Net income or (loss) from gaming activities					
10a		Gross sales of inventory, less returns and allowances					
b		Less cost of goods sold					
c		Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See Instructions		127,025	0	0	758	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 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	89,689	89,689		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	31,469			31,469
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	2,619			2,619
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	6,862			6,862
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	17,835			17,835
12	Advertising and promotion	54			54
13	Office expenses	1,089			1,089
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	1,877			1,877
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	423			423
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a					
b					
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	151,917	89,689	0	62,228
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)				

Part X

Balance Sheet

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

					(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments			193,728	2	172,928
	3	Pledges and grants receivable, net			4,673	3	499
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a				
	b	Less: accumulated depreciation	10b			10c	
	11	Investments—publicly traded securities				11	
	12	Investments—other securities. See Part IV, line 11				12	4,194,084
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			3,700,148	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)			3,898,549	16	4,367,511
Liabilities	17	Accounts payable and accrued expenses			983	17	901
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			983	26	901
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			145,382	27	108,401
	28	Temporarily restricted net assets			52,036	28	973,474
	29	Permanently restricted net assets			3,700,148	29	3,284,735
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			3,897,566	33	4,366,610
	34	Total liabilities and net assets/fund balances			3,898,549	34	4,367,511

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	127,025
2	Total expenses (must equal Part IX, column (A), line 25)	2	151,917
3	Revenue less expenses Subtract line 2 from line 1	3	-24,892
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,897,566
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	493,936
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4,366,610

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b	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		

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization LAKEWOOD REGIONAL HEALTHCARE FOUNDATION	Employer identification number 41-1893795
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Part I

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f

Enter the number of supported organizations _____

g

Provide the following information about the supported organization(s)

(i)Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (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		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	71,477	35,748	99,912	135,455	126,267	468,859
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	71,477	35,748	99,912	135,455	126,267	468,859
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)						17,822
6 Public support. Subtract line 5 from line 4						451,037

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	71,477	35,748	99,912	135,455	126,267	468,859
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,483	1,642	1,099	736	758	6,718
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 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						475,577
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage		
14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	94 840 %
15 Public support percentage for 2013 Schedule A, Part II, line 14	15	93 530 %
16a 33 1/3% support test—2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization		
b 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 under section 513						
4 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 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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						
c 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 (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

Part IV

Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 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	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	
c 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.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b 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 supervised by or in connection with its supported organizations. . . .	4b	
c 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	
5a 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 amendment to the organizing document).	5a	
b 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	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) 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 IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990) .	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8	
9a 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	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	
c Did a disqualified person (as defined in line 9(a)) 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 .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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	
b A family member of a person described in (a) above?	11b	
c 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	

Part IV

Supporting Organizations (continued)

Section 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.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.		

Section 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 supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) 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).		
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.		

Section 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 instructions)			
a ☐ The organization satisfied the Activities Test. Complete line 2 below.			
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 <u>Activities Test</u> Answer (a) and (b) below.			
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.			
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.			
3 <u>Parent of Supported Organizations</u> 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? Provide details in Part VI.			
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.			

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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **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 Year (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 Year (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	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
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	
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Section D - Distributions	Current Year
1 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 2014 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-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

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

Facts And Circumstances Test

Return Reference

Explanation

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization LAKEWOOD REGIONAL HEALTHCARE FOUNDATION	Employer identification number 41-1893795
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes☐ No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes☐ No	

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

1

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

☐ Preservation of land for public use (e g , recreation or education)☐ Preservation of an historically important land area
☐ Protection of natural habitat☐ Preservation of a certified historic structure
☐ Preservation of open space

2

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4

Number of states where property subject to conservation easement is located ►

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes☐ No

9

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

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

1a

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

b

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

(i) Revenue included in Form 990, Part VIII, line 1

► \$

(ii) Assets included in Form 990, Part X

► \$

2

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

a

Revenue included in Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

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

Cat No 52283D

Schedule D (Form 990) 2014

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

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

	Amount
1c	
1d	
1e	
1f	

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

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

☐

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	3,897,566	2,567,316			
b Contributions	126,267	137,952			
c Net investment earnings, gains, and losses	498,439	1,286,247			
d Grants or scholarships					
e Other expenditures for facilities and programs	155,662	93,949			
f Administrative expenses					
g End of year balance	4,366,610	3,897,566			

2

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

a

Board designated or quasi-endowment

2490 %

b

Permanent endowment

75220 %

c

Temporarily restricted endowment

22290 %

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

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

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

	Yes	No
3a(i)		No
3a(ii)	Yes	
3b	Yes	

4

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				0

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	114,936
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	47,133
e	Add lines 2a through 2d	2e	47,133
3	Subtract line 2e from line 1	3	67,803
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	59,222
c	Add lines 4a and 4b	4c	59,222
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	127,025

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	151,917
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	151,917
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	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	4c	0
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	151,917

Part XIII Supplemental Information

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

Return Reference	Explanation
PART V, LINE 4	THE INCOME EARNED ON THE ENDOWMENT FUNDS ARE USED TO BENEFIT THE HEALTHCARE NEEDS OF THE RESIDENTS OF LAKE OF THE WOODS COUNTY
PART X, LINE 2	THE FOUNDATION FOLLOWS THE GUIDANCE IN THE INCOME TAX STANDARD REGARDING THE RECOGNITION AND MEASUREMENT OF UNCERTAIN TAX POSITIONS. THE APPLICATION OF THIS STANDARD HAS NO EFFECT ON THE FINANCIAL STATEMENTS. THE FOUNDATION'S TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL, STATE AND LOCAL AUTHORITIES. THE TAX RETURNS FOR THE YEARS 2012 TO 2014 ARE OPEN TO EXAMINATION BY FEDERAL, STATE AND LOCAL AUTHORITIES.
PART XI, LINE 2D - OTHER ADJUSTMENTS	NET ASSETS RELEASED FROM RESTRICTION 47,133
PART XI, LINE 4B - OTHER ADJUSTMENTS	TEMPORARILY RESTRICTED CONTRIBUTIONS 59,222

[illegible]

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public
Inspection

Name of the organization
LAKEWOOD REGIONAL HEALTHCARE FOUNDATION

Employer identification number
41-1893795

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

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

(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 non-cash assistance	(h) Purpose of grant or assistance
(1) LAKEWOOD HEALTH CENTER 600 MAIN AVENUE SOUTH BAUDETTE, MN 56623	41-0758434	501(C)3	88,726	963	FMV	GENERAL SUPPLIES	GENERAL OPERATING SUPPORT

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

3 Enter total number of other organizations listed in the line 1 table 0

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV

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

Return Reference	Explanation
PART I, LINE 2	LAKWOOD HEALTH CENTER IS THE CORPORATE MEMBER OF THE FOUNDATION LAKWOOD PROVIDES FUNDS DIRECTLY AS THE ANNUAL OPERATING EXPENSES OF THE FOUNDATION THESE EXPENSES GENERALLY CONSIST OF DIRECTOR SALARY AND BENEFITS, PURCHASED SERVICES FROM CHI, AND OTHER GENERAL OPERATING COSTS THE FOUNDATION RECORDS THE OPERATING COSTS AND RELATED INCOME ON THEIR FINANCIALS THE FOUNDATION BOARD REVIEWS THE FINANCIALS EVERY OTHER MONTH AT BOARD MEETINGS VARIANCES TO THE PRIOR YEAR AND UNUSUAL ITEMS ARE DISCUSSED DURING THIS REVIEW THE FINANCIALS ARE THEN APPROVED BY THE FOUNDATION BOARD

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

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2014

Open to Public Inspection

Name of the organization
LAKEWOOD REGIONAL HEALTHCARE FOUNDATION

Employer identification number
41-1893795

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII
Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JASON BREUER, BOARD CHAIR	(i)	0	0	0	0	0	0	0
	(ii)	 138,747	 23,346	 33,521	 32,880	 20,504	 248,998	 11,823
2 TOM MIO, BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	 110,023	 8,381	 1,465	 17,396	 13,548	 150,813	 0
3 BECKY POOLMAN, BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	 120,940	 7,491	 339	 14,658	 18,050	 161,478	 0

