

Form **990**

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](#)

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07-01-2015 , and ending 06-30-2016

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

Unity Family Healthcare

Doing business as

Number and street (or P O box if mail is not delivered to street address)

815 SE 2nd Street

Room/suite

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

Little Falls, MN 56345

F Name and address of principal officer

Lee Boyles

815 SE 2nd Street

Little Falls, MN 56345

D Employer identification number

41-0721642

E Telephone number

(320) 632-5441

G Gross receipts \$

77,751,295

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

0928

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶

www.stgabriels.com

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation

2001

M State of legal domicile

MN

Part I

Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

The vision is to create the best healthcare experience by igniting the spirit for superior care and service

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	11
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	6
5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	452
6 Total number of volunteers (estimate if necessary)	6	313
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	181,692
b Net unrelated business taxable income from Form 990-T, line 34	7b	0

Revenue

8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9 Program service revenue (Part VIII, line 2g)	459,466	761,384
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	81,699,177	75,424,879
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	225,367	279,497
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,359,109	1,273,854
	83,743,119	77,739,614

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	547,222	234,850
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	39,818,764	37,043,925
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ ⁰		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	44,481,725	38,052,482
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	84,847,711	75,331,257
19 Revenue less expenses Subtract line 18 from line 12	-1,104,592	2,408,357

Expenses

Net Assets or Fund Balances

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	55,251,352	55,858,003
21 Total liabilities (Part X, line 26)	24,557,442	23,380,111
22 Net assets or fund balances Subtract line 21 from line 20	30,693,910	32,477,892

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

2017-05-15

Date

▶

Steven Smith CFO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

PAMELA KROHN CPA

Preparer's signature

PAMELA KROHN CPA

Date

Check ☐ if self-employed

PTIN P01210500

Firm's name ▶ Catholic Health Initiatives

Firm's EIN ▶ 47-0617373

Firm's address ▶ 198 Inverness Drive West

Englewood, CO 80112

Phone no (303) 298-9100

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990(2015)

Part III

Statement of Program Service Accomplishments

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

☐

☒

1

Briefly describe the organization's mission

See Schedule O

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes

☒ No

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

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☒ Yes

☐ No

If "Yes," describe these changes on Schedule O

4

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

4a

(Code) (Expenses \$ 64,422,453 including grants of \$ 234,850) (Revenue \$ 75,243,582)

SEE SCHEDULE H

4b

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4c

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4d

Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service expenses ▶ 64,422,453

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)? <i>If "Yes," complete Schedule A</i> 	1 Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (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? <i>If "Yes," complete Schedule C, Part I</i>	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> 	4 Yes	
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? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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? <i>If "Yes," complete Schedule D, Part IV</i>	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 	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? <i>If "Yes," complete Schedule D, Part VI</i> 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> 	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? <i>If "Yes," complete Schedule D, Part VIII</i>	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? <i>If "Yes," complete Schedule D, Part IX</i>	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 	11e Yes	
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)? <i>If "Yes," complete Schedule D, Part X</i> 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	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? <i>If "Yes," complete Schedule G, Part I</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? <i>If "Yes," complete Schedule G, Part II</i> 	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> 	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	20b Yes	

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? If "Yes," complete Schedule I, Parts I and II	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? If "Yes," complete Schedule I, Parts I and III	22	Yes	
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? If "Yes," complete Schedule J	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part II	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? If "Yes," complete Schedule L, Part III	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? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
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? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
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? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
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? If "Yes," complete Schedule R, Part VI	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.		
c	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.		
b	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).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	Yes	
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
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	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
b	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
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	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?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.		
b	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?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	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.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
b	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	11	
1b	Enter the number of voting members included in line 1a, above, who are independent	6	
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	No
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
7b	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
10b	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	Yes
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
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	Yes
	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	Yes
16b	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	No

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
► Vicki Maleski 815 SE 2nd Street Little Falls, MN 56345 (320) 631-5674

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) LEE BOYLES PRESIDENT/CEO	45 0 1 0	X		X				0	342,460	30,305
(2) PAUL CAMERON CHAIR	1 0 1 0	X		X				0	0	0
(3) DEB GRUBER BOARD MEMBER/SECRETARY	1 0 1 0	X		X				0	0	0
(4) RYAN KRAY MD VICE CHAIR/PHYSICIAN	45 0 1 0	X		X				218,157	0	15,311
(5) JEFFREY DROP Board Member/CHI SVP Division Officer	1 0 62 0	X						0	1,216,002	27,308
(6) Jill Grffith-McRaith BOARD MEMBER	1 0 1 0	X						0	0	0
(7) BRIAN MACKINAC BOARD MEMBER	1 0 1 0	X						0	0	0
(8) GREGORY MCNAMARA BOARD MEMBER/PHYSICIAN	45 0 1 0	X						271,999	0	31,026
(9) RICHARD WEAVER BOARD MEMBER	1 0 1 0	X						0	0	0
(10) SR. MARY PATRICIA BURGER BOARD MEMBER	1 0 1 0	X						0	0	0
(11) MARK MOE BOARD MEMBER/PHYSICIAN	45 0 1 0	X						246,000	0	30,482
(12) STEVEN SMITH Treasurer/CFO	45 0 1 0			X				0	168,564	26,184
(13) PAUL JOHNSON PHYSICIAN	45 0 0					X		634,352	0	32,353
(14) DAVID JORGENSEN PHYSICIAN	45 0 0					X		611,919	0	32,169

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)	3,825,227	2,119,560	325,133

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 ► 56

		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 Yes	
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)	(B)	(C)
Name and business address	Description of services	Compensation
EMERGENCY PRACTICE ASSOC PO BOX 1260 WATERLOO, IA 50704	ER PHYSICIAN	1,707,165
CENTRAL MN DIAGNOSTIC 150 10TH ST NW PO BOX 158 MILACA, MN 56353	RADIOLOGY SERVICES	1,415,846
NAT'L INFO SOLUTIONS COOP 3201 NYGREN DR MANDAN, ND 58554	INFO SOLUTIONS	1,189,494
CENTRACARE LAB SVC 20 NINTH ST SE LONG PRAIRIE, MN 56347	LAB SERVICES	1,157,829
LITTLE FALLS ANESTHESIA SUITE 130 808 3RD STREET LITTLE FALLS, MN 56345	ANESTHESIA SERVICES	1,075,836

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 ► 19

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	0	761,384			
	b	Membership dues	1b	0				
	c	Fundraising events	1c	1,385				
	d	Related organizations	1d	395,181				
	e	Government grants (contributions)	1e	275,310				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	89,508				
	g	Noncash contributions included in lines 1a-1f \$		113,993				
	h	Total. Add lines 1a-1f ▶						
Program Service Revenue	2a	Patient Services	Business Code	900099	73,037,691	73,037,691	0	0
	b	Pharmacy services		446110	2,078,668	1,897,371	181,297	0
	c	Intercompany Transactions		900099	267,350	267,350	0	0
	d	Equity Changes of Unconsolidated Orgs		900099	41,170	41,170	0	0
	e				0	0	0	0
	f	All other program service revenue			0	0	0	0
	g	Total. Add lines 2a-2f ▶			75,424,879			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		138,677	0	395	138,282
4		Income from investment of tax-exempt bond proceeds . . ▶		0	0	0	0	
5		Royalties ▶		0	0	0	0	
6a		(i) Real		(ii) Personal	205,921	0	0	205,921
		Gross rents	205,921	0				
		b Less rental expenses	0	0				
		c Rental income or (loss)	205,921	0				
d		Net rental income or (loss) ▶						
7a		(i) Securities		(ii) Other	140,820	0	0	140,820
		Gross amount from sales of assets other than inventory	134,933	5,887				
		b Less cost or other basis and sales expenses	0	0				
		c Gain or (loss)	134,933	5,887				
d		Net gain or (loss) ▶						
8a		Gross income from fundraising events (not including \$ 1,385 of contributions reported on line 1c) See Part IV, line 18			17,616		0	17,616
		a	29,297					
		b Less direct expenses b	11,681					
c		Net income or (loss) from fundraising events . . ▶						
9a		Gross income from gaming activities See Part IV, line 19			0	0	0	0
		a	0					
		b Less direct expenses b	0					
c		Net income or (loss) from gaming activities . . . ▶						
10a		Gross sales of inventory, less returns and allowances			0	0	0	0
	a	0						
	b Less cost of goods sold b	0						
c	Net income or (loss) from sales of inventory . . ▶							
Miscellaneous Revenue			Business Code					
11a	Reimbursement of Expenses		900099	441,272	0	0	441,272	
	b	Wellness Services	900099	184,465	0	0	184,465	
	c	Cafeteria	722100	200,961	0	0	200,961	
	d	All other revenue		223,619	0	0	223,619	
	e	Total. Add lines 11a-11d ▶			1,050,317			
12	Total revenue. See Instructions ▶			77,739,614	75,243,582	181,692	1,552,956	

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	81,543	81,543		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	153,307	153,307		
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	812,975	812,975		
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	28,948,855	27,321,645	1,627,210	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,418,137	1,340,601	77,536	
9	Other employee benefits	3,894,929	3,676,448	218,481	
10	Payroll taxes	1,969,029	1,838,987	130,042	
11	Fees for services (non-employees)				
a	Management				
b	Legal	188,950		188,950	
c	Accounting	19,390		19,390	
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)	15,185,611	10,478,239	4,707,372	0
12	Advertising and promotion	171,284	56,876	114,408	
13	Office expenses	1,274,217	980,273	293,944	
14	Information technology	2,282,962	2,257,565	25,397	
15	Royalties				
16	Occupancy	1,339,581	1,183,037	156,544	
17	Travel	304,871	259,512	45,359	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,444	2,458	1,986	
20	Interest	667,531	667,531		
21	Payments to affiliates	970,576		970,576	
22	Depreciation, depletion, and amortization	2,172,940	1,860,284	312,656	
23	Insurance	324,684	320,408	4,276	
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	MinnesotaCare Tax	1,377,811	1,377,811		
b	Medical Supplies	7,089,846	7,081,297	8,549	
c	Bad debts	1,747,220	1,747,220		
d	Repairs and maintenance	787,744	717,369	70,375	
e	All other expenses	2,142,820	207,067	1,935,753	0
25	Total functional expenses. Add lines 1 through 24e	75,331,257	64,422,453	10,908,804	0
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)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		50,893	1	1,175
	2	Savings and temporary cash investments		2,116,880	2	8,495,219
	3	Pledges and grants receivable, net		1,549	3	0
	4	Accounts receivable, net		17,234,151	4	11,533,553
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		0	5	0
	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.		18,958	6	
	7	Notes and loans receivable, net		0	7	112,778
	8	Inventories for sale or use		1,417,664	8	1,638,387
	9	Prepaid expenses and deferred charges		5,212	9	2,070
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a62,171,924			
	b	Less: accumulated depreciation	10b35,786,979	26,797,037	10c	26,384,945
	11	Investments—publicly traded securities		0	11	0
	12	Investments—other securities. See Part IV, line 11.		5,426,362	12	5,388,798
	13	Investments—program-related. See Part IV, line 11.		0	13	
	14	Intangible assets		0	14	0
	15	Other assets. See Part IV, line 11.		2,182,646	15	2,301,078
	16	Total assets. Add lines 1 through 15 (must equal line 34).		55,251,352	16	55,858,003
Liabilities	17	Accounts payable and accrued expenses		7,263,525	17	11,642,435
	18	Grants payable		0	18	0
	19	Deferred revenue		3,317	19	5,135
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		0	21	0
	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		468,415	23	162,847
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	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.		16,822,185	25	11,569,694
	26	Total liabilities. Add lines 17 through 25.		24,557,442	26	23,380,111
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		30,382,123	27	32,346,457
	28	Temporarily restricted net assets		311,787	28	126,435
	29	Permanently restricted net assets		0	29	5,000
	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		30,693,910	33	32,477,892
	34	Total liabilities and net assets/fund balances		55,251,352	34	55,858,003

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	77,739,614
2	Total expenses (must equal Part IX, column (A), line 25)	2	75,331,257
3	Revenue less expenses Subtract line 2 from line 1	3	2,408,357
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	30,693,910
5	Net unrealized gains (losses) on investments	5	-294,786
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	-329,589
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	32,477,892

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?	Yes	
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	Yes	

SCHEDULE A
(Form 990 or 990EZ)

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
2015
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Unity Family Healthcare

Employer identification number
41-0721642

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 (Form 990 or 990-EZ))

3

☒

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

4

☐

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

5

☐

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

6

☐

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

7

☐

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

8

☐

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

9

☐

An 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 (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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)						
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						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the 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						
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 2015 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2014 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2015.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—2014.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—2015.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—2014.If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► ☐		
18 Private foundation.If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► ☐		

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

(Complete only if you checked the box on line 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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2015. 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—2014. 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.		
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).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
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.		
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.		
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.		
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.		
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.		
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).		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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 .		
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).		
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).		
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 .		
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 .		
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 .		
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.		
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.)		
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?		
b A family member of a person described in (a) above?		
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.		