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 3	COMPENSATION FOR THE TOP MANAGEMENT OFFICIAL WAS ESTABLISHED AND PAID BY CATHOLIC HEALTH INITIATIVES (CHI), A RELATED ORGANIZATION. CHI USED THE FOLLOWING TO ESTABLISH THE TOP MANAGEMENT OFFICIAL'S COMPENSATION: 1. COMPENSATION COMMITTEE; 2. INDEPENDENT COMPENSATION CONSULTANT; 3. WRITTEN EMPLOYMENT CONTRACT; 4. COMPENSATION SURVEY OR STUDY; 5. APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE.
PART I, LINE 4B	DURING THE 2014 CALENDAR YEAR, CHI, A RELATED ORGANIZATION, MAINTAINED A SUPPLEMENTAL NON-QUALIFIED DEFERRED COMPENSATION PLAN FOR MBO CEOs AND OTHER CHI EMPLOYEES AT THE LEVEL OF SENIOR VICE PRESIDENT AND ABOVE. THE FOLLOWING REPORTABLE INDIVIDUALS WERE ELIGIBLE TO PARTICIPATE IN THAT PLAN: JASON BREUER. DURING 2014, \$12,663 OF CONTRIBUTIONS WERE MADE BY CHI TO THE DEFERRED COMPENSATION PLAN, AND \$11,823 OF DISTRIBUTIONS WERE MADE BY CHI FROM THE DEFERRED COMPENSATION PLAN FOR JASON BREUER.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2014

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Name of the organization LAKEWOOD REGIONAL HEALTHCARE FOUNDATION	Employer identification number 41-1893795
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990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	
FORM 990, PART VI, SECTION A, LINE 6	THE SOLE MEMBER OF LAKEWOOD REGIONAL HEALTHCARE FOUNDATION SHALL BY LAKEWOOD HEALTHCARE CENTER, A MINNESOTA NONPROFIT CORPORATION
FORM 990, PART VI, SECTION A, LINE 7A	DIRECTORS OF LAKEWOOD REGIONAL HEALTHCARE FOUNDATION SHALL BE APPOINTED BY THE SOLE MEMBER , LAKEWOOD HEALTHCARE CENTER THE PRESIDENT OF THE SOLE MEMBER AND THE CHI REGIONAL FOUNDA TION VICE PRESIDENT OR HIS OR HER DISIGNEE SHALL EACH SERVE AS AN EX OFFICIO VOTING MEMBER OF THE BOARD OF DIRECTORS AT LEAST ONE MEMBER OF THE BOARD OF DIRECTORS OF THE SOLE MEMB ER, OTHER THAN THE PRESIDENT, SHALL ALSO SERVE ON LAKEWOOD REGIONAL HEALTHCARE FOUNDATION S BOARD OF DIRECTORS
FORM 990, PART VI, SECTION A, LINE 7B	AMENDMENTS TO THE BYLAWS OF THE ORGANIZATION MAY BE PROPOSED BY EITHER THE BOARD OF DIRECT ORS, THE SOLE MEMBER, OR THE PARENT CORPORATION (CATHOLIC HEALTH INITIATIVES), PROVIDED TH AT ANY AMENDMENTS PROPOSED BY THE BOARD OF DIRECTORS SHALL BE EFFECTIVE ONLY WHEN ADPOTED BY THE AFFIRMATIVE VOTE OF NOT LESS THAN A MAJORITY OF THE DIRECTORS THEN IN OFFICE AND AP PROVED BY THE SOLE MEMBER THE SOLE MEMBER AND PARENT CORPORATION SHALL AT ALL TIMES RETAI N THE RIGHT AND POWER TO UNILATERALLY AMEND THESE BYLAWS
FORM 990, PART VI, SECTION B, LINE 11	A COPY OF FORM 990 IS PROVIDED TO THE ORGANIZATION'S GOVERNING BODY FOR REVIEW BEFORE IT IS FILED
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE FOR INSPECTION BY ANY MEMBER OF THE GENERAL PUBLIC AT ALL REASONABLE TIMES DURING OFFICE HOURS THE ORGANIZATION DOES NOT HAVE A CONFLICT OF INTEREST POLICY
FORM 990, PART IX, LINE 11G	CONTRACT SERVICES PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 17,835 TOTAL EXPENSES 17,835
FORM 990, PART XI, LINE 9	CHANGE IN MARKET VALUE AND PRESENT VALUE - PERMANENTLY RESTRICTED NET ASSET 493,936

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization LAKEWOOD REGIONAL HEALTHCARE FOUNDATION	Employer identification number 41-1893795
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Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.						
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
						Yes No
See Additional Data Table						

Part III

Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

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

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

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

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

Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

Yes

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

No

1n

No

1o

Yes

1p

Yes

1q

No

1r

No

1s

No

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

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

Schedule R (Form 990) 2014

Part VI **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)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII **Supplemental Information**

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

Return Reference	Explanation
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Additional Data

Software ID:

Software Version:

EIN: 41-1893795

Name: LAKEWOOD REGIONAL HEALTHCARE FOUNDATION

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) LAKEWOOD HEALTH CENTER 600 MAIN AVENUE SOUTH BAUDETTE, MN 56623 41-0758434	HOSPITAL	MN	501(C)(3)	LINE 3	CATHOLIC HEALTH INITIATIVES		No
(1) CATHOLIC HEALTH INITIATIVES 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 47-0617373	HEALTHCARE ORGANIZATION	CO	501(C)(3)	LINE 9	N/A		No
(2) ALEGENT CREIGHTON CLINIC 12809 W DODGE ROAD OMAHA, NE 68154 47-0765154	HEALTHCARE ORGANIZATION	NE	501(C)(3)	LINE 3	ACH		No
(3) ALEGENT CREIGHTON HEALTH 12809 W DODGE ROAD OMAHA, NE 68154 47-0757164	HEALTHCARE ORGANIZATION	NE	501(C)(3)	LINE 3	CHI NEBRASKA		No
(4) ALEGENT CREIGHTON HEALTH FOUNDATION 12809 W DODGE ROAD OMAHA, NE 68154 47-0648586	FUNDRAISING	NE	501(C)(3)	LINE 7	ACH		No
(5) ALEGEN HEALTH-BERGAN MERCY HEALTH SYSTEM 7500 MERCY ROAD OMAHA, MN 68124 47-0484764	HEALTHCARE ORGANIZATION	NE	501(C)(3)	LINE 3	CHI NEBRASKA		No
(6) ALEGENT HEALTH-COMMUNITY MEMORIAL HOSPITAL OF MISSOURI VALLEY 631 N 8TH STREET MISSOURI VALLEY, IA 51555 42-0776568	HEALTHCARE ORGANIZATION	IA	501(C)(3)	LINE 3	CHI NEBRASKA		No
(7) ALEGENT HEALTH-IMMANUEL MEDICAL CENTER 6901 N 72ND STREET OMAHA, NE 68122 47-0376615	HEALTHCARE ORGANIZATION	NE	501(C)(3)	LINE 3	CHI NEBRASKA		No
(8) ALEGENT HEALTH-MEMORIAL HOSPITAL SCHUYLER 104 W 17TH STEET SCHUYLER, NE 68661 47-0399853	HEALTHCARE ORGANIZATION	NE	501(C)(3)	LINE 3	CHI NEBRASKA		No
(9) ALEGENT HEALTH-MERCY HOSPITAL CORNING IOWA PO BOX 368 CORNING, IA 50841 42-0782518	HEALTHCARE ORGANIZATION	IA	501(C)(3)	LINE 3	CHI NEBRASKA		No
(10) ALVERNA APARTMENTS 300 SE 8TH AVENUE LITTLE FALLS, MN 56345 41-1351177	LONGTERM CARE	MN	501(C)(3)	LINE 9	CATHOLIC HEALTH INITIATIVES		No
(11) APPLETREE COURT 601 OAK STREET BRECKENRIDGE, MN 56520 41-1850500	SENIOR LIVING	MN	501(C)(3)	LINE 9	SFH		No
(12) BISHOP DRUMM RETIREMENT CENTER 1111 6TH AVENUE DES MOINES, IA 50314 42-0725196	LONGTERM CARE	IA	501(C)(3)	LINE 9	CHI-IA CORP		No
(13) BORNEMANN HEALTHCARE CORPORATION 2500 BERNVILLE ROAD PO BOX 316 READING, PA 19603 23-2187242	HEALTHCARE ORGANIZATION	PA	501(C)(3)	LINE 11A, I	CATHOLIC HEALTH INITIATIVES		No
(14) CARRINGTON HEALTH CENTER 800 N 4TH STREET CARRINGTON, ND 58421 45-0227311	HEALTHCARE ORGANIZATION	ND	501(C)(3)	LINE 3	CATHOLIC HEALTH INITIATIVES		No
(15) CATHOLIC HEALTH INITIATIVES-COLORADO 188 INVERNESS DRIVE WEST SUITE 500 ENGLEWOOD, CO 80112 84-0405257	HEALTHCARE ORGANIZATION	CO	501(C)(3)	LINE 3	CATHOLIC HEALTH INITIATIVES		No
(16) CATHOLIC HEALTH INITIATIVES-IOWA CORP 1111 6TH AVENUE DES MOINES, IA 50314 42-0680448	HEALTHCARE ORGANIZATION	IA	501(C)(3)	LINE 3	CATHOLIC HEALTH INITIATIVES		No
(17) CATHOLIC HEALTH INITIATIVES COLORADO FOUNDATION 6835 CORPORATE DRIVE SUITE 301 COLORADO SPRINGS, CO 80919 84-0902211	FUNDRAISING	CO	501(C)(3)	LINE 7	CHIC		No
(18) CATHOLIC HEALTH INITIATIVES NATIONAL FOUNDATION 6835 CORPORATE DRIVE COLORADO SPRINGS, CO 80919 27-0930004	FUNDRAISING	CO	501(C)(3)	LINE 11A, I	CATHOLIC HEALTH INITIATIVES		No
(19) CATHOLIC HEALTH INITIATIVES VIRTUAL HEALTH SERVICES 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 46-0992796	HEALTHCARE ORGANIZATION	CO	501(C)(3)	LINE 11A, I	CHINS		No

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

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(21) CENTENNIAL MEDICAL GROUP INC 2700 STEWART PKWY ROSEBURG, OR 97471 26-3946191	PHYSICIANS	OR	501(C)(3)	LINE 9	MMC	
(1) CENTRAL KANSAS MEDICAL CENTER 3515 BROADWAY GREAT BEND, KS 67530 48-0543724	SURGERY CENTER	KS	501(C)(3)	LINE 3	CATHOLIC HEALTH INITIATIVES	No
(2) CHI HEALTH CONNECT AT HOME-FARGO 4816 AMBER VALLEY PKWY S FARGO, ND 58104 27-1966847	HEALTHCARE ORGANIZATION	MN	501(C)(3)	LINE 9	CATHOLIC HEALTH INITIATIVES	No
(3) CHI INSTITUTE FOR RESEARCH AND INNOVATION 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 27-1050565	HEALTHCARE ORGANIZATION	CO	501(C)(3)	LINE 11A, I	CATHOLIC HEALTH INITIATIVES	No
(4) CHI KENTUCKY INC 3900 OLYMPIC BLVD SUITE 400 ERLANGER, KY 41018 20-2741651	HEALTHCARE ORGANIZATION	KY	501(C)(3)	LINE 11A, I	CATHOLIC HEALTH INITIATIVES	No
(5) CHI NATIONAL HOME CARE 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 45-1261716	HEALTHCARE ORGANIZATION	CO	501(C)(3)	LINE 9	CHI NS	No
(6) CHI NATIONAL SERVICES 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 45-2532084	HEALTHCARE ORGANIZATION	CO	501(C)(3)	LINE 11A, I	CATHOLIC HEALTH INITIATIVES	No
(7) CHI NEBRASKA 6940 O STREET SUITE 200 LINCOLN, NE 68510 36-3233121	HEALTHCARE ORGANIZATION	NE	501(C)(3)	LINE 11C, III-FI	CATHOLIC HEALTH INITIATIVES	No
(8) CHI ST LUKES HEALTH BAYLOR COLLEGE OF MEDICINE MEDICAL CENTER 6624 FANNIN STREET HOUSTON, TX 77030 74-1161938	HEALTHCARE ORGANIZATION	TX	501(C)(3)	LINE 3	SLHS	No
(9) CHI ST VINCENT HOSPITAL HOT SPRINGS 300 WERNER STREET HOT SPRINGS, AR 71913 71-0236913	HEALTHCARE ORGANIZATION	AR	501(C)(3)	LINE 3	CHISVHS	No
(10) CHI ST VINCENT HOT SPRINGS 300 WERNER STREET HOT SPRINGS, AR 71913 26-1125064	HOLDING COMPANY	AR	501(C)(3)	LINE 11B, II	SVIMC	No
(11) CHI ST VINCENT MEDICAL GROUP HOT SPRINGS 1 MERCY LANE SUITE 201 HOT SPRINGS, AR 71913 26-1125131	HEALTHCARE ORGANIZATION	AR	501(C)(3)	LINE 3	CHISVHS	No
(12) COMMUNITY LIMITED CARE DIALYSIS CENTER 619 OAK STEET ACCOUNTING-3 W CINCINNATI, OH 45206 23-7419853	HOLDING COMPANY	OH	501(C)(2)		GSH	No
(13) COMMUNITY MEMORIAL HOSPITAL MEDICAL SERVICE FOUNDATION 631 N 8TH STREET MISSOURI VALLEY, IA 51555 42-1294399	FUNDRAISING	IA	501(C)(3)	LINE 11A, I	AH-CMHMV	No
(14) CONTINUING CARE HOSPITAL 1501 N EAGLE CREEK DRIVE LEXINGTON, KY 40509 61-1400619	LT ACH	KY	501(C)(3)	LINE 3	SJHS	No
(15) COVENANT HOME CARE 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 23-2028429	HOME HEALTH	CO	501(C)(3)	LINE 11A, I	CHI NHC	No
(16) ENUMCLAW REGIONAL HOSPITAL ASSOCIATION 1450 BATTERSBY AVENUE ENUMCLAW, WA 98022 91-0715805	HEALTHCARE ORGANIZATION	WA	501(C)(3)	LINE 3	FHS	No
(17) FLAGET HEALTHCARE INC 4305 NEW SHEPHERDSVILLE ROAD BARDSTOWN, KY 40004 61-1345363	HEALTHCARE ORGANIZATION	KY	501(C)(3)	LINE 3	KOH	No
(18) FLAGET MEMORIAL HOSPITAL FOUNDATION INC 4305 NEW SHEPHERDSVILLE ROAD BARDSTOWN, KY 40004 56-2351341	FUNDRAISING	KY	501(C)(3)	LINE 11A, I	FH	No
(19) FRANCISCAN FOUNDATION 1717 SOUTH J STREET TACOMA, WA 98405 91-1145592	FUNDRAISING	WA	501(C)(3)	LINE 9	FHS	No