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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

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 Activities Test. 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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V

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

1

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **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) ☐		

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

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 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

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 C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

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

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

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

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

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

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

Name of the organization Unity Family Healthcare	Employer identification number 41-0721642
---	--

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

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
2	Political expenditures	\$
3	Volunteer hours	

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

1	Enter the amount of any excise tax incurred by the organization under section 4955	\$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	\$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	☐ Yes ☐ No
4a	Was a correction made?	☐ Yes ☐ No
b	If "Yes," describe in Part IV	

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

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	\$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	\$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	\$
4	Did the filing organization file Form 1120-POL for this year?	☐ Yes ☐ No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

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

Part II-A

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a If zero or less, enter -0-														
i	Subtract line 1f from line 1c If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														
		☐ Yes	☐ No												

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a)2012	(b)2013	(c)2014	(d)2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

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

	(a)	(b)
	Yes	No Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of		
a Volunteers?		No
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No
c Media advertisements?		No
d Mailings to members, legislators, or the public?		No
e Publications, or published or broadcast statements?		No
f Grants to other organizations for lobbying purposes?	Yes	6,949
g Direct contact with legislators, their staffs, government officials, or a legislative body?		No
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No
i Other activities?		No
j Total Add lines 1c through 1i		6,949
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No
b If "Yes," enter the amount of any tax incurred under section 4912		
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912		
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

Part III-B

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

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

Part IV

Supplemental Information

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

Return Reference	Explanation
Schedule C, Part II-B, Line 1f	THE PORTION OF ORGANIZATION DUES THAT ARE RELATED TO LOBBYING ARE AS FOLLOWS AMERICAN ACADEMY OF FAMILY PHYSICIANS \$1,142 AMERICAN ASSOCIATION OF ORTHOPAEDIC SURGEONS \$450 AMERICAN ACADEMY OF PHYSICIAN ASSISTANTS \$107 AMERICAN ASSOCIATION FOR RESPIRATORY CARE \$17 AMERICAN COLLEGE OF FOOT AND ANKLE SURGEONS \$53 AMERICAN BOARD OF FOOT & ANKLE SURGERY \$175 AMERICAN COLLEGE OF FOOT & ANKLE SURGEONS \$29 AMERICAN COLLEGE OF OBSTETRICIANS & GYNECOLOGISTS \$174 AMERICAN HOSPITAL ASSOCIATION \$1,222 AMERICAN MEDICAL ASSOCIATION \$756 AMERICAN OSTEOPATHIC ASSOCIATION \$144 CATHOLIC HEALTH ASSOCIATION \$743 MN ACADEMY OF PHYSICIAN ASSISTANTS \$87 MN HOSPITAL ASSOCIATION \$1,216 MN HOME CARE ASSOCIATION \$44 MN MEDICAL ASSOCIATION \$534 MN ORTHOPAEDIC SOCIETY \$56

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Unity Family Healthcare

Employer identification number
41-0721642

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

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

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

1

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

☐ Preservation of land for public use (e g , recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space

☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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, handling of violations, and enforcing conservation easements during the year
►

7

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

8

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

☐ Yes ☐ No

9

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

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

1a

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

b

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

(i)

Revenue included on Form 990, Part VIII, line 1
► \$

(ii)

Assets included in Form 990, Part X
► \$

2

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

a

Revenue included on Form 990, Part VIII, line 1
► \$

b

Assets included in Form 990, Part X
► \$

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

(continued)

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

Amount

1c

1d

1e

1f

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	0	0	0	0	0
b Contributions	5,000				
c Net investment earnings, gains, and losses	209				
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	5,209	0	0	0	0

2

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

a

Board designated or quasi-endowment ▶ 0 %

b

Permanent endowment ▶ 100 %

c

Temporarily restricted endowment ▶ 0 %

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

3a

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

(i) unrelated organizations

(ii) related organizations

Yes

No

3a(i)

No

3a(ii)

No

b

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

3b

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)	Accumulated (c)depreciation	(d)Book value
1a Land		681,604		681,604
b Buildings		25,344,282	13,553,921	11,790,361
c Leasehold improvements		0	0	0
d Equipment		34,395,781	21,295,164	13,100,617
e Other		1,750,257	937,894	812,363
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶				26,384,945

Schedule D (Form 990) 2015

Part VII

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) CHI OIP		
(B) CHI OIP		
(C) Cash Reserved for Restricted Net Assets		
(D) CHI OIP Fixed Income		
(E) CHI OIP	5,388,798	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	5,388,798	

Part VIII

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

Part IX

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

(a) Description	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	

Part X

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

1. (a) Description of liability	(b) Book value
Federal income taxes	
Environmental Remediation Liability	
Intercompany Payables	
CHI Debt Program	
Intercompany Debt	9,947,161
Environmental Remediation Liability	924,997
Vendor Accruals	697,536
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	11,569,694

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

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

1	Total revenue, gains, and other support per audited financial statements		1	
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		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
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		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12)		5	

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

1	Total expenses and losses per audited financial statements		1	
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	
3	Subtract line 2e from line 1		3	
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	
5	Total expenses Add lines 3 and 4c.(This must equal Form 990, Part I, line 18)		5	

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
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	Unity Family Healthcare's financial information is included in the consolidated audited financial statements of Catholic Health Initiatives (CHI), a related organization. CHI's FIN 48 (ASC 740) footnote for the year ended June 30, 2016, reads as follows: "CHI is a tax-exempt Colorado corporation and has been granted an exemption from federal income tax under Section 501(c)(3) of the Internal Revenue Code. CHI owns certain taxable subsidiaries and engages in certain activities that are unrelated to its exempt purpose and therefore subject to income tax. As of June 30, 2016, CHI has a deferred tax asset of \$96.1 million related to net operating loss (NOL) carryforwards. CHI believes that most of the NOL carryforwards will expire unused and has established a valuation allowance of \$91.6 million against the deferred tax asset associated with these NOL carryforwards. Management reviews its tax positions annually and has determined that there are no material uncertain tax positions that require recognition in the accompanying consolidated financial statements."

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

Return Reference	Explanation

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

Attach to Form 990 or Form 990-EZ

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Unity Family Healthcare

Employer identification number
41-0721642

Part I Fundraising Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☐ Mail solicitations

e ☐ Solicitation of non-government grants

b ☐ Internet and email solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☐ Special fundraising events

d ☐ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events.

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

Revenue		(a)Event #1 Rock N Run (event type)	(b)Event #2 Drive Fore Cancer Golf Tournament (event type)	(c)Other events 1 (total number)	(d) Total events (add col (a) through col (c))
	1 Gross receipts	10,055	14,481	6,146	30,682
	2 Less Contributions	0	0	1,385	1,385
	3 Gross income (line 1 minus line 2)	10,055	14,481	4,761	29,297
Direct Expenses	4 Cash prizes			2,500	2,500
	5 Noncash prizes				
	6 Rent/facility costs		4,800		4,800
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	3,553	282	546	4,381
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				11,681
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				17,616

Part III Gaming.

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

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

9 Enter the state(s) in which the organization conducts gaming activities _____

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

b If "No," explain _____

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

b If "Yes," explain _____

11

Does the organization conduct gaming activities with nonmembers?

☐ **Yes** ☐ **No**

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ **Yes** ☐ **No**

13

Indicate the percentage of gaming activity conducted in

a	The organization's facility	13a	%
b	An outside facility	13b	%

14

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

Name ▶

Address ▶

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ **Yes** ☐ **No**

b

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

c

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

Name ▶

Address ▶

16

Gaming manager information

Name ▶

Gaming manager compensation ▶ \$ _____

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ **Yes** ☐ **No**

b

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

Part IV

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

Return Reference	Explanation
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SCHEDULE H
(Form 990)

Department of the
Treasury
Internal Revenue
Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization Unity Family Healthcare	Employer identification number 41-0721642
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Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No	
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year ☒ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care ☐ 100% ☐ 150% ☐ 200% ☐ Other _____ %	3a		No
b	Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____ %	3b		No
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.				

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)		2,786	170,374	0	170,374	0 23 %
b Medicaid (from Worksheet 3, column a)		60,820	27,533,053	14,178,245	13,354,808	18 15 %
c Costs of other means-tested government programs (from Worksheet 3, column b)		0	0	0	0	0 %
d Total Financial Assistance and Means-Tested Government Programs	0	63,606	27,703,427	14,178,245	13,525,182	18 38 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	16	2,853	399,163	9,043	390,120	0 53 %
f Health professions education (from Worksheet 5)	1	102	3,773	0	3,773	0 01 %
g Subsidized health services (from Worksheet 6)	1	5,749	393,097	0	393,097	0 53 %
h Research (from Worksheet 7)	0	0	0	0	0	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	5	14,949	122,318	40,402	81,916	0 11 %
j Total. Other Benefits	23	23,653	918,351	49,445	868,906	1 18 %
k Total. Add lines 7d and 7j	23	87,259	28,621,778	14,227,690	14,394,088	19 56 %

Part IICommunity Building Activities

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1Physical improvements and housing	0	0	0	0	0	0 %
2Economic development	0	0	0	0	0	0 %
3Community support	0	0	0	0	0	0 %
4Environmental improvements	0	0	0	0	0	0 %
5Leadership development and training for community members	0	0	0	0	0	0 %
6Coalition building	0	0	0	0	0	0 %
7Community health improvement advocacy	0	0	0	0	0	0 %
8Workforce development	0	0	0	0	0	0 %
9Other	2	0	46,108	2,893	43,215	0 06 %
10Total	2	0	46,108	2,893	43,215	0 06 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?1Yes

2Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount21,747,220

3Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit30

4Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements

Section B. Medicare

5Enter total revenue received from Medicare (including DSH and IME)519,790,581

6Enter Medicare allowable costs of care relating to payments on line 5620,026,061

7Subtract line 6 from line 5. This is the surplus (or shortfall)7-235,480

8Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:
☐ Cost accounting system ☒ Cost to charge ratio ☐ Other

Section C. Collection Practices

9aDid the organization have a written debt collection policy during the tax year?9aYes

bIf "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI9bYes

Part IVManagement Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Section A. Hospital Facilities

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

2

Other (Describe)

Facility reporting group

See Additional Data Table

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
Albany Area Hospital and Medical Center

Name of hospital facility or letter of facility reporting group

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

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

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

Albany Area Hospital and Medical Center

Name of hospital facility or letter of facility reporting group

		Yes	No	
13	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP a ☐ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of _____ % and FPG family income limit for eligibility for discounted care of _____ % b ☒ Income level other than FPG (describe in Section C) c ☒ Asset level d ☒ Medical indigency e ☒ Insurance status f ☒ Underinsurance discount g ☒ Residency h ☐ Other (describe in Section C)	13	Yes	
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply) a ☒ Described the information the hospital facility may require an individual to provide as part of his or her application b ☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application c ☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process d ☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications e ☐ Other (describe in Section C)	15	Yes	
16	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) a ☒ The FAP was widely available on a website (list url) <u>http://www.chistgabriels.com/financial-assistance.htm</u> b ☒ The FAP application form was widely available on a website (list url) <u>http://www.chistgabriels.com/financial-assistance.htm</u> c ☒ A plain language summary of the FAP was widely available on a website (list url) <u>http://www.chistgabriels.com/financial-assistance.htm</u> d ☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail) e ☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail) f ☐ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail) g ☒ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility h ☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP i ☐ Other (describe in Section C)	16	Yes	