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						Yes	No
(41) FRANCISCAN HEALTH SYSTEM 1717 SOUTH J STREET TACOMA, WA 98405 91-0564491	HEALTHCARE ORGANIZATION	WA	501(C)(3)	LINE 3	CATHOLIC HEALTH INITIATIVES		No
(1) FRANCISCAN HEALTH VENTURES FKA SJMGROUP TACOMA FNC CTR BLDG 1145 BROADWAY TACOMA, WA 98402 43-1882377	PHYSICIANS	MO	501(C)(3)	LINE 9	CATHOLIC HEALTH INITIATIVES		No
(2) FRANCISCAN MEDICAL GROUP 1313 BROADWAY SUITE 200 TACOMA, WA 98402 91-1939739	HEALTHCARE ORGANIZATION	WA	501(C)(3)	LINE 9	FHS		No
(3) FRANCISCAN VILLA OF SOUTH MILWAUKEE INC 3601 S CHICAGO AVENUE SOUTH MILWAUKEE, WI 53172 39-1093829	HEALTHCARE ORGANIZATION	WI	501(C)(3)	LINE 9	CATHOLIC HEALTH INITIATIVES		No
(4) GLOBAL HEALTH INITIALTIVES 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 20-1536108	MINISTRIES	CO	501(C)(3)	LINE 11A, I	CATHOLIC HEALTH INITIATIVES		No
(5) GOOD SAMARITAN COLLEGE OF NURSING & HEALTH SCIENCE 619 OAK STEET ACCOUNTING-3 W CINCINNATI, OH 45206 31-1778403	EDUCATION	OH	501(C)(3)	LINE 2	GSH		No
(6) GOOD SAMARITAN FOUNDATION OF CINCINNATI INC 619 OAK STEET ACCOUNTING-3 W CINCINNATI, OH 45206 31-1206047	FUNDRAISING	OH	501(C)(3)	LINE 11A, I	GSH		No
(7) GOOD SAMARITAN HOSPITAL PO BOX 1990 KEARNEY, NE 68848 47-0379755	HEALTHCARE ORGANIZATION	NE	501(C)(3)	LINE 3	CHI NEBRASKA		No
(8) GOOD SAMARITAN HOSPITAL FOUNDATION 111 W 31ST STREET KEARNEY, NE 68847 47-0659443	FUNDRAISING	NE	501(C)(3)	LINE 7	GSH		No
(9) GOOD SAMARITAN HOSPITAL FOUNDATION-DAYTON 110 N MAIN STREET SUITE 500 DAYTON, OH 45402 23-7296923	FUNDRAISING	NE	501(C)(3)	LINE 7	SHP		No
(10) HARRISON MEDICAL CENTER 2520 CHERRY AVENUE BREMERTON, WA 98310 91-0565546	HEALTHCARE ORGANIZATION	WA	501(C)(3)	LINE 3	FHS		No
(11) HARRISON MEDICAL CENTER FOUNDATION 2520 CHERRY AVENUE BREMERTON, WA 98310 91-1197626	FUNDRAISING	WA	501(C)(3)	LINE 7	HMC		No
(12) HEALTH SET 2420 W 26TH AVENUE SUITE 460D DENVER, CO 80211 84-1102943	LOW INCOME CARE	CO	501(C)(3)	LINE 7	CHIC		No
(13) HEALTHCARE AND WELLNESS FOUNDATION 2400 ST FRANCIS DRIVE BRECKENRIDGE, MN 56520 76-0761782	FUNDRAISING	MN	501(C)(3)	LINE 11A, I	SFMC		No
(14) HIGHLINE MEDICAL CENTER 16251 SYLVESTER ROAD SW BURIEN, WA 98166 91-0712166	HEALTHCARE ORGANIZATION	WA	501(C)(3)	LINE 3	FHS		No
(15) HOUSE OF MERCY 1111 6TH AVENUE DES MOINES, IA 50314 42-1323808	SHELTER	IA	501(C)(3)	LINE 7	CHI-IA CORP		No
(16) JEWISH HOSPITAL AND ST MARY'S HEALTHCARE INC 539 S 4TH STREET LOUISVILLE, KY 40202 61-1029768	HEALTHCARE ORGANIZATION	KY	501(C)(3)	LINE 3	KOH		No
(17) KENTUCKYONE HEALTH MEDICAL GROUP INC 539 S 4TH STREET LOUISVILLE, KY 40202 61-1352729	HEALTHCARE ORGANIZATION	KY	501(C)(3)	LINE 9	JHSMH		No
(18) KENTUCKYONE HEALTH INC 200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 61-1029769	HEALTHCARE ORGANIZATION	KY	501(C)(3)	LINE 9	CATHOLIC HEALTH INITIATIVES		No
(19) LINUS OAKES INC 2700 STWEART PARKWAY ROSEBURG, OR 97471 93-0821381	SENIOR LIVING	OR	501(C)(3)	LINE 9	MMC		No

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

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(61) LISBON AREA HEALTH SERVICES 905 MAIN STREET LISBON, ND 58054 82-0558836	HEALTHCARE ORGANIZATION	ND	501(C)(3)	LINE 3	CATHOLIC HEALTH INITIATIVES	No
(1) LUFKIN VISION ACQUISITIONS PO BOX 1447 LUFKIN, TX 75901 82-0563768	PROPERTY MANAGEMENT	TX	501(C)(3)	LINE 11C, III-FI	MHSET	No
(2) MEMORIAL HEALTH CARE SYSTEM FOUNDATION INC 2525 DE SALES AVENUE CHATTANOOGA, TN 37404 62-1839548	FUNDRAISING	TN	501(C)(3)	LINE 7	MHCS	No
(3) MEMORIAL HEALTH CARE SYSTEM INC 2525 DE SALES AVENUE CHATTANOOGA, TN 37404 62-0532345	HEALTHCARE ORGANIZATION	TN	501(C)(3)	LINE 3	CATHOLIC HEALTH INITIATIVES	No
(4) MEMORIAL HEALTH PARTNERS FOUNDATION INC 5600 BRAINERD ROAD SUITE 500 CHATTANOOGA, TN 37411 03-0417049	HEALTHCARE ORGANIZATION	TN	501(C)(3)	LINE 9	MHCS	No
(5) MEMORIAL HEALTH SYSTEM OF EAST TEXAS PO BOX 1447 LUFKIN, TX 75902 75-0755367	HEALTHCARE ORGANIZATION	TX	501(C)(3)	LINE 3	CATHOLIC HEALTH INITIATIVES	No
(6) MEMORIAL MEDICAL CENTER-LIVINGSTON PO BOX 1447 LUFKIN, TX 75902 76-0436439	HEALTHCARE ORGANIZATION	TX	501(C)(3)	LINE 3	MHSET	No
(7) MEMORIAL MEDICAL CENTER-SAN AUGUSTINE PO BOX 1447 LUFKIN, TX 75902 75-2663904	HEALTHCARE ORGANIZATION	TX	501(C)(3)	LINE 3	MHSET	No
(8) MEMORIAL MULTISPECIALTY ASSOCIATES 1201 FRANK AVENUE LUFKIN, TX 75904 75-2721155	PHYSICIANS	TX	501(C)(3)	LINE 11C, III-FI	MHSET	No
(9) MEMORIAL SPECIALTY HOSPITAL PO BOX 1447 LUFKIN, TX 75902 75-2492741	HEALTHCARE ORGANIZATION	TX	501(C)(3)	LINE 3	MHSET	No
(10) MERCY AUXILIARY OF CENTRAL IOWA 1111 6TH AVENUE DES MOINES, IA 50314 42-6076069	AUXILIARY	IA	501(C)(3)	LINE 11A, I	MF-DM IA	No
(11) MERCY CLINICS INC 1111 6TH AVENUE DES MOINES, IA 50314 42-1193699	PHYSICIANS	IA	501(C)(3)	LINE 9	CHI-IA CORP	No
(12) MERCY COLLEGE OF HEALTH SCIENCES 1111 6TH AVENUE DES MOINES, IA 50314 42-1511682	EDUCATION	IA	501(C)(3)	LINE 2	CHI-IA CORP	No
(13) MERCY FOUNDATION OF DES MOINES IA 1111 6TH AVENUE DES MOINES, IA 50314 23-7358794	FUNDRAISING	IA	501(C)(3)	LINE 7	CHI-IA CORP	No
(14) MERCY FOUNDATION INC 2700 STEWART PKWY ROSEBURG, OR 97471 93-6088946	FUNDRAISING	OR	501(C)(3)	LINE 7	MMC	No
(15) MERCY HEALTH CARE FOUNDATION PO BOX 368 CORNING, IA 50841 42-1461064	FUNDRAISING	IA	501(C)(3)	LINE 11A, I	AHMH-CORNING	No
(16) MERCY HEALTH CARE FOUNDATION 570 CHAUTAUQUA BOULEVARD VALLEY CITY, ND 58072 45-0435338	FUNDRAISING	ND	501(C)(3)	LINE 11C, III-FI	MHVC	No
(17) MERCY HOSPITAL FOUNDATION COUNCIL BLUFFS 800 MERCY DRIVE COUNCIL BLUFFS, IA 51503 42-1178204	FUNDRAISING	IA	501(C)(3)	LINE 11A, I	AHBMHS	No
(18) MERCY HOSPITAL OF DEVILS LAKE 1031 7TH STREET NE DEVILS LAKE, ND 58301 45-0227012	HEALTHCARE ORGANIZATION	ND	501(C)(3)	LINE 3	CATHOLIC HEALTH INITIATIVES	No
(19) MERCY HOSPITAL OF DEVILS LAKE FOUNDATION 1031 7TH STREET NE DEVILS LAKE, ND 58301 35-2367360	FUNDRAISING	ND	501(C)(3)	LINE 7	MHDL	No