Billing and Collections

17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Actions that require a legal or judicial process d ☐ Other similar actions (describe in Section C) e ☒ None of these actions or other similar actions were permitted			

Part V

Facility Information (continued)

Albany Area Hospital and Medical Center

Name of hospital facility or letter of facility reporting group			Yes	No
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	19		No
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a	☒ Notified individuals of the financial assistance policy on admission			
b	☒ Notified individuals of the financial assistance policy prior to discharge			
c	☒ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☒ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why	21	Yes	
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☒ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☐ Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C	23		No
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C	24		No

Part V

Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
St Gabriel's Hospital

Name of hospital facility or letter of facility reporting group

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 2

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply) a ☒ A definition of the community served by the hospital facility b ☒ Demographics of the community c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community d ☒ How data was obtained e ☒ The significant health needs of the community f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs h ☒ The process for consulting with persons representing the community's interests i ☒ Information gaps that limit the hospital facility's ability to assess the community's health needs j ☐ Other (describe in Section C) 4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>15</u> 5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	Yes
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	No
6b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	Yes
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply) a ☒ Hospital facility's website (list url) <u>HTTP //CHISTGABRIELS COM/ST-GABRIELS HTM</u> b ☐ Other website (list url) _____ c ☒ Made a paper copy available for public inspection without charge at the hospital facility d ☒ Other (describe in Section C) 8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	7	Yes
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>15</u>	8	Yes
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? a If "Yes" (list url) <u>HTTP //CHISTGABRIELS COM/ST-GABRIELS HTM</u> b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10	Yes
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed 12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	10b	No
12a		12a	No
12b	b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____	12b	

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

St Gabriel's Hospital

Name of hospital facility or letter of facility reporting group

		Yes	No	
13	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP a ☐ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of _____ % and FPG family income limit for eligibility for discounted care of _____ % b ☒ Income level other than FPG (describe in Section C) c ☒ Asset level d ☒ Medical indigency e ☒ Insurance status f ☒ Underinsurance discount g ☐ Residency h ☐ Other (describe in Section C)	13	Yes	
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply) a ☒ Described the information the hospital facility may require an individual to provide as part of his or her application b ☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application c ☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process d ☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications e ☐ Other (describe in Section C)	15	Yes	
16	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) a ☒ The FAP was widely available on a website (list url) <u>http://www.chistgabriels.com/financial-assistance.htm</u> b ☒ The FAP application form was widely available on a website (list url) <u>http://www.chistgabriels.com/financial-assistance.htm</u> c ☒ A plain language summary of the FAP was widely available on a website (list url) <u>http://www.chistgabriels.com/financial-assistance.htm</u> d ☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail) e ☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail) f ☐ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail) g ☒ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility h ☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP i ☐ Other (describe in Section C)	16	Yes	

Billing and Collections

17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP a ☒ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Actions that require a legal or judicial process d ☐ Other similar actions (describe in Section C) e ☐ None of these actions or other similar actions were permitted			

Part V

Facility Information (continued)

St Gabriel's Hospital

Name of hospital facility or letter of facility reporting group			Yes	No
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	19		No
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a	☒ Notified individuals of the financial assistance policy on admission			
b	☒ Notified individuals of the financial assistance policy prior to discharge			
c	☒ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☒ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why	21	Yes	
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☒ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☐ Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C	23		No
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C	24		No

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

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

How many non-hospital health care facilities did the organization operate during the tax year? 6

Name and address		Type of Facility (describe)
1	Little Falls Orthopedics 1108 1st Street SE Little Falls, MN 56345	Outpatient clinic
2	Community Medical Center 200 South First Avenue Pierz, MN 56364	Outpatient clinic
3	Randall Lakes Area Clinic 250 White Oak Drive Randall, MN 56475	Outpatient clinic
4	St Camillus Place 1100 SE Fourth Street Little Falls, MN 56345	Long term care facility
5	Family Medical Center 811 SE Second Street Little Falls, MN 56345	Outpatient clinic
6	Avon Medical Center 108 Stratford Street West Avon, MN 56310	Outpatient clinic
7		
8		
9		
10		

Part VI Supplemental Information

Provide the following information

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

Form and Line Reference	Explanation
Schedule H, Part VI, Line 7 States Community Benefit Report Filed	Minnesota hospitals ARE required to file hospital-specific community benefit information to the Minnesota Department of Health through the Health Care Cost Information System (HCCIS) Hospitals do this by filling out the Hospital Annual Report, which the Minnesota Hospital Association administers for MDH MHA then files all of the information in the Hospital Annual Report to MDH as public information A key issue with this report is that it is limited to "hospital-only" costs and the elements included in the community benefits section is limited For example, MDH does not allow for the counting of the MinnesotaCare provider tax or MA (Medical Assistance) Surcharge as community benefits costs Through a separate, voluntary effort, MHA collects community benefit data by health system and creates a statewide summary report for advocacy purposes (MHA) collects this data by requesting access to summary data from all Minnesota facilities using the Community Benefit Inventory for Social Accountability (CBISA) software and UFH grants MHA such access This advocacy collection effort also includes some of the real life stories of community benefits provided by hospitals that change lives and the health of their communities MHA does not file that information with the state or share the hospital/system level data publically

Form and Line Reference	Explanation
Schedule H, Part VI Schedule H Part II and Schedule H Part VI Lines 2 & 5	Unity Family Healthcare's (UFH/CHI St Gabriel's Health) mission is to nurture the healing ministry of the Church, supported by education and research. Fidelity to the Gospel urges us to emphasize human dignity and social justice as we create healthier communities. Our vision is to create the best possible health care experience by igniting the spirit for superior care and service. UFH was founded by the Franciscan Sisters of Little Falls to carry out the organization's healing ministry. The cornerstone of UFH (also commonly and collectively referred to as CHI St Gabriel's Health) is St Gabriel's Hospital, a 25-bed Critical Access Hospital (CAH), which originally was organized in May of 1891 and received its first patients in January of 1892. St Gabriel's Hospital and the other organizations that comprise UFH—Family Medical Center, Little Falls Orthopedics and St Camillus Place—serve all persons in the community on a non-discriminatory basis. The two hospitals operate emergency services departments that are open to all persons regardless of their ability to pay and have open medical staffs with privileges available to all qualified physicians and advanced practice clinicians (ACPs) such as physician assistants, nurse practitioners, etc. The UFH board of directors is an eleven-member governing board of independent individuals who serve as representatives of the community and oversee operations of the UFH facilities. Only two members of the governing board are not directly serving as representatives of the community—the market president and the senior vice president of operations from the Catholic Health Initiatives (CHI) division office in Fargo, ND. St Gabriel's Hospital engages in the training of health professionals, especially nurses, pharmacists, radiologic technologists, physical therapists, nurse anesthetists and physician assistants. St Gabriel's Hospital also has been an active participant in the University of Minnesota's Rural Physician Associate Program (RPAP) since its inception in 1973. RPAP provides a "hands-on" experience of serving the primary care needs of people in rural areas. UFH facilities participate in all government-sponsored health care programs such as Medicaid, Medicare, CHAMPUS, MinnesotaCare, MNsure, Tri-Care, and other government health care programs (i.e., the SAGE program, formerly called the Minnesota Breast & Cervical Cancer Control Program, which provides free or low-cost screening services to women at or below 200% of federal poverty guidelines). St Gabriel's Hospital is a critical access hospital (CAH) and operates a 24-hour emergency room, open 365 days per year. The emergency room is open to all individuals regardless of ability to pay. Furthermore, the hospital has an open medical staff, participates in Medicare and Medicaid, and has an active charity care/financial assistance program. The hospital does not discriminate on the basis of any non-merit factor, including race, national origin, color, religion, sex, sexual orientation, gender identity, disability (physical or mental), age, status as a parent, or genetic information. Community service and improving the health of the people we serve have always been at the core of UFH activities. For example, UFH was the first organization in the region to offer prenatal education to expectant mothers through St Gabriel's Hospital in the 1950s. Other notable efforts to improve health from recent years include the Youth Recreation Initiative, Youth as Resources (YAR), the Live Better Live Longer breastfeeding initiative, the Bridges Youth, Family, Community program, which provided behavioral health counseling and other services to youth in the public schools and other services to families utilizing community resources, the Violence Prevention Initiative and the Prescription Drug Abuse Reduction Initiative. The programs and services described throughout this report not only serve all persons in the community, but also help to reduce the burdens on local government through a spirit of collaboration thanks to, in large part, our success in securing grant funding for community-based health initiatives, some of which will be discussed later in this document. St Gabriel's Hospital provides charity care, in addition to a wide range of community benefit activities associated with serving the needs of the poor. Performing these services and picking up the related costs helps local government agencies which might otherwise have to fund the services. UFH also contributes to the quality of life for area residents in one additional significant way—through its extensive volunteer program. Apart from the many community benefit hours donated to such activities as the emergency medical system and other community health initiatives, UFH has multiple staff members who donate volunteer time to coaching, serving on church boards, etc., that enhance life in central Minnesota. Beyond these efforts, many community members donate their

Form and Line Reference	Explanation
Schedule H, Part VI Schedule H Part II and Schedule H Part VI Lines 2 & 5	time and talents to serve the people who utilize our facilities Our volunteer services department is well known throughout the community and the entire Fargo Division of Catholic Health Initiatives for having a comprehensive, well-developed volunteer program How well- developed? In FYE June 30, 2016, a total of 313 volunteers contributed 21,061 hours of service to UFH These hours not only contribute mightily to UFH facilities, but also offer a variety of intrinsic rewards that the volunteers say give meaning to their lives Finally, the hospital is included in the Official Catholic Directory as a tax-exempt hospital Community Health Needs Assessment Process Since its inception in 1891, St Gabriel's Hospital has been intimately involved in community health collaboration, initially working with local lumbering companies to develop plans to care for their workers in the late 1800s and early 1900s More recently, St Gabriel's has been collaborating with Morrison County Public Health and Morrison County Social Services since the 1980s to examine area health issues , enabling the three partners to set priorities and plans for health improvement St Gabriel's Hospital continues our deep commitment and involvement in the community health assessment and action planning today

Form and Line Reference	Explanation
Schedule H, Part VI Schedule H Part II and Schedule H Part VI Lines 2 & 5 (continued)	UFH regularly performs a community health needs assessment (CHNA) every three years in compliance to the Affordable Care Act (ACA). Prior to implementation of the ACA, the CHNAs were performed every three to five years in partnership with Morrison County Social Services (MCSS) and Morrison County Public Health (MCPH). The CHNAs include a written survey as well as stakeholder interviews (health, social services, school and court staff, elected officials, etc.). Occasionally, focus groups around particular community health issues or access concerns are also included as part of the assessment process. The three partners have shared the expenses for the CHNAs that were performed in 1989, 1994, 1999, 2004, 2009, 2013 and 2016. The most recent CHNA was conducted in FY2016 and posted on the UFH website (www.chistgabriels.com) on July 1, 2016. St. Gabriel's Hospital has always taken the leadership role in coordinating the community health needs assessment. This past year, in addition to the three long-term partners (MCPH, MCSS and the hospital), the hospital was asked to participate in a regional effort that included the public health agencies in Todd and Wadena counties in addition to Morrison County. As was done in 2013, additional collaborators will be part of the implementation strategy development for the CHNA. For the 2016 CHNA, among the people involved were the St. Gabriel's Health Foundation director, the director of the Healthy Communities Collaborative of Morrison County (HCC), the clinic administrator, the vice president of patient care, the public health medical director, representatives from Northern Pines Mental Health, law enforcement, area schools, Camp Ripley (an Army National Guard training facility located in Morrison County), and the Violence Prevention Council of Morrison County. Special attention was given to inviting people familiar with issues related to mental health and chemical dependency, since these two issues were considered of foremost concern in the county. Thanks to a Catholic Health Initiatives (CHI) Mission and Ministry Fund planning grant, St. Gabriel's Hospital led the formation of the Healthy Communities Collaborative (HCC) in 2005. In the past year, the HCC changed its name to Live Better Live Longer (LBLL) in 2015. The hospital is the corporate sponsor of the LBLL, a multi-organization entity working to address various community health issues with representatives from area schools, clergy as well as the county public health and social services agencies. Each year, the LBLL identifies programs and services that are needed in the community and helps to write a project grant to develop initiatives that address community needs. UFH also sponsors the Violence Prevention Initiative (VPI) of Morrison County, a community-based project and local Violence Prevention Council with representation from law enforcement, courts, social services, other not-for-profit organizations and individuals (including former victims) that addresses partner violence, a significant community health concern in the county. The VPI has three core goals: 1) reduce the number of domestic assaults charged in Morrison County, 2) reduce the number of Orders for Protection issued in the county each year, and 3) reduce violations of Orders for Protection that occur each year. In 2015, CHI St. Gabriel's Health began an initiative to reduce opioid abuse as an Accountable Communities for Health (ACH) grant project with State Innovation Model funding. The initiative began because of concerns about narcotic use in the community, as evidenced by the high numbers of emergency room visits, observed narcotic-seeking behavior, and excessive narcotic prescriptions. Comprehensive activities and strategies to confront the issue focused on changes within the healthcare setting and improved community collaboration and communication. Through this project, a controlled substance care team consisting of a social worker, RN health navigator, a pharmacist, and provider was established. The care team sees patients on long-term narcotics use and develops care plans to help them achieve health goals. The controlled substance care team identifies other unmet social needs creating barriers to managing pain effectively and connects patients to other community services, such as housing assistance, mental health services, transportation, food assistance, and financial assistance to name a few. As part of the initiative, CHI St. Gabriel's Health has developed a strong partnership with several community stakeholders. Each month, a prescription drug abuse prevention task force meets to address the issue. Representatives from law enforcement, long-term care and home health agencies, schools, public health, social services, courts, corrections, mental health, and pharmacy are part of this task force. The group has organized community educational outreach, promoted proper disposal of unused medications, developed policies and practices to reduce

Form and Line Reference	Explanation
Schedule H, Part VI Schedule H Part II and Schedule H Part VI Lines 2 & 5 (continued)	opioid abuse As previously stated, the most-recent (2016) CHNA has been posted on the UFH website (www.chistgabriels.com). The report reflects the compilation and analysis of extensive data sources to identify issues having a significant impact on the health and general well-being of area residents. The community health needs assessment process for the hospital-St. Gabriel's Hospital-produced \$16,825 in community benefit in FY2016, demonstrating the organization's significant investment in examining the health issues of the community and creating an implementation plan to address those issues. Summary of Assessment Findings The "Health of Morrison County" community health needs assessment is a multi-pronged process. The assessment has six sections: 1) What the People Told Us (a written survey conducted by Marketing Systems Group of Horsham, PA, with oversight from the Minnesota Department of Health, that was distributed through the U.S.), 2) What Stakeholders Told Us (individual interviews with 20-plus people from throughout the county), 3) What the Secondary Data Told Us (a comprehensive review of multiple state, federal and private data sources on a wide-ranging list of health care topics), 4) What is Available (a comprehensive list of community health resources in Morrison County), 5) Summary and Conclusions, and 6) Implementation Strategy (a three-year action plan to improve the health of residents of Morrison County).

Form and Line Reference	Explanation
Schedule H, Part VI Schedule H Part II and Schedule H Part VI Lines 2 & 5 (continued)	The mail survey listed 27 possible community health issues and asked respondents to identify them as "a serious problem," "a moderate problem," "a minor problem," or "no problem." Out of the top 10 issues from among the 27 possible choices, half of the issues are related to alcohol/chemical dependency/drug use/tobacco. Obesity among adults was identified as the second-most significant health issue, identified by 73.8% as a serious or moderate problem. The complete list of the top ten follows: 1. Illegal Drug Use Among Teens 2. Obesity Among Adults 3. Smoking/Other Tobacco Use 4. Alcohol Abuse Among Those 21+ 5. Parents with Inadequate or Poor Parenting Skills 6. Prescription Drug Abuse/Misuse 7. Alcohol Use Among Those <21 8. Obesity Among Children 9. Heart Disease and Stroke 10. Bullying in Schools. The range of health issues impacting Morrison County, as evidenced by the collection of primary and secondary data, led St. Gabriel's Hospital and its CHNA partners to adopt an Implementation Strategy that focuses on five goal areas, which were developed by the implementation strategy team using a voting process, in which team participants were asked to select their top health priorities taking into account all of the information gathered as part of the CHNA as well as the specific visit information available through the Epic electronic health record. After the voting process, the top five priority areas for participants on the implementation team were: 1) mental health (easily the highest priority among team members), 2) substance abuse/chemical dependency, 3) obesity, 4) accessibility to health care, and 5) parenting. Each of the five priority areas will be addressed separately, as well as additional priorities that are the current focus of CHI St. Gabriel's Health's action plans, most notably chronic disease and domestic violence. The Implementation Strategy identifies specific strategies/actions over a three-year period when the next CHNA will be conducted (FY2019). St. Gabriel's Hospital and its CHNA partners recognize the limited resources available in the county to address mental health, chemical dependency and other issues in the county identified through the CHNA/implementation strategy process. Still, the collaborators decided to further work with Morrison County Social Services, Morrison County Public Health and South Country Health Alliance, a partner with Morrison County is serving people with Medical Assistance, to explore options to address these health concerns. The hospital was successful in receiving a Minnesota Department of Health Statewide Innovation Model (SIM) grant to address prescription drug abuse issues among seniors and youth in the county. The SIM initiative focuses on addressing prescription abuse through a Triple A IM approach utilizing our recently certified Patient-Centered Medical Home health coaches. CHI St. Gabriel's also received grant funding to work with Apple Tree Dental to provide dental services to people of low-income and received an extension of its SIM funding for a third year. The partners are continuing to explore additional grant funding, legislative solutions and other ways to further enhance grant initiatives through collaborative strategies that address different components of health issues impacting the county/service area. QUALITATIVE DESCRIPTION OF COMMUNITY BENEFIT Community Outreach for the Poor Translation Services - One area that has shown continued growth as the community has become more diverse, has been the increase in translation services. In 2010, the amount spent for providing translation services was approximately \$8,500, which has increased to approximately \$28,387 in 2013 (an increase of over 300%) and was \$30,629 (nearly 400% since 2010) in FY 2014 and slightly decreased to \$24,473 in FY2015. In FY2016, the amount was \$32,179. Miscellaneous Initiatives for the Poor - Unity Family Healthcare's facilities also donate staff time toward coordinating fund-raising activities for the poor. These range from assisting individuals with accessing financial assistance programs to purchasing school supplies and Christmas presents for needy families, although the individual gifts purchased at Christmas do not qualify as community benefit, since individual staff members make those gifts, the estimated value of these benefits is approximately \$75,655 and the number of people impacted is over 300 annually. Community Outreach for the Broader Community Youth Development, Partner Violence Prevention, Chronic Disease Management (Patient-Centered Medical Home), and Prescription Drug Abuse Initiatives - UFH continues to strategically apply for, receive and manage grants that align both with our community health needs assessment (CHNA) implementation plan and the health needs and issues of the people of Morrison County. In 2013, UFH received a two-year grant that specifically targeted improving the health of the people of Morrison County through a youth development and

Form and Line Reference	Explanation
Schedule H, Part VI Schedule H Part II and Schedule H Part VI Lines 2 & 5 (continued)	breastfeeding enhancement initiative This initiative had two primary focuses 1) making m ini-grants to youth-led, youth-initiated projects, and 2) increasing the number of women i n Morrison County who breastfeed their babies The grant initiative met with overall succe ss (a summary is available upon request) and the initiative ended on June 30, 2015 A seco nd grant UFH has received continuously since 2009 has been focused on reducing partner vio lence (domestic violence) in Morrison County as measured by the number of domestic assault s charged, the number of Orders for Protection issued and the number of charged violations of Orders for Protection By all three measures, things improved

Form and Line Reference	Explanation
Schedule H, Part VI Schedule H Part II and Schedule H Part VI Lines 2 & 5 (continued)	In July 1, 2014, this grant initiative received another three years of funding. Thirdly, the patient-centered medical home development initiative (PCMHDI), which seeks to improve the health of residents of Morrison County, especially those with chronic disease, by using a Triple AIM approach, has been very well-received in the community and in FY 2014 received certification from the Minnesota Department of Health (MDH) as a medical home. The PCMH recently received re-certification as a medical home by MDH. Finally, the aforementioned prescription drug abuse reduction initiative is making a difference in the lives impacted by such abuse. Together, these grant initiatives (and a few minor initiatives) resulted in \$145,273 in community benefits in FY2016. The latter three of these initiatives (excluding the breastfeeding initiative) have received funding for fiscal year 2016 so these community benefit efforts are continuing. Furthermore, in a time of tight government budgets, the grant initiatives are enabling the hospital to pursue projects that address well-defined community needs as outlined in our CHNA. Youth Recreation Initiative In 1997, St. Gabriel's Hospital received a CHI Mission & Ministry Fund grant to enhance recreation opportunities in partnership with the Little Falls Area Schools. Prior to 1997, there had been substantial cuts in a collaborative between the City of Little Falls and the local school district to address youth recreation. The Youth Recreation Initiative, as it is called, has continued despite the fact that grant funding through the Mission & Ministry has long been discontinued. The program has been so favorably received in the community that the leadership of St. Gabriel's Hospital has chosen to continue supporting the program. That level of support totaled more than \$49,967 in fiscal year 2016 and impacted 11,732 people. Early on in the program's history, there was a noticeable decline in youth delinquency as measured by interactions with the judicial system and that decline has been maintained. We believe the decline was due to the increased opportunities created for area youth. Support Groups. UFH facilities offer a variety of support groups and similar activities, including such activities as the Prostate Cancer Support Group, Eating Disorders Support Group, Adoption Support group, the Alanon Group, the Hospice Family Support activities and the special spiritual services (empty arm for miscarriages, hospice memorial services, etc.). In 2016, the value of the support for this activity has been decreasing due to the retirement of some staff involved in the groups. It still totaled \$1,311. The support groups served 36 people in 2016. Health Screenings/Health Fairs. UFH facilities, especially St. Gabriel's Hospital, offer a variety of free health screenings and health fairs for the communities in which we serve. The total value of these activities was nearly \$17,800 in FY 2016, with 1,165 (includes health fair and blood pressure screening numbers) people participating in the health fairs/screenings. The screenings include such things as blood pressure checks at a local extended care facility (not part of UFH), other screenings, firemen physicals, pulmonary screening and flu shots. The increase over the prior year is due largely to the Little Falls Area Health Fair, which is held in the spring of even-numbered years. That event alone had 500 participants in 2016. Donated Space. UFH facilities donate the use of our facilities to non-profit organizations. Some of these include TOPS (Take Off Pounds Sensibly), the Mental Health Support Group, and OASIS Share-A-Meal, to name just a few. The total value of the donated space in fiscal year 2016 was \$14,305, with approximately 422 people using the facilities. UFH Participation on Community Health Initiatives. One of the larger community benefit activities that UFH supports is the participation on community health initiatives. This involves everything from the Healthy Communities Collaborative to the Violence Prevention Council to the Morrison County EMS board to the Morrison County Ministerial Association and the Elder Network. This activity directly impacted nearly 200 people in 2016, and was valued at more than \$33,408. Senior Companion Program. Finally, health care providers and community service organizations recognize the benefits provided through the St. Gabriel's Hospital Senior Companions program. Patients connect with their individual "companion" before they leave the hospital. Once home, the companions continue to regularly visit with the patients while they continue their recovery. In the past fiscal year (FY2016), the program served 9 different people in the community, with a total community benefit of \$1,040. Donations. In the fiscal year ending June 30, 2016, UFH made over \$19,459 in cash to local/regional entities to such local entities as the Morrison County Relay for Life sponsored by the American Cancer Society, the Albany Sen