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						Yes	No
(81) MERCY HOSPITAL OF VALLEY CITY 570 CHAUTAUQUA BOULEVARD VALLEY CITY, ND 58072 45-0226553	HEALTHCARE ORGANIZATION	ND	501(C)(3)	LINE 3	CATHOLIC HEALTH INITIATIVES		No
(1) MERCY MEDICAL CENTER 1301 15TH AVENUE W WILLISTON, ND 58801 45-0231183	HEALTHCARE ORGANIZATION	ND	501(C)(3)	LINE 3	CATHOLIC HEALTH INITIATIVES		No
(2) MERCY MEDICAL CENTER-CENTERVILLE ONE ST JOSEPHS DRIVE CENTERVILLE, IA 52544 42-0680308	HEALTHCARE ORGANIZATION	IA	501(C)(3)	LINE 3	CHI-IA CORP		No
(3) MERCY MEDICAL CENTER INC 2700 STEWART PKWY ROSEBURG, OR 97471 93-0386868	HEALTHCARE ORGANIZATION	OR	501(C)(3)	LINE 3	CATHOLIC HEALTH INITIATIVES		No
(4) MERCY MEDICAL FOUNDATION 1301 15TH AVENUE W WILLISTON, ND 58801 45-0381803	FUNDRAISING	ND	501(C)(3)	LINE 11A, I	MMC		No
(5) MERCY PROFESSIONAL PRACTICE ASSOCIATES INC 1111 6TH AVENUE DES MOINES, IA 50314 42-1470935	PHYSICIANS	IA	501(C)(3)	LINE 9	CHI-IA CORP		No
(6) NEBRASKA HEART HOSPITAL 7500 S 91ST STREET LINCOLN, NE 68526 39-2031968	HEALTHCARE ORGANIZATION	NE	501(C)(3)	LINE 3	CHI NEBRASKA		No
(7) OAKES COMMUNITY HOSPITAL 1200 N 7TH STREET OAKES, ND 58474 45-0231675	HEALTHCARE ORGANIZATION	ND	501(C)(3)	LINE 3	CATHOLIC HEALTH INITIATIVES		No
(8) OAKES COMMUNITY HOSPITAL FOUNDATION 1200 N 7TH STREET OAKES, ND 58474 71-0966606	FUNDRAISING	ND	501(C)(3)	LINE 11A, I	OCH		No
(9) PINEYWOODS MEDICAL DEVELOPMENT CORP PO BOX 1447 LUFKIN, TX 75902 75-2493116	PROPERTY MANAGEMENT	TX	501(C)(3)	LINE 11C, III-FI	MHSET		No
(10) PUEBLO STEPUP 1925 E ORMAN AVENUE SUITE G52 PUEBLO, CO 81004 84-1234295	COMMUNITY	CO	501(C)(3)	LINE 7	CHIC		No
(11) REGIONAL HOSPITAL FOR RESPIRATORY AND COMPLEX CARE 12844 MILITARY ROAD S TUKWILA, WA 98168 91-1170040	HEALTHCARE ORGANIZATION	WA	501(C)(3)	LINE 3	FHS		No
(12) SET OF COLORADO SPRINGS INC 2864 S CIRCLE DRIVE SUITE 450 COLORADO SPRINGS, CO 80906 84-1183335	LONGTERM CARE	CO	501(C)(3)	LINE 7	CHIC		No
(13) SAINT CLARE'S COMMUNITY CARE INC 25 POCONO ROAD DENVER, NJ 07834 22-2876836	HEALTHCARE ORGANIZATION	NJ	501(C)(3)	LINE 11B, II	SCHS		No
(14) SAINT CLARE'S FOUNDATION INC 25 POCONO ROAD DENVER, NJ 07834 22-2502997	FUNDRAISING	NJ	501(C)(3)	LINE 7	SCHS		No
(15) SAINT CLARE'S HEALTH SERVICES INC 25 POCONO ROAD DENVER, NJ 07834 22-3639733	MANAGEMENT	NJ	501(C)(3)	LINE 11B, II	CATHOLIC HEALTH INITIATIVES		No
(16) SAINT CLARE'S HOSPITAL INC 25 POCONO ROAD DENVER, NJ 07834 22-3319886	HEALTHCARE ORGANIZATION	NJ	501(C)(3)	LINE 3	SCHS		No
(17) SAINT ELIZABETH FOUNDATION 555 S 70TH STREET LINCOLN, NE 68510 47-0625523	FUNDRAISING	NE	501(C)(3)	LINE 7	SERMC		No
(18) SAINT ELIZABETH HEALTH SERVICES 555 S 70TH STREET LINCOLN, NE 68510 36-3233120	HEALTHCARE ORGANIZATION	NE	501(C)(3)	LINE 3	SERMC		No
(19) SAINT ELIZABETH REGIONAL MEDICAL CENTER 555 S 70TH STREET LINCOLN, NE 68510 47-0379836	HEALTHCARE ORGANIZATION	NE	501(C)(3)	LINE 3	CHI NEBRASKA		No