Form and Line Reference	Explanation
Schedule H, Part VI Schedule H Part II and Schedule H Part VI Lines 2 & 5 (continued)	ior Center, Oasis Share-A-Meal and other not-for-profit organizations. In-kind donations totaled another \$7,872 with an estimated 3,057 people served. Subsidized Health Services UFH has one much-needed and appreciated community service that operates as a loss to the organization. That service is St. Gabriel's Hospital's home care program-CHI Health at Home Little Falls (formerly UFH Family Home Care). In FY2015, it generated over \$393,097 in community benefit. The home care provided 5,749 visits in fiscal 2016 so the benefit to the community is substantial. Physician Recruitment Our primary service area (Morrison County, MN) has a population of approximately 32,821, of which over 17.9% are age 65 or older. This is an elderly population, in particular, requires the skills of two medical specialties--internal medicine and general surgery. Based on the community health needs assessment and physician specialty by population studies, it was determined that at least one and up to four (depending upon the mix of family practice and internal medicine) internists and two general surgeons are needed in the community to adequately serve patients' health needs. In addition, due to the retirement of one pediatrician, a second is needed. Physician/provider recruitment has been complicated and created additional challenges due to the fact that there are Health Professional Shortage Areas in Morrison County. The total cost of expenses associated with physician recruitment and retention in these much-needed specialties was over \$425,412 in fiscal 2016. Health Professions Education UFH's acute care facility--St. Gabriel's Hospital--serves as clinical education sites for medical professionals. In fiscal year 2016, St. Gabriel's Hospital assisted in the education of the following health professionals: medical students (through the Rural Physician Associate Program), nursing students, pharmacists, radiologic technologists, pharmacists, and nurse anesthetists. The community benefit claimed for that training totaled \$3,773 and 102 people received those services. Community Building Activities Live Better Live Longer (formerly the Healthy Communities Collaborative of Morrison County) is a collaborative effort of over 20 organizations. It is a county-wide community health status improvement initiative. LBLL's mission is, "Through collaboration, we build and nurture the total health and well-being of people in Morrison County." Its vision reads, "Morrison County stands out as a vibrant, interconnected community for all to live, work, learn, worship and play." Unity Family Healthcare is the sponsoring agency for LBLL and UFH staff members serve on its board and committees. LBLL has on three tenets: Eat, Move, and Belong, which encourages people in the county to eat better, more nutritious meals (including breast milk for young children), exercise regularly, and become involved in the Morrison County community, whether it's through recreation, book clubs, churches or whatever the individual chooses. Unity Family Healthcare staff members are not only involved in the LBLL board and committees, it also partners with other public and private entities on many other health initiatives such as 5-2-1-0, community transformation, etc., in order to improve the health of the people of Morrison County. Individual staff members also donate significant time to coaching and other leadership positions in the community.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 3 Albany Area Hospital and Medical Center	Albany Area Hospital and Medical Center was closed on 12/31/15 Albany Area Hospital and Medical Center LAST CONDUCTED A CHNA IN TAX YEAR 2012 PURSUANT TO TREAS REG SECTION 1.503(R)-3(D)(4) A HOSPITAL ORGANIZATION IS NOT REQUIRED TO MEET THE REQUIREMENTS OF SECTION 501(R)(3) WITH RESPECT TO A HOSPITAL FACILITY IN A TAXABLE YEAR IF, BEFORE THE END OF THAT TAXABLE YEAR, THE HOSPITAL ORGANIZATION TRANSFERS ALL OWNERSHIP OF THE HOSPITAL FACILITY TO ANOTHER ORGANIZATION OR OTHERWISE CEASES ITS OPERATION OF THE HOSPITAL FACILITY OR THE FACILITY CEASES TO BE LICENSED, REGISTERED, OR SIMILARLY RECOGNIZED AS A HOSPITAL BY A STATE

Form and Line Reference	Explanation
Schedule H, Part V, Section C Albany Area Hospital and Medical Center	Albany Area Hospital and Medical Center was closed on 12/31/15 AS A RESULT, SCHEDULE H HAS BEEN COMPLETED USING THE INFORMATION FROM THE 2012 CHNA, AS THAT WAS THE MOST RECENT ONE CONDUCTED PRIOR TO THE closure

Form and Line Reference	Explanation
Schedule H, Part I, Line 3c Eligibility criteria for free or discounted care	When Catholic Health Initiatives (the ultimate parent organization to Unity Family Healthcare (UFH)) established its charity care policy, it was determined that implementing a household income scale based on the HUD very low income guidelines would most accurately reflect the socioeconomic dispersions among the 100+ urban and rural communities in 19 states served by CHI hospitals and health care facilities. In comparing HUD guidelines to the Federal Poverty Guidelines ("FPG"), we find that, on average, HUD guidelines compute to approximately 200% to 250% (and sometimes 300%) of the FPG. UFH bases its charity care eligibility on a person being 130% of HUD's Very-Low Income Guidelines. This scale is based on geography, and affords the uninsured and underinsured the ability to obtain financial assistance write-offs, based on a sliding scale, ranging from 25%-100% of charges. While an individual's income using the HUD guidelines is a significant factor in determining eligibility for charity care, the patient's assets may also be taken into consideration when determining whether to extend discounted or free care to a patient. For example, a patient suffering a catastrophic illness may have an income in excess of HUD guidelines, but a low level of liquid assets such that the payment of medical bills would be seriously detrimental to the patient's financial and physical well-being. An individual's socioeconomic facts and circumstances may dictate the patient receiving free or discounted health care services.

Form and Line Reference	Explanation
Schedule H, Part I, Line 7g Subsidized Health Services	There are no physician clinics included in subsidized health services

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Bad Debt Expense excluded from financial assistance calculation	1747220

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance	A cost accounting system was not used to compute amounts in the table, rather costs in the table were computed using the organization's cost-to-charge ratio. The cost-to-charge ratio covers all patient segments. The cost-to-charge ratios for the year ended June 30, 2016 were computed using the following formula: Operating expense (before restructuring, impairment and other losses) divided by gross patient revenue. Based on that formula, ST. GABRIEL'S HOSPITAL AND ALBANY AREA HOSPITAL HAD COST-TO-CHARGE RATIOS OF 49.09% AND 71.24% RESPECTIVELY. Worksheet 2 was not used to derive the cost-to-charge ratio.

Form and Line Reference	Explanation
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	Costing methodology for amounts reported on line 2 is determined using the Unity Family Healthcare's cost/charge ratios of 49.22% for St. Gabriel's Hospital. When discounts are extended to self-pay patients, these patient account discounts are recorded as a reduction in revenue, not as bad debt expense.

Form and Line Reference	Explanation
Schedule H, Part III, Line 3 Bad Debt Expense Methodology	Unity Family Healthcare does not believe that any portion of bad debt expense could reasonably be attributed to patients who qualify for financial assistance since amounts due from those individuals' accounts will be reclassified from bad debt expense to charity care within 30 days following the date that the patient is determined to qualify for charity care

Form and Line Reference	Explanation
Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote	Unity Family Healthcare does not issue separate company audited financial statements. However, the organization is included in the consolidated financial statements of Catholic Health Initiatives. The consolidated footnote reads as follows: "The provision for bad debts is based upon management's assessment of historical and expected net collections considering historical business and economic conditions, trends in health care coverage, and other collection indicators. Management routinely assesses the adequacy of the allowances for uncollectible accounts based upon historical write-off experience by payor category. The results of these reviews are used to modify, as necessary, the provision for bad debts and to establish appropriate allowances for uncollectible net patient accounts receivable. After satisfaction of amounts due from insurance, CHI follows established guidelines for placing certain patient balances with collection agencies, subject to the terms of certain restrictions on collection efforts as determined by each facility."

Form and Line Reference	Explanation
Schedule H, Part III, Line 8 Community benefit & methodology for determining medicare costs	Unity Family Healthcare is designated as a Critical Access Hospital ("CAH"). CAHs are rural community hospitals that are certified to receive cost-based reimbursement from Medicare. The reimbursement that CAHs receive is intended to improve their financial performance and thereby reduce hospital closures. CAHs are certified under a different set of Medicare Conditions of Participation (CoP). Shortfalls are created when a facility receives payments that are less than the costs of caring for program beneficiaries. Because shortfalls are based on costs, not charges, Unity Family Healthcare, due to its designation as a CAH, received cost-based reimbursement for Medicare purposes, and does not experience significant Medicare-related shortfalls. The total shortfall for FY2016 was \$235,480 or approximately 1.2%. Although not presented on the Medicare cost report, in order to facilitate a more accurate understanding of the "true" cost of services (for "shortfall" purposes) the CHI Workbook allows a health care facility not to offset costs that Medicare considers to be non-allowable, but for which the facility can legitimately argue are related to the care of the facility's patients. In addition, although not reportable on the Medicare cost report, the CHI workbook includes the cost of services that are paid via a set fee-schedule rather than being reimbursed based on costs (e.g. outpatient clinical laboratory). Finally, the CHI Workbook allows a facility to include other health care services performed by a separate facility (such as a physician practice) that are maintained on separate books and records (as opposed to the main facility's books and records which has its costs of service included within a cost report). True costs of Medicare computed using this methodology: Total Medicare Revenue: \$19,790,581; Total Medicare costs: \$20,026,061; Surplus (or Shortfall): (\$235,480). Unity Family Healthcare believes that excluding Medicare losses from community benefit makes the overall community benefit report more credible for these reasons: * Unlike subsidized areas such as burn units or behavioral-health services, Medicare is not a differentiating feature of tax-exempt health care organizations. In fact, for-profit hospitals focus on attracting patients with Medicare coverage, especially in the case of well-paid services that include cardiac and orthopedics. Significant effort and resources are devoted to ensuring that hospitals are reimbursed appropriately by the Medicare program. The Medicare Payment Advisory Commission (MedPAC), an independent Congressional agency, carefully studies Medicare payment and the access to care that Medicare beneficiaries receive. The commission recommends payment adjustments to Congress accordingly. * Though Medicare losses are not included by Catholic hospitals as community benefit, the Catholic Health Association guidelines allow hospitals to count as community benefit some programs that specifically serve the Medicare population. For instance, if hospitals operate programs for patients with Medicare benefits that respond to identified community needs, generate losses for the hospital, and meet other criteria, these programs can be included in the CHA framework in Category C as "subsidized health services." At Unity Family Healthcare, our hospice and home care department-CHI Health at Home (formerly) Unity Family Home Care & Hospice-is an example subsidized health service. * Medicare losses are different from Medicaid losses, which are counted in the CHA community benefit framework, because Medicaid reimbursements generally do not receive the level of attention paid to Medicare reimbursement. Medicaid payment is largely driven by what states can afford to pay, and is typically substantially less than what Medicare pays.

Form and Line Reference	Explanation
Schedule H, Part III, Line 9b Collection practices for patients eligible for financial assistance	Unity Family Healthcare, along with its affiliated outpatient facilities, are part of Catholic Health Initiatives "CHI." CHI has a written policy (Stewardship policy No. 16) governing the procedures for collections of past due accounts. All hospital facilities included in the filing organization have adopted this policy and follow these practices with regards to collections. PROCEDURES CHI Entities utilize standard procedures in collecting Self-Pay Balances as follows: - Permissible Collections Activity: Each facility must adhere to the following requirements in relation to the pursuit of Self-Pay Balances: * Fair Pursuit: Each facility shall ensure that all patient and patient guarantor accounts are pursued fairly. * Ethics and Integrity: Each facility shall ensure that all collection activities consistently reflect the highest standards of ethics and integrity. * Reasonable Payment Terms: Each facility shall offer reasonable payment schedules and terms to each patient and patient guarantor with Self-Pay Balances. All collection activities conducted by the facility or its third-party collection agents will be in conformance with all federal and state laws governing debt collection practices. Collection activity may be in the form of letters, emails, phone calls, and/or credit reporting and may also include wage garnishments, placing of liens on buildings or residences other than personal residences, initiation of lawsuit, and/or other actions as required, except as prohibited by Impermissible Collections Actions below. - Pre-Collections Activity: * Timing: Generally, accounts will not be referred to collections until they are 120 days old. However, in circumstances where invoices to non-Medicare patients are returned undelivered with no known address, those Self-Pay Balances may be referred to collections prior to expiration of 120 days. * Limitations - Financial Assistance Eligibility: The facility shall perform a reasonable review of each patient account prior to turning an account over to a third-party collection agent and prior to instituting any legal action for non-payment (including, but not limited to, reporting the account to a collection agency) to ensure that the patient and patient guarantor are not eligible for any assistance program (e.g., Medicaid) and do not qualify for coverage through the facility's financial assistance policy. That reasonable review will include one or more of the following: Notification to patient of the availability of financial assistance on admission, prior to discharge, and/or in the billing process; Review of Financial Assistance Application submitted by or on behalf of the patient, or Review of the patient's eligibility using patient account statistical scoring software. - Cooperating Efforts: No facility shall send any unpaid self-pay account to a third-party collection agent as long as the patient and patient guarantor are cooperating with the facility in efforts to settle the account balance within a reasonable time frame (generally 18 months). - Subsequent Assessment: After having been turned over to a third-party collection agent, any account that subsequently is determined to qualify for financial assistance shall be returned immediately by the third-party collection agent to the facility for appropriate follow-up. - CHI shall direct its staff and third-party collection agents to continually assess each patient and patient guarantor's ability to pay or to be determined eligible for financial assistance. - Collections: The facility may use a third-party collection agent as a representative, acting in the name of the facility and engaged on a contractual basis, for the express purposes of following-up on and potentially collecting any patient accounts receivable balances. The facility shall contractually define the standards and scope of practices to be used by third-party collection agents. Those standards and scope of practices shall be consistent with this policy and shall, at a minimum, include the following: - Statement Message: The facility shall require its third-party collection agents to include a message on all statements indicating that if a patient or patient guarantor meets certain stipulated income requirements, the patient or patient guarantor may be eligible for facility or other financial assistance programs. - Advance Settlement Approvals: The facility shall instruct its third-party collection agents to seek approval from the authorized and designated facility staff member before any settlement, as a result of bankruptcy proceedings, shall be accepted. - Standards of Conduct: The facility shall require that the third-party collection agents conduct themselves in compliance with the highest standards of business ethics and integrity and applicable legal requirements, as reflected in the CHI Standards of Conduct, as may be amended by CHI, available at the following website: http://www.catholichealthinitiatives.org/corporateresponsibility. - Prohibited Collections Act

Form and Line Reference	Explanation
Schedule H, Part III, Line 9b Collection practices for patients eligible for financial assistance	ions The facility shall prohibit the third-party collection agents from engaging in prohibited collections actions as defined in Impermissible Collections Actions below Annual Adherence Audit The facility or its designee shall be permitted to audit its third-party collection agents at least annually for adherence to these standards Impermissible Collections Actions CHI Entities shall direct their staff and third-party collection agents that the following actions are always prohibited in relation to the pursuit of Self-Pay Balances Unemployed without Significant Income/Assets No facility shall pursue any legal action for non-payment of any bills against any patient or patient guarantor who is known to be unemployed and who has been determined in accordance with CHI Stewardship Policy No 15, Hospital Financial Assistance, on the basis of a completed Financial Assistance Application, to be without significant income or assets Principal Residence No facility shall pursue any legal action against any patient or patient guarantor by seeking a remedy that would involve foreclosing upon the principal residence of a patient or patient guarantor, placing a lien on the principal residence, taking any other action that could result in the involuntary sale or transfer of such residence, or informing any patient or patient guarantor that he/she may be subject to any such action Other Impermissible Collection Tactics No facility shall charge interest on outstanding balances, No facility shall require patients or patient guarantors to incur debt or loans with recourse to the patient's or guarantor's personal or real property assets ("recourse indebtedness"), and No facility shall invoke so-called "body attachments" (i.e., the arrest or jailing of patients in default on their accounts, such as for missed court appearances) In addition to the written policy all of Catholic Health Initiatives' hospitals' contracts with third party collection agencies include the following standards Neither CHI hospitals nor their collection agencies will request bench or arrest warrants as a result of non-payment, Neither CHI hospitals nor their collection agencies will seek liens that would require the sale or foreclosure of a primary residence, and No Catholic Health Initiatives' collection agency may seek court action without hospital approval Finally, collection agencies are trained on the Catholic Health Initiatives Mission, Core Values and Standard of Conduct to make sure all patients are treated with dignity and respect

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16a FAP website	- Albany Area Hospital and Medical Center Line 16a URL http //www chistgabriels com/financial-assistance htm , - St Gabriel's Hospital Line 16a URL http //www chistgabriels com/financial-assistance htm ,

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16b FAP Application website	- Albany Area Hospital and Medical Center Line 16b URL http //www chistgabriels com/financial-assistance htm , - St Gabriel's Hospital Line 16b URL http //www chistgabriels com/financial-assistance htm ,

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16c FAP plain language summary website	- Albany Area Hospital and Medical Center Line 16c URL http //www chistgabriels com/financial-assistance htm , - St Gabriel's Hospital Line 16c URL http //www chistgabriels com/financial-assistance htm ,

Form and Line Reference	Explanation
Schedule H, Part VI, Line 3 Patient education of eligibility for assistance	Unity Family Healthcare (UFH) along with its affiliated outpatient facilities, are part of Catholic Health Initiatives "CHI " CHI has a written policy (Stewardship policy No 15) governing the procedures for determining and informing patients about the entity's financial assistance policy All hospital facilities included in the filing organization have adopted the policy The policy states the organization will include information concerning its financial assistance policy on its website In addition, UFH prominently displays its financial assistance policy in both English and Spanish in obvious locations throughout the hospitals, including the emergency rooms and other patient intake areas, as well as UFH outpatient facilities, including Family Medical Center (multi-specialty 25-provider primary and selected specialty care clinic) and Little Falls Orthopedics (an orthopedic clinic offering podiatry and physical therapy, in addition to orthopedic services, at six central Minnesota locations In addition, UFH registration clerks are trained to identify patients who have no insurance or potentially inadequate insurance and connect such individuals with UFH's financial counselors concerning their options including application for Medicaid and for financial assistance under UFH's financial assistance policy Upon registration (and once all EMTALA requirements are met), patients who are identified as uninsured (and not covered by Medicare or Medicaid) are provided with a packet of information that addresses the financial assistance policy and procedures including an application for assistance UFH registration clerks read the organization's medical assistance policy to those who appear to be incapable of reading, and provide translators for non-English-speaking individuals UFH staff will also assist the patient/guarantor with applying for other available coverage (such as Medicaid), if necessary Counselors assist Medicare eligible patients in enrollment by providing referrals to the appropriate government agencies

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community information	St Gabriel's Hospital is located in central Minnesota in the city of Little Falls and serves the people of Morrison County, Minnesota, and small portions in the surrounding counties. Morrison County has a population of 32,821 according to the most recent (July 2016) estimate from the U S Census Bureau (QuickFacts Morrison County, Minnesota, July 2016. Source: U S Census Bureau, Population Division). On average, Morrison County is older and "poorer" on average than the population of the state of Minnesota overall. In the county, 17.9% of the population is age 65 or older compared to 14.7% of Minnesotans. The median age for Morrison County is 41.2 and for Minnesota, it is 37.7. The median household income for the county is \$50,049 and the per capita income is \$24,984, in comparison to \$61,492 and \$32,157, respectively for Minnesota. The percentage of persons below the poverty level (2011-2015) in the county is 11.8%, while in the state, it is 11.5%. Morrison County has a largely Caucasian population with 97.3% of the population "white." This is in comparison to the state of Minnesota as a whole, which is 85.4% white. Similarly, only 1% of the population is foreign born, while Minnesota foreign-born population is 7.7%. There are 29.5 persons per square mile in the county and for Minnesota as a whole, there are 66.6 persons per square mile. The percentage of people in Morrison County with a disability is 7.5%, compared to 7.1% for the state. A few areas of the county have been designated as Health Professional Shortage Areas (HPSAs), primarily due to economic factors. According to the Towncharts, the median earnings per worker is \$39,180 for Morrison County compared to \$47,607 for all of Minnesota, which is 21.5% less in Morrison County than the state. The county unemployment rate is currently (February 2017) 8.4%. The state rate is 4.8%. Over the past year, the unemployment rate for the county has ranged from 4.1 to 9.3%, and in the state it has ranged from 3.3% to 5.0%. The total number of jobs in the county is 17,786 (2017 MNDEED-LMI estimate). The average hourly rate in Morrison County is \$19.08/hour compared to \$24.09/hour for Minnesota. Similarly, the average weekly wage for the county is \$651/week, approximately 38% less than the state average of \$1,053/week.

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	Unity Family Healthcare, along with its affiliated outpatient facilities, are part of Catholic Health Initiatives. Catholic Health Initiatives, a nonprofit, faith-based health system formed in 1996 through the consolidation of four Catholic health systems, expresses its mission each day by creating and nurturing healthy communities in the hundreds of sites across the nation where it provides care. One of the nation's largest health systems, the Englewood, CO-based CHI operates in 19 states and comprises over 100 hospitals, including four academic health centers and major teaching hospitals and 30 critical-access facilities, community health-services organizations, accredited nursing colleges, home-health agencies, and other facilities that span the inpatient and outpatient continuum of care. In fiscal year 2016, CHI provided over \$1.1 billion in financial assistance and community benefit - more than a 14% increase over the previous year -- for programs and services for the poor, free clinics, education and research. Financial assistance and community benefit totaled more than \$2.1 billion with the inclusion of the unpaid costs of Medicare. CHI's exempt purpose is to serve as an integral part of its national system of hospitals and other charitable entities, which are described as market-based organizations, or MBOs. An MBO is a direct provider of care or services within a defined market area that may be an integrated health system and/or a stand-alone hospital or other facility or service provider. CHI provides strategic planning and management services as well as centralized "shared services" for the MBOs. The provision of centralized management and shared services - including areas such as accounting, human resources, payroll and supply chain -- provides economies of scale and purchasing power to the MBOs. The cost savings achieved through CHI's centralization enable MBOs to dedicate additional resources to high-quality health care and community outreach services to the most vulnerable members of our society. UFH operates with its wholly owned affiliates and community partners, along with its fundraising arm, the St. Gabriel's Health Foundation, to serve the health care needs of the Morrison County.

Schedule H (Form 990) 2015

Additional Data

Software ID: 15000238

Software Version: 2015v3.0

EIN: 41-0721642

Name: Unity Family Healthcare

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?

2

Name, address, primary website address, and state license number

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	Albany Area Hospital and Medical Center 300 Third Avenue Albany, MN 56307 www.STGABRIELS.com 2719231	X	X			X		X		Outpatient clinic	
2	St Gabriel's Hospital 815 SE Second Street Little Falls, MN 56345 www.stgabriels.com 8392027	X	X			X		X			

2015

41-0721642

Schedule I (Form 990) 2015

Part III

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SCHOLARSHIPS	5	2,500			
(2) PATIENT INTERPRETERS	246	26,138			
(3) CHARITY CARE	2786		124,669	Book	Financial 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
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds	Requests for grants to be paid to individuals or organizations are sent to the manager of communications and/or the foundation director for approval. These requests are reviewed to ensure their purpose benefits the community and are in line with Unity Family Healthcare's mission and values. Large grant fund requests are reviewed and signed off on by the President/CEO. The foundation director is responsible for working with each grantee to meet their reporting guidelines as stipulated to ensure grant awards are used according to the contract signed by both parties. Grant contracts are maintained in MediTract with reminders of expiration dates to ensure timely reporting and completion.