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(101) SAINT FRANCIS MEDICAL CENTER 2620 W FAIDLEY GRAND ISLAND, NE 68803 47-0376601	HEALTHCARE ORGANIZATION	NE	501(C)(3)	LINE 3	CHI NEBRASKA		No
(1) SAINT FRANCIS MEDICAL CENTER FOUNDATION PO BOX 9804 GRAND ISLAND, NE 68802 47-0630267	FUNDRAISING	NE	501(C)(3)	LINE 7	SFMC		No
(2) SAINT JOSEPH BEREА HOSPITAL FOUNDATION INC 305 ESTILL STREET BEREA, KY 40403 26-0152877	FUNDRAISING	KY	501(C)(3)	LINE 7	SJHS		No
(3) SAINT JOSEPH HEALTH SYSTEM INC 424 LEWIS HARGETT CIRCLE SUITE 160 LEXINGTON, KY 40503 61-1334601	HEALTHCARE ORGANIZATION	KY	501(C)(3)	LINE 3	KOH		No
(4) SAINT JOSEPH HOSPITAL FOUNDATION INC ONE ST JOSEPHS DRIVE LEXINGTON, KY 40504 61-1159649	FUNDRAISING	KY	501(C)(3)	LINE 11A, I	SJHS		No
(5) SAINT JOSEPH HOSPITAL LONDON FOUNDATION INC 1001 SAINT JOSEPH LANE LONDON, KY 40741 26-0438748	FUNDRAISING	KY	501(C)(3)	LINE 7	SJHS		No
(6) SAINT JOSEPH MEDICAL FOUNDATION INC 200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 31-1539059	PHYSICIANS	KY	501(C)(3)	LINE 3	SJHS		No
(7) SAINT JOSEPH MOUNT STERLING FOUNDATION INC 225 FALCON DRIVE MOUNT STERLING, KY 40353 27-2884584	FUNDRAISING	KY	501(C)(3)	LINE 7	SJHS		No
(8) SAINT JOSEPH'S HOSPITAL FOUNDATION 30 W 7TH STREET DICKINSON, ND 58601 36-3418207	FUNDRAISING	ND	501(C)(3)	LINE 11A, I	SJHHC		No
(9) SAMARITAN BEHAVIORAL HEALTH INC 601 S EDWIN C MOSES BLVD DAYTON, OH 45417 02-0633634	HEALTHCARE ORGANIZATION	OH	501(C)(3)	LINE 7	SHP		No
(10) SAMARITAN HEALTH PARTNERS 110 N MAIN STREET SUITE 500 DAYTON, OH 45417 31-1107411	HEALTHCARE ORGANIZATION	OH	501(C)(3)	LINE 11A, I	CATHOLIC HEALTH INITIATIVES		No
(11) SCHUYLER MEMORIAL HOSPITAL FOUNDATION INC 104 W 17TH STEET SCHUYLER, NE 68661 36-3630014	FUNDRAISING	NE	501(C)(3)	LINE 11A, I	AHMHS		No
(12) SJRMC JOPLIN MISSOURI 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 44-0545809	HEALTHCARE ORGANIZATION	MO	501(C)(3)	LINE 3	CATHOLIC HEALTH INITIATIVES		No
(13) SL AUGUSTA CORP PO BOX 20269 HOUSTON, TX 77225 76-0226623	TITLE HOLDING	TX	501(C)(2)		SLPC		No
(14) ST ANTHONY HOSPITAL 1601 SE COURT AVENUE PENDLETON, OR 97801 93-0391614	HEALTHCARE ORGANIZATION	OR	501(C)(3)	LINE 3	CATHOLIC HEALTH INITIATIVES		No
(15) ST ANTHONY HOSPITAL FOUNDATION 1601 SE COURT AVENUE PENDLETON, OR 97801 93-0992727	FUNDRAISING	OR	501(C)(3)	LINE 11A, I	SAH		No
(16) ST ANTHONY'S HOSPITAL ASSOCIATION FOUR HOSPITAL DRIVE MORRILTON, AR 72110 71-0245507	HEALTHCARE ORGANIZATION	AR	501(C)(3)	LINE 3	SVIMC		No
(17) ST CATAHERINE HOSPITAL 401 E SPRUCE STREET GARDEN CITY, KS 67846 48-0543721	HEALTHCARE ORGANIZATION	KS	501(C)(3)	LINE 3	CATHOLIC HEALTH INITIATIVES		No
(18) ST CATHERINE HOSPITAL DEVELOPMENT FOUNDATION 401 E SPRUCE STREET GARDEN CITY, KS 67846 20-0598702	FUNDRAISING	KS	501(C)(3)	LINE 11A, I	SCH		No
(19) ST DOMINIC OF ONTARIO OREGON 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 93-0433692	HEALTHCARE ORGANIZATION	OR	501(C)(4)		CATHOLIC HEALTH INITIATIVES		No

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						Yes	No
(121) ST FRANCIS HOME 2400 ST FRANCIS DRIVE BRECKENRIDGE, MN 56520 41-0729978	LONGTERM CARE	MN	501(C)(3)	LINE 9	CATHOLIC HEALTH INITIATIVES		No
(1) ST FRANCIS LIFE CARE CORPORATION 19 POCONO ROAD DENVER, NJ 07834 22-2536017	ELDERLY CARE	NJ	501(C)(3)	LINE 9	SCHS		No
(2) ST FRANCIS MEDICAL CENTER 2400 ST FRANCIS DRIVE BRECKENRIDGE, MN 56520 41-0695598	HEALTHCARE ORGANIZATION	MN	501(C)(3)	LINE 3	CATHOLIC HEALTH INITIATIVES		No
(3) ST FRANCIS OF BAKER CITY 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 93-0412495	HEALTHCARE ORGANIZATION	OR	501(C)(3)	LINE 3	CATHOLIC HEALTH INITIATIVES		No
(4) ST JOSEPH COMMUNITY HEALTH 1516 5TH STREET NW ALBUQUERQUE, NM 87102 71-0897107	COMMUNITY	NM	501(C)(3)	LINE 11A, I	CATHOLIC HEALTH INITIATIVES		No
(5) ST JOSEPH HEALTH MINISTRIES 1929 LINCOLN HWY E SUITE 150 LANCASTER, PA 17602 23-2344297	HEALTHCARE ORGANIZATION	PA	501(C)(3)	LINE 11A, I	CATHOLIC HEALTH INITIATIVES		No
(6) ST JOSEPH MEDICAL CENTER FOUNDATION 2500 BERNVILLE ROAD PO BOX 316 READING, PA 19603 23-2649362	FUNDRAISING	PA	501(C)(3)	LINE 11A, I	SJRHN		No
(7) ST JOSEPH MEDICAL CENTER INC 201 INTERNATIONAL CIRCLE SUITE 212 HUNT VALLEY, MD 21030 52-0591461	HEALTHCARE ORGANIZATION	MD	501(C)(3)	LINE 3	CATHOLIC HEALTH INITIATIVES		No
(8) ST JOSEPH MEDICAL GROUP 2500 BERNVILLE ROAD PO BOX 316 READING, PA 19603 20-8544021	HEALTHCARE ORGANIZATION	PA	501(C)(3)	LINE 9	BHC		No
(9) ST JOSEPH PHYSICIAN ENTERPRISE INC 201 INTERNATIONAL CIRCLE SUITE 212 HUNT VALLEY, MD 21030 52-1311775	PHYSICIANS	MD	501(C)(3)	LINE 11A, I	SJMC		No
(10) ST JOSEPH REGIONAL HEALTH NETWORK 2500 BERNVILLE ROAD PO BOX 316 READING, PA 19603 23-1352211	HEALTHCARE ORGANIZATION	PA	501(C)(3)	LINE 3	CATHOLIC HEALTH INITIATIVES		No
(11) ST JOSEPH'S AREA HEALTH SERVICES 600 PLEASANT AVENUE PARK RAPIDS, MN 56470 41-0695603	HEALTHCARE ORGANIZATION	MN	501(C)(3)	LINE 3	CATHOLIC HEALTH INITIATIVES		No
(12) ST JOSEPH'S HOSPITAL AND HEALTH CENTER 30 W 7TH STREET DICKINSON, ND 58601 45-0226429	HEALTHCARE ORGANIZATION	ND	501(C)(3)	LINE 3	CATHOLIC HEALTH INITIATIVES		No
(13) ST LUKE'S COMMUNITY DEVELOPMENT CORPORATION 6624 FANNIN STREET SUITE 2505 HOUSTON, TX 77030 26-0274448	MANAGEMENT	TX	501(C)(3)	LINE 11A, I	SLHS		No
(14) ST LUKE'S COMMUNITY DEVELOPMENT CORPORATION-PMC 6624 FANNIN STREET SUITE 2505 HOUSTON, TX 77030 27-3733278	HEALTHCARE ORGANIZATION	TX	501(C)(3)	LINE 3	SLCDC		No
(15) ST LUKE'S COMMUNITY DEVELOPMENT CORPORATION-SUGAR LAND 6624 FANNIN STREET SUITE 2505 HOUSTON, TX 77030 26-1947374	HEALTHCARE ORGANIZATION	TX	501(C)(3)	LINE 3	SLHS		No
(16) ST LUKE'S COMMUNITY DEVELOPMENT CORPORATION-THE WOODLANDS 6624 FANNIN STREET SUITE 2505 HOUSTON, TX 77030 26-0335902	HEALTHCARE ORGANIZATION	TX	501(C)(3)	LINE 3	SLCDC		No
(17) ST LUKE'S COMMUNITY HEALTH SERVICES 6624 FANNIN STREET SUITE 1100 HOUSTON, TX 77030 76-0536234	HEALTHCARE ORGANIZATION	TX	501(C)(3)	LINE 3	SLHS		No
(18) ST LUKE'S FOUNDATION 1213 HERMANN DRIVE SUITE 855 HOUSTON, TX 77004 45-3811485	FUNDRAISING	TX	501(C)(3)	LINE 7	SLHS		No
(19) ST LUKE'S HEALTH SYSTEM CORPORATION 6624 FANNIN STREET SUITE 1100 HOUSTON, TX 77030 76-0536232	MANAGEMENT	TX	501(C)(3)	LINE 11A, I	CATHOLIC HEALTH INITIATIVES		No