Additional Data

Software ID: 15000238
Software Version: 2015v3.0
EIN: 41-0721642
Name: Unity Family Healthcare

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

(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
HANDS OF HOPE RESOURCE CENTER PO BOX 67 LITTLE FALLS, MN 56345	41-1740880	501(C)(3)	22,575	20,533	FMV	Meals, Ads	Violence Prevention
St Gabriel's Hospital Auxiliary 818 SE 2nd Street Little Falls, MN 56345	41-0721642	501(c)(3)	10,980				Program Services

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Unity Family Healthcare

Employer identification number
41-0721642

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 on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Travel for companions ☐ Tax indemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e g , maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		
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 ☐ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☐ Compensation survey or study ☐ Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?		No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?		No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.		No
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?		No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.		No
7 For persons listed on 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 on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		No
9 If "Yes" on 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 on 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 on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
Schedule J, Part I, Line 4a POST-TERMINATION PAYMENTS	POST-TERMINATION PAYMENTS ARE ADDRESSED IN EXECUTIVE EMPLOYMENT AGREEMENTS FOR CATHOLIC HEALTH INITIATIVES ("CHI") AND RELATED ORGANIZATIONS' EMPLOYEES AT THE LEVEL OF VICE PRESIDENT AND ABOVE, INCLUDING THE MBO CEOS. THESE EMPLOYMENT AGREEMENTS REQUIRE THAT IN ORDER FOR THE EXECUTIVE TO RECEIVE POST-TERMINATION PAYMENTS, THESE INDIVIDUALS MUST EXECUTE A GENERAL RELEASE AND SETTLEMENT AGREEMENT. POST-TERMINATION PAYMENT ARRANGEMENTS ARE PERIODICALLY REVIEWED FOR OVERALL REASONABLENESS IN LIGHT OF THE EXECUTIVE'S OVERALL COMPENSATION PACKAGE.
Schedule J, Part I, Line 3 Arrangement used to establish the top management official's compensation	Compensation for the top management official was established and paid by Catholic Health Initiatives (CHI), a related organization. CHI used the following to establish the top management official's compensation: (1) Compensation Committee, (2) Independent Compensation Consultant, (3) Written Employment Contracts, (4) Compensation Survey or Study, (5) Approval by the Board or Compensation Committee.
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	DURING THE 2015 CALENDAR YEAR CATHOLIC HEALTH INITIATIVES ("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: JEFFREY DROP AND LEE BOYLES. DURING 2015, THE FOLLOWING CONTRIBUTIONS WERE MADE BY CHI TO THE FOLLOWING INDIVIDUALS: JEFFREY DROP - \$42,295; LEE BOYLES - \$12,022. DUE TO THE "SUPER" VESTING RULES UNDER THE CHI DEFERRED COMPENSATION PLAN, PARTICIPANTS WHO HAVE MET CERTAIN REQUIREMENTS SUCH AS AGE, YEARS OF SERVICE OR MORE THAN 5 YEARS OF PLAN PARTICIPATION ARE ELIGIBLE TO RECEIVE THEIR 2015 CONTRIBUTIONS IN CASH. THESE CASH PAYOUTS ARE INCLUDED IN THE PARTICIPANT'S REPORTABLE COMPENSATION IN COLUMN (III) OTHER REPORTABLE COMPENSATION ON SCHEDULE J PART II. DURING 2015, THE FOLLOWING CONTRIBUTIONS THAT WOULD HAVE BEEN MADE BY CHI TO THE DEFERRED COMPENSATION PLAN WERE PAID IN CASH: JEFFREY DROP - \$79,113; LEE BOYLES - \$20,196.

Additional Data

Software ID: 15000238
Software Version: 2015v3.0
EIN: 41-0721642
Name: Unity Family Healthcare

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1JOSEPH MESSMER Former CEO	(i)	0	0	0	0	0	0	0
	(ii)	392,534	0	0	0	-	-	0
						0	392,534	
1LEE BOYLES PRESIDENT/CEO	(i)	0	0	0	0	0	0	0
	(ii)	219,451	44,440	78,569	10,829	-	-	12,022
						19,476	372,765	
2RYAN KRAY MD VICE CHAIR/PHYSICIAN	(i)	176,719	40,891	547	14,001	1,310	233,468	0
	(ii)	0	0	0	0	-	-	0
						0	0	
3JEFFREY DROP Board Member/CHI SVP Division Officer	(i)	0	0	0	0	0	0	0
	(ii)	509,375	472,560	234,067	15,428	-	-	42,295
						11,880	1,243,310	
4GREGORY MCNAMARA BOARD MEMBER/PHYSICIAN	(i)	216,502	54,562	935	15,854	15,172	303,025	0
	(ii)	0	0	0	0	-	-	0
						0	0	
5MARK MOE BOARD MEMBER/PHYSICIAN	(i)	233,286	12,500	214	15,200	15,282	276,482	0
	(ii)	0	0	0	0	-	-	0
						0	0	
6STEVEN SMITH Treasurer/CFO	(i)	0	0	0	0	0	0	0
	(ii)	130,621	12,965	24,978	9,722	-	-	0
						16,462	194,748	
7PAUL JOHNSON PHYSICIAN	(i)	593,970	39,542	840	15,775	16,578	666,705	0
	(ii)	0	0	0	0	-	-	0
						0	0	
8DAVID JORGENSEN PHYSICIAN	(i)	293,624	316,150	2,145	15,775	16,394	644,088	0
	(ii)	0	0	0	0	-	-	0
						0	0	
9SAUNG PARK PHYSICIAN	(i)	582,454	122,784	1,260	15,775	7,162	729,435	0
	(ii)	0	0	0	0	-	-	0
						0	0	
10PHILIP PROSAPIO PHYSICIAN	(i)	244,862	276,187	1,791	15,775	11,186	549,801	0
	(ii)	0	0	0	0	-	-	0
						0	0	
11DAVID EDGERTON JR PHYSICIAN	(i)	591,535	0	21,927	15,775	34,322	663,559	0
	(ii)	0	0	0	0	-	-	0
						0	0	

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons
▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2015
Open to Public Inspection

Name of the organization
Unity Family Healthcare

Employer identification number
41-0721642

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total ▶ \$												

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) STEPHANIE KRAY	SPOUSE OF CURRENT DIRECTOR	165,435	EMPLOYEE PAYROLL WAGES		No

Part V Supplemental Information

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

Return Reference	Explanation
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SCHEDULE M
(Form 990)

Noncash Contributions

OMB No 1545-0047

2015

Open to Public Inspection

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
Unity Family Healthcare

Employer identification number
41-0721642

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (<u>Equipment</u>)	X	1	113,993	Cost
26 Other ► (<u> </u>)				
27 Other ► (<u> </u>)				
28 Other ► (<u> </u>)				

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

29

0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

Yes

No

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

No

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

Yes

No

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

33

Yes

No

Part II **Supplemental Information.**

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

Return Reference	Explanation
Schedule M, Part I Explanations of reporting method for number of contributions	Other - Equipment number of contributions

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

2015**Open to Public
Inspection**Name of the organization
Unity Family Healthcare**Employer identification number**

41-0721642

Return Reference**Explanation**Form 990, Part III, Line
1 ORGANIZATION'S
MISSION

The mission of the Corporation is to nurture the healing ministry of the Church, supported by education and research. Fidelity to the Gospel urges the Corporation to emphasize human dignity and social justice as it creates healthier communities. The Corporation, sponsored by a lay-religious partnership, calls other Catholic sponsors and systems to unite to ensure the future of Catholic health care. To fulfill this mission, the Corporation, as a values-based organization, will assure the integrity of the ministry in both current and developing organizations and activities, research and develop new ministries that integrate health, education, pastoral, and social services, promote leadership development and formation for ministry throughout the entire organization, advocate for systemic changes with specific concern for persons who are poor, alienated, and underserved, and steward resources by general oversight of the entire organization.

Return Reference	Explanation
Form 990, Part II, Line 3 Significant changes in program services	Albany Area HOSPITAL and Medical Center w as CLOSED on 12/31/15

Return Reference	Explanation
Form 990, Part VI, Line 16b JOINT VENTURE POLICY	UNITY FAMILY HEALTHCARE HAS NOT FORMALLY ADOPTED A WRITTEN POLICY OR WRITTEN PROCEDURE REGARDING JOINT VENTURES. HOWEVER CHI'S SYSTEM-WIDE JOINT VENTURE MODEL OPERATING AGREEMENT INCORPORATES CONTROLS OVER THE VENTURE SUFFICIENT TO ENSURE THAT (1) THE EXEMPT ORGANIZATION AT ALL TIMES RETAINS CONTROL OVER THE VENTURE SUFFICIENT TO ENSURE THAT THE PARTNERSHIP FURTHERS THE EXEMPT PURPOSE OF THE ORGANIZATION, (2) IN ANY PARTNERSHIP IN WHICH THE EXEMPT ORGANIZATION IS A PARTNER, ACHIEVEMENT OF EXEMPT PURPOSES IS PRIORITIZED OVER MAXIMIZATION OF PROFITS FOR THE PARTNERS, (3) THE PARTNERSHIP DOES NOT ENGAGE IN ANY ACTIVITIES THAT WOULD JEOPARDIZE THE EXEMPT ORGANIZATION'S EXEMPTION, (4) RETURNS OF CAPITAL, ALLOCATIONS, AND DISTRIBUTIONS MUST BE MADE IN PROPORTION TO THE PARTNERS' RESPECTIVE OWNERSHIP INTERESTS, AND (5) ALL CONTRACTS ENTERED INTO BY THE PARTNERSHIP WITH THE EXEMPT ORGANIZATION MUST BE AT ARMS-LENGTH, WITH PRICES SET AT FAIR MARKET VALUE. ANY JOINT VENTURE AGREEMENTS THAT DO NOT CONFORM TO THE MODEL AGREEMENT ARE GENERALLY REVIEWED BY COUNSEL.

Return Reference	Explanation
Form 990, Part VI, Line 15a PROCESS FOR DETERMINING COMPENSATION OF TOP MANAGEMENT OFFICIAL	THE ORGANIZATION'S CEO'S COMPENSATION IS PAID BY CATHOLIC HEALTH INITIATIVES (CHI), A RELATED ORGANIZATION. CHI HAS A DEFINED COMPENSATION PHILOSOPHY. BOTH THE EXECUTIVE AND NON-EXECUTIVE COMPENSATION STRUCTURES AND RANGES ARE REVIEWED ANNUALLY IN COMPARISON TO MARKET DATA. CHI USES THE KORN FERRY HAY GROUP AS THE INDEPENDENT THIRD PARTY TO ASSESS EXECUTIVE COMPENSATION PROGRAMS AND TO ENSURE THE REASONABLENESS OF ACTUAL SALARIES AND TOTAL COMPENSATION PACKAGES. COMPENSATION OF THE SENIOR MOST EXECUTIVES IS REVIEWED ANNUALLY. THE KORN FERRY HAY GROUP REVIEWS BOTH CASH AND TOTAL COMPENSATION FOR OVERALL REASONABLENESS, FOR ADHERENCE TO CHI'S COMPENSATION PHILOSOPHY, AND FOR COMPARABILITY TO THE NOT-FOR-PROFIT HEALTHCARE MARKET. THIS INDEPENDENT REVIEW IS DELIVERED BY KORN FERRY HAY GROUP TO THE HR COMMITTEE OF THE CHI BOARD OF STEWARDSHIP TRUSTEES ANNUALLY AT THEIR SEPTEMBER MEETING AND MINUTES ARE SHARED WITH THE FULL BOARD AT THE DECEMBER MEETING. THE LAST REVIEW WAS SEPTEMBER 13, 2016. IN ADDITION, KORN FERRY HAY GROUP COMPLETED A COMPREHENSIVE REVIEW OF ALL POSITIONS AT THE LEVEL OF VICE PRESIDENT AND ABOVE IN THE FALL OF 2014 TO DETERMINE AND VALIDATE APPROPRIATE COMPENSATION LEVELS. THESE LEVELS HAVE BEEN REVIEWED ANNUALLY SINCE AND REVISED BASED ON MARKET DATA, WHERE APPLICABLE.

Return Reference	Explanation
Form 990, Part VI, Line 1a Delegate broad authority to a committee	Pursuant to Section 8.6 of the bylaws of Unity Family Healthcare, the Executive Committee shall consist of only directors of the corporation and shall be composed of the Chairperson, Vice Chairperson, and the President and CEO, each of whom shall serve as an ex officio voting member of the Executive Committee. Each individual appointed shall serve a term of one year. Except as provided by law, the Executive Committee shall have and may exercise such powers as may be delegated to it by the board of directors. Additionally, the Executive Committee shall have and may exercise such powers to transact routine business of the corporation in the interim period between regularly scheduled meetings of the board of directors, provided that such actions taken shall be consistent with and not conflict with any actions or policies of the board of directors or of the corporate member, with the bylaws, or with applicable laws.