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(141) ST LUKE'S HEALTH SYSTEM FOUNDATION 6624 FANNIN STREET SUITE 1100 HOUSTON, TX 77030 76-0127715	INVESTMENT MANAGEMENT	TX	501(C)(3)	LINE 11A,I	SLHS		No
(1) STLUKE'S HOSPITAL AT THE VINTAGE 6624 FANNIN STREET SUITE 2505 HOUSTON, TX 77030 36-3734606	HEALTHCARE ORGANIZATION	TX	501(C)(3)	LINE 3	SLHS		No
(2) ST LUKE'S MEDICAL GROUP 6624 FANNIN STREET HOUSTON, TX 77030 76-0458535	PHYSICIANS	TX	501(C)(3)	LINE 3	SLHS		No
(3) ST LUKE'S MEDICAL TOWER CORPORATION 6624 FANNIN STREET SUITE 1100 HOUSTON, TX 77030 76-0531713	PROPERTY MANAGEMENT	TX	501(C)(3)	LINE 11A,I	CHI-SLH		No
(4) ST LUKE'S PROPERTIES CORPORATION 6624 FANNIN STREET SUITE 1100 HOUSTON, TX 77030 76-0531716	PROPERTY MANAGEMENT	TX	501(C)(3)	LINE 11A,I	SLHS		No
(5) ST LUKE'S SUGAR LAND PROPERTIES CORPORATION 6624 FANNIN STREET SUITE 2505 HOUSTON, TX 77030 45-4120549	PROPERTY MANAGEMENT	TX	501(C)(3)	LINE 11A,I	SLCDC-SL		No
(6) ST MARY'S COMMUNITY HOSPITAL 1314 3RD AVENUE NEBRASKA CITY, NE 68410 47-0443636	HEALTHCARE ORGANIZATION	NE	501(C)(3)	LINE 3	CHI NEBRASKA		No
(7) ST MARY'S HOSPITAL FOUNDATION 1301 15TH AVENUE W NEBRASKA CITY, NE 68410 47-0707604	FUNDRAISING	NE	501(C)(3)	LINE 7	SMCH		No
(8) ST VINCENT FOUNDATION TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 51-0169537	FUNDRAISING	AR	501(C)(3)	LINE 11A,I	SVIMC		No
(9) ST VINCENT INFIRMARY MEDICAL CENTER TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 71-0236917	HEALTHCARE ORGANIZATION	AR	501(C)(3)	LINE 3	CATHOLIC HEALTH INITIATIVES		No
(10) ST VINCENT MEDICAL GROUP TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 70-0830696	HEALTHCARE ORGANIZATION	AR	501(C)(3)	LINE 9	SVIMC		No
(11) THE GOOD SAMARITAN HOSPITAL OF CINCINNATI OH 619 OAK STEET ACCOUNTING-3 W CINCINNATI, OH 45206 31-0537486	HEALTHCARE ORGANIZATION	OH	501(C)(3)	LINE 3	CATHOLIC HEALTH INITIATIVES		No
(12) THE PHYSICIAN NETWORK 2000 Q STREET SUITE 500 LINCOLN, NE 68503 47-0780857	PHYSICIANS	NE	501(C)(3)	LINE 11A,I	CHI NEBRASKA		No
(13) TOTAL HEALTHCARE 188 INVERNESS DRIVE WEST SUITE 500 ENGLEWOOD, CO 80112 84-0927232	HEALTHCARE ORGANIZATION	CO	501(C)(3)	LINE 3	CHIC		No
(14) UNITY FAMILY HEALTHCARE 815 SE 2ND STREET LITTLE FALLS, MN 56345 41-0721642	HEALTHCARE ORGANIZATION	MN	501(C)(3)	LINE 3	CATHOLIC HEALTH INITIATIVES		No
(15) VILLA NAZARTH INC 801 PAGE DRIVE FARGO, ND 58103 45-0226714	LONGTERM CARE	ND	501(C)(3)	LINE 9	CATHOLIC HEALTH INITIATIVES		No
(16) VISITING NURSE ASSOCIATION OF ST CLARE'S INC 191 WOODPORT ROAD SPARTA, NJ 07871 22-1768334	HOME HEALTH	NJ	501(C)(3)	LINE 9	SCHS		No
(17) WOODLANDS DOCTOR GROUP 17200 ST LUKES WAY SUITE 170 THE WOODLANDS, TX 77384 27-4499340	PHYSICIANS	TX	501(C)(3)	LINE 9	SLCHS		No

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Yes	No							
ALEGENT HEALTHCARE JOSEPH MANAGED CARE SERVICES INC 12809 W DODGE ROAD OMAHA, NE 68154 47-0802396	MANAGED CARE	NE	N/A	C				No
ALL SAINTS INSURANCE COMPANY SPC LTD PO BOX 10073 APO GEORGETOWN GRAND CAYMAN, KY1-1001 CJ	INSURANCE	CJ	N/A	C				No
ALTERNATIVE INSURANCE MANAGEMENT SERVICE 3900 OLYMPIC BLVD STE 400 ERLANGER, KY 41018 84-1112049	MANAGEMENT SERVICES	CO	N/A	C				No
AMERICAN NURSING CARE INC 1700 EDISON DRIVE MILFORD, OH 45150 31-1085414	HOME HEALTH	OH	N/A	C				No
AMERIMED INC 1700 EDISON DRIVE MILFORD, OH 45150 31-1158699	HOME HEALTH	OH	N/A	C				No
BC HOLDING COMPANY INC 1850 BLUEGRASS AVE LOUISVILLE, KY 40215 31-1542851	FITNESS CLUB	KY	N/A	C				No
CADUCEUS MEDICAL ASSOCIATES INC 2525 DE SALES AVE CHATTANOOGA, TN 37404 62-1570736	HEALTHCARE	TN	N/A	C				No
CAPTIVE MANAGEMENT INITIATIVES LTD PO BOX 10073 APO GEORGETOWN GRAND CAYMAN, KY1-1001 CJ 98-0663022	CAPTIVE MANAGEMENT	CJ	N/A	C				No
CARMONA-DESOTO BUILDING HORIZONTAL PROPERTY REGIME INC 300 WERNER STREET HOT SPRINGS, AR 71913 71-0771076	HEALTHCARE	AR	N/A	C				No
CATHOLIC HEALTH INITIATIVES CENTER FOR TRANSLATIONAL RESEARCH 198 INVERNESS DRIVE W ENGLEWOOD, CO 80112 27-2269511	RESEARCH	CO	N/A	C				No
CGH REALTY COMPANY INC 2500 BERNVILLE ROAD READING, PA 19603 23-2326801	REAL ESTATE	PA	N/A	C				No
CHI ST LUKE'S HEALTH BAYLOR COLLOGE OF MEDICINE MEDICAL CENTER CONDO ASSOC 6624 FANNIN STE 2505 HOUSTON, TX 77030 45-5079545	CONDO ASSOCIATION	TX	N/A	C				No
CLEARRIVER HEALTH 198 INVERNESS DRIVE W ENGLEWOOD, CO 80112 46-4495960	INSURANCE	TN	N/A	C				No
COMCARE SERVICES INC 5570 DTC PARKWAY ENGLEWOOD, CO 80111 84-0904813	INACTIVE	CO	N/A	C				No
CONSOLIDATED HEALTH SERVICES 1700 EDISON DRIVE MILFORD, OH 45150 31-1378212	HOME HEALTH	OH	N/A	C				No

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Yes	No							
DES MOINES MEDICAL CENTER INC 1111 6TH AVENUE DES MOINES, IA 50314 42-0837382	REAL ESTATE	IA	N/A	C				No
EAST TEXAS CLINICAL SERVICES INC 2801 VIA FORTUNA 500 AUSTIN, TX 78746 45-4736213	HEALTHCARE	TX	N/A	C				No
FIRST INITIATIVES INSURANCE LTD PO BOX 10073 APO GEORGETOWN GRAND CAYMAN, KY1-1001 CJ 98-0203038	INSURANCE	CJ	N/A	C				No
FRANCISCAN SERVICES INC 198 INVERNESS DRIVE W ENGLEWOOD, CO 80112 23-2487967	HEALTHCARE	CO	N/A	C				No
GOOD SAMARITAN OUTREACH SERVICES PO BOX 1990 KEARNEY, NE 68848 47-0659440	MEDICAL CLINIC	NE	N/A	C				No
HEALTH SYSTEMS ENTERPRISES INC PO BOX 1990 KEARNEY, NE 68848 47-0664558	MANAGEMENT SERVICES	NE	N/A	C				No
HEALTHCARE MGMT SERVICES ORGANIZATION INC 1717 SOUTH J STREET TACOMA, WA 98405 91-1865474	HEALTH ORG	WA	N/A	C				No
HEARTLANDPLAINS HEALTH 198 INVERNESS DRIVE W ENGLEWOOD, CO 80112 46-4368223	INSURANCE	CO	N/A	C				No
HIGHLINE MEDICAL GROUP 15811 AMBAUM BLVD SW STE 170 BURIEN, WA 98166 91-1586438	MEDICAL SERVICES	WA	N/A	C				No
MEDQUEST 1602 W 11TH STREET WILLISTON, ND 58801 45-0392137	SALE OF DME	ND	N/A	C				No
MERCY PARK APARTMENTS LTD 1111 6TH AVENUE DES MOINES, IA 50314 42-1202422	HOUSING	IA	N/A	C				No
MERCY SERVICES CORP 2700 STEWART PARKWAY ROSEBURG, OR 97471 93-0824308	RETAIL SALES	OR	N/A	C				No
MHI CLINICAL SEVICES 1201 W FRANK AVENUE LUFKIN, TX 75904 46-1967952	HEALTHCARE	TX	N/A	C				No
MOUNTAIN MANAGEMENT SERVICES INC 6028 SHALLOWFORD ROAD CHATTANOOGA, TN 37421 62-1570739	MANAGEMENT SERVICES ORGANIZATION	TN	N/A	C				No
NAZARETH ASSURANCE COMPANY PO BOX 10073 APO GEORGETOWN GRAND CAYMAN, KY1-1001 CJ 03-0304831	INSURANCE	CJ	N/A	C				No

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Yes	No							
PATIENT TRANSPORT SERVICES INC 1700 EDISON DRIVE MILFORD, OH 45150 31-1100798	HOME HEALTH	OH	N/A	C				No
PHYSICIANHEALTH SYSTEM NETWORK 1149 MARKET STREET TACOMA, WA 98402 91-1746721	HEALTH ORG	WA	N/A	C				No
PROMINENCE HEALTH PLAN SERVICES INC(FKA COLLABHEALTH PLAN SERVICES INC) 198 INVERNESS DRIVE W ENGLEWOOD, CO 80112 46-1224037	ADMINISTRATIVE SERVICES	CO	N/A	C				No
PROMINENCE HEALTH INC(FKA COLLABHEALTH MANAGED SOLUTIONS INC) 198 INVERNESS DRIVE W ENGLEWOOD, CO 80112 46-1222808	HOLDING COMPANY	CO	N/A	C				No
QCA HEALTH PLAN INC 12615 CHENAL PARKWAY STE 300 LITTLE ROCK, AR 72211 71-0794605	INSURANCE	AR	N/A	C				No
QUALCHOICE HOLDINGS INC 12615 CHENAL PARKWAY STE 300 LITTLE ROCK, AR 72211 27-4075520	HOLDING COMPANY	AR	N/A	C				No
QUALCHOICE LIFE AND HEALTH INSURANCE COMPANY INC 12615 CHENAL PARKWAY STE 300 LITTLE ROCK, AR 72211 71-0386640	INSURANCE	AR	N/A	C				No
RIVERLINK HEALTH 198 INVERNESS DRIVE W ENGLEWOOD, CO 80112 46-4380824	INSURANCE	CO	N/A	C				No
RIVERLINK HEALTH OF KENTUCKY INC 198 INVERNESS DRIVE W ENGLEWOOD, CO 80112 46-4828332	INSURANCE	KY	N/A	C				No
ST CLARE'S PRIMARY CARE INC 66 FORD ROAD DENVER, NJ 07834 22-2441202	BILLING SERVICES	NJ	N/A	C				No
SAMARITAN FAMILY CARE INC 40 W 4TH STREET STE 1700 DAYTON, OH 45402 31-1299450	HEALTHCARE	OH	N/A	C				No
SJH SERVICES CORPORATION 198 INVERNESS DRIVE W ENGLEWOOD, CO 80112 23-2307408	HEALTHCARE	CO	N/A	C				No
SJL PHYSICIAN MANAGEMENT SERVICES INC 424 LEWIS HARGETT CIRCLE STE 160 LEXINGTON, KY 40503 27-0164198	MANAGEMENT SERVICES	KY	N/A	C				No
SLMT PARKING INC 6624 FANNIN STE 800 HOUSTON, TX 77030 76-0637140	PARKING	TX	N/A	C				No
SOUNDPATH HEALTH INC 32129 WEYERHAEUSER WAY S STE 201 FEDERAL WAY, WA 98001 42-1720801	INSURANCE	WA	N/A	C				No

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Yes	No							
ST ANTHONY DEVELOPMENT COMPANY 1415 SOUTHGATE PENDLETON, OR 97801 93-1216943	ATHLETIC CLUB	OR	N/A	C				No
ST JOSEPH DEVELOPMENT COMPANCY INC 1717 SOUTH J STREET TACOMA, WA 98405 91-1480569	RENTAL	WA	N/A	C				No
ST JOSEPH OFFICE PARK ASSOCIATION 1401 HARRODSBURG ROAD BLDG B70 LEXINGTON, KY 40504 61-1079899	MANAGEMENT SERVICES	KY	N/A	C				No
ST LUKE'S 6620 MAIN CONDOMINIUM ASSOCIATION 6624 FANNIN STE 2505 HOUSTON, TX 77030 30-0355517	CONDO ASSOCIATION	TX	N/A	C				No
ST LUKE'S ANESTHESIOLOGY ASSOCIATES 6624 FANNIN STE 1100 HOUSTON, TX 77030 46-1517163	MEDICAL CLINIC	TX	N/A	C				No
ST LUKE'S EPISCOPAL HOSPITAL PHYSICIAN HOSPITAL ORGANIZATION INC 6720 BERTNER MC4-262 HOUSTON, TX 77030 76-0377932	PHO	TX	N/A	C				No
ST LUKE'S HEALTH SYSTEM HOLDINGS INC (FKA SLEHS HOLDINGS INC) 6624 FANNIN STE 800 HOUSTON, TX 77030 76-0637138	HOLDING COMPANY	TX	N/A	C				No
ST LUKE'S MEDICAL ARTS CENTER I CONDOMINIUM ASSOCIATION 6624 FANNIN STE 2505 HOUSTON, TX 77030 30-0355518	CONDO ASSOCIATION	TX	N/A	C				No
ST LUKE'S MEDICAL TOWER CONDOMINIUM ASSOCIATION 6624 FANNIN STE 2505 HOUSTON, TX 77030 76-0298751	CONDO ASSOCIATION	TX	N/A	C				No
ST VINCENT COMMUNITY HEALTH SERVICES INC TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 71-0710785	HEALTHCARE	AR	N/A	C				No
STABLEVIEW HEALTH INC 198 INVERNESS DRIVE W ENGLEWOOD, CO 80112 46-4373713	INSURANCE	KY	N/A	C				No
SUGAR LAND DOCTOR GROUP 1317 LAKE POINTE PARKWAY SUGAR LAND, TX 77478 45-4270163	MEDICAL CLINIC	TX	N/A	C				No
THE TEXAS HEART INSTITUTE AT ST LUEKE'S EPISCOPAL HOSPITAL DENTON A COOLEY 6624 FANNIN STE 2505 HOUSTON, TX 77030 90-0064009	CONDO ASSOCIATION	TX	N/A	C				No
TOWSON MANAGEMENT INC 7601 OSLER DRIVE TOWSON, MD 21204 52-1710750	MANAGEMENT SERVICES	MD	N/A	C				No