Return Reference	Explanation
Form 990, Part VI, Line 6 Classes of members or stockholders	The organization's sole corporate member is Catholic Health Initiatives, a Colorado non-profit corporation

Return Reference	Explanation
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	The sole corporate member has the power to appoint, replace or remove the members of the board of directors

Return Reference	Explanation
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	The organization's sole corporate member is Catholic Health Initiatives ("CHI") Pursuant to Section 5 5 1 of the organization's bylaw s, the Corporate Member shall have the specific rights set forth in the governance matrix Pursuant to the governance matrix the follow ing rights are reserved to the CHI Board directly or through pow ers delegated to the CHI Chief Executive Officer - Substantial change in the mission or philosophy of Unity Family Healthcare ("UFH"), - Amendment of the corporate documents of UFH, - Approve members of the UFH board, - Removal of a member of the governing body of UFH, - Approval of issuance of debt by UFH, - Approval of participation of UFH in a joint venture, - Approval of formation of a new corporation by UFH, - Approval of a merger involving UFH, - Approval of the sale of all or substantially all of the assets of UFH, - To require the transfer of assets by UFH to CHI to accomplish CHI's goals and objectives, and to satisfy CHI debts, and - Adoption of long range and strategic plans for UFH Pursuant to Section 5 5 2 of the organization's bylaw s, CHI may, in exercise of its approval pow ers, grant or withhold approval in w hole or in part, or may, in its complete discretion, after consultation w ith the Board and the President and Chief Executive Officer of the organization, recommend such other or different actions as it deems appropriate

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	Unity Family Healthcare's VP of Finance is responsible for reviewing the Form 990 as prepared by the CHI tax department. The Form 990 is posted to a community board portal where all board members are able to access and review prior to filing. Subsequent to the return being provided to the board, the tax department files the return with the appropriate federal and state agencies, making any non-substantive changes necessary to effect e-filing. Any such changes are not re-submitted to the board.

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	Catholic Health Initiatives ("CHI") has a Conflicts of Interest ("COI") policy in place to maintain the integrity of all of its activities. The policy applies to CHI Board of Stewardship Trustees and members of its committees, all board and board committee members of CHI Entities, all CHI employees, all CHI physicians (both employed and non-employed) and all physician administrators and leaders, advanced practice clinicians (both employed and non-employed), and all CHI research personnel (both employed and non-employed). Disclosure, review and management of perceived, potential or actual conflicts of interest are accomplished through a defined COI disclosure process. Each person has a general ongoing obligation to promptly and fully report to his/her direct manager, supervisor, medical staff office, board or board committee chair any situation or circumstance that may create a conflict of interest. The person must report the actual or potential conflict as soon as she/he becomes aware of it. In any situation where the person may be in doubt, a full disclosure should be made to permit an impartial and objective determination. In addition to the general ongoing obligation, there are initial disclosure obligations. The board, board committee members, and new employees are required to make disclosures at the time of their initial hiring/appointment. All non-employed, credentialed or contracted physicians are required to make disclosures at the time of their credentialing and during any subsequent reappointment or recredentialing. All researchers are required to make disclosures upon consideration of affiliation with a research sponsor. In addition to the general ongoing and initial disclosure obligations, there is an annual disclosure obligation. All corporate officers, board and board committee members, employees at the level of manager and above, researchers, supply chain employees, employed physicians, physician administrators and leaders, and employed advanced practice clinicians must complete a new conflict of interest disclosure annually. Disclosures of perceived, potential or actual conflicts involving financial interests are forwarded to the Conflicts of Interest Review Committee ("C-CIRC") or Legal Services Group for review depending on the position of the person involved. The C-CIRC reviews COI questionnaires containing disclosures of perceived or possible conflicts for employees at a level of manager or above, supply chain employees, researchers and physicians, physician administrators and leaders, and advanced practice clinicians (both employed and non-employed). In the determination of a conflict, a COI management plan will be developed for that person. With respect to those audiences for which the C-CIRC has review responsibility, the C-CIRC will facilitate development of any such conflict of interest management plan in collaboration with local CRP staff. A designated CHI Entity staff will be responsible for monitoring the COI management plan and for documenting monitoring activities. At its sole discretion, a CHI Entity may reject a Person's request to enter into the relationship in question, or require the relationship be sufficiently altered to avoid a potential COI. If the C-CIRC determines that there is a potential or actual conflict of interest that does not currently have appropriate controls to address the conflict of interest, it may recommend that the disclosing person be allowed to participate in the activity or transaction subject to restrictions as outlined in the COI management plan. If a Person does not agree with a determination made by the C-CIRC, its interpretation of the Policy or Addenda, or seeks an exemption or exception, the following steps should be followed. The Employee disputing the review decision, interpretation of the Policy, or seeking exemption or exception must present the matter to the Employee's immediate direct manager or supervisor for review and determination. If the Employee and the manager do not agree with the review decision, interpretation of the Policy, or seek exemption or exception, the manager shall consult with the manager's Vice President (or higher if the manager is a Vice President) to reach a determination. If the matter remains unresolved, it shall be referred to the CHI Vice President of Human Resources and the CHI Corporate Responsibility Officer. If they are unable to reach agreement, the matter shall be referred to the CHI General Counsel, whose decision shall be final. Reviews and determinations involving board and board committee members and corporate officers will be the responsibility of the board, board executive committee, or board chair, with guidance from the Legal Services Group (LSG). Annual COI disclosures of all trustee and corporate officers will be reviewed by the CHI Senior Vice President, Legal Services, and General Counsel or his or her designee who will report potential conflicts to the applicable Board Chair. The Board Chair or designee shall make such further investigation of any conflict of interest disclosures as he or she may deem appropriate. If the conflict involves the Board Chair, the Vice Chair will assume the Chair's role. Based on review and evaluation of the relevant facts and circumstances, the Board Chair will make an initial determination as to whether a conflict of interest exists and whether, pursuant to the COI Policy, review and approval or other action by the Board is required. A written record of the Board Chair's determination, including relevant facts and circumstances, will be made. The Board Chair shall then make an appropriate report to the Executive Committee of the Board concerning such review, evaluation and determination. If a difference of opinion exists between the Board Chair and another Trustee as to whether the facts and circumstances of a given situation constitute a conflict of interest or whether Board review and approval or other action is required within the COI Policy, the matter shall be submitted to the Board's Executive Committee, which shall make a final determination as to the matter presented. Such determination, including relevant facts and circumstances, will be reflected in the Executive Committee minutes and will be reported to the Board. When any conflict of interest is considered by the board, the trustee or corporate officer, as appropriate, must disclose all of the material facts to the Board. The trustee shall not vote and the trustee or corporate officer shall not use his or her personal influence on the matter. The trustee or corporate officer shall be excused from the meeting during discussion and vote on the conflict of interest. In reviewing such transactions between CHI or CHI Entities and vendors or other contractors who are, or are affiliated with, Trustees or Corporate Officers, the Board will act as it would in reviewing transactions with unrelated third parties. The transaction is not be approved unless the Board determines that the transaction is fair to CHI or the CHI Entity. The Board must approve the transaction by a majority of the Trustees on the Board, without counting the vote of any individual who has an interest in the transaction. All determinations of conflicts of interest are reported as required by law, regulations, and CHI policy.

Return Reference	Explanation
Form 990, Part VI, Line 15b Process to establish compensation of other employees	It is the policy of Unity Family Healthcare that each executive compensation arrangement between Unity Family Healthcare and any person of substantial influence shall be targeted at the 65th percentile of total executive remuneration for comparably sized tax-exempt organizations in the health care industry. A committee of the Board of Directors meets annually to review and approve the compensation of all Senior Leadership Team members, including other officers and key employees. In addition, the CEO presents a recommendation and supporting documentation to the committee for all other Senior Leadership Team positions based on survey data from the hospital association and other data sources for comparable positions. The most recent review took place in August 2015. Executive compensation arrangements with any physician who is a person of substantial influence (i.e., also a voting board member) are not subject to this policy, but shall be reviewed and approved in accordance with Unity Family Healthcare's physician transaction review policy. According to the policy, all terms of the physician employment contracts, including any and all compensation matters, are reviewed and approved by the Employed Physician Integration Council (EPIC) and Physician Transaction Review Committee (PTRC). Only after EPIC recommendation and PTRC approval is a physician employment contract created. In addition, during the tax year ended 6/30/16, various officers and directors received compensation from related organizations. Any executive compensation paid to officers and directors by related organizations was set by the related organization's compensation committee utilizing both an independent consultant and comparability studies to determine compensation.

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	The Organization's conflict of interest policy and governing documents are not publicly available. The organization's financial statements are included in Catholic Health Initiatives' consolidated audited financial statements that are available at www.CatholicHealthInit.org or at www.DACBOND.org

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	Other Miscellaneous Revenue - Total Revenue 223619, Related or Exempt Function Revenue , Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 223619,

Return Reference	Explanation
Form 990, Part IX, Line 11g Other Fees	Other Fees for Services - Total Expense 8207309, Program Service Expense 4632993, Management and General Expenses 3574316, Fundraising Expenses 0, RRC Fees - Total Expense 3124583, Program Service Expense 3124583, Management and General Expenses , Fundraising Expenses , Support Fees - Total Expense 1000167, Program Service Expense , Management and General Expenses 1000167, Fundraising Expenses , Intracompany Expenses - Total Expense 874315, Program Service Expense 874315, Management and General Expenses , Fundraising Expenses , Nursing - Total Expense 547174, Program Service Expense 547174, Management and General Expenses , Fundraising Expenses , Clinical Engineering - Total Expense 546659, Program Service Expense 546659, Management and General Expenses , Fundraising Expenses , Laboratory Fees - Total Expense 428688, Program Service Expense 428688, Management and General Expenses , Fundraising Expenses , Other Clinical Expenses - Total Expense 323827, Program Service Expense 323827, Management and General Expenses , Fundraising Expenses , Facilities Management - Total Expense 132889, Program Service Expense , Management and General Expenses 132889, Fundraising Expenses ,

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Capital Resource Pool Contribution - -329589,

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Unity Family Healthcare

▶ 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.

Employer identification number

41-0721642

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

No

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

Yes

1n

No

1o

No

1p

No

1q

Yes

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) 2015

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.

[illegible]

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: 15000238

Software Version: 2015v3.0

EIN: 41-0721642

Name: Unity Family Healthcare

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
ALEAGENT CREIGHTON CLINIC 12809 W DODGE RD OMAHA, NE 68154 47-0765154	HEALTHCARE	NE	501(c)(3	3	ACH	Yes	
ALEAGENT CREIGHTON HEALTH 12809 W DODGE RD OMAHA, NE 68154 47-0757164	HEALTHCARE	NE	501(c)(3	3	CHI NEBRASKA	Yes	
ALEAGENT CREIGHTON HEALTH FOUNDATION 12809 W DODGE RD OMAHA, NE 68154 47-0648586	FUNDRAISING	NE	501(c)(3	7	ACH	Yes	
ALEAGENT HEALTH - BERGAN MERCY HEALTH SYSTEM 7500 MERCY RD OMAHA, NE 68124 47-0484764	HEALTHCARE	NE	501(c)(3	3	CHI NEBRASKA	Yes	
ALEAGENT HEALTH - COMMUNITY MEMORIAL HOSPITAL OF MISSOURI VALLEY IA 631 N 8TH ST MISSOURI VALLEY, IA 51555 42-0776568	HEALTHCARE	IA	501(c)(3	3	CHI NEBRASKA	Yes	
ALEAGENT HEALTH - IMMANUEL MEDICAL CENTER 6901 N 72ND ST OMAHA, NE 68122 47-0376615	HEALTHCARE	NE	501(c)(3	3	CHI NEBRASKA	Yes	
ALEAGENT HEALTH - MEMORIAL HOSPITAL SCHUYLER 104 W 17TH ST SCHUYLER, NE 68661 47-0399853	HEALTHCARE	NE	501(c)(3	3	CHI NEBRASKA	Yes	
ALEAGENT HEALTH - MERCY HOSPITAL CORNING IOWA PO BOX 368 CORNING, IA 50841 42-0782518	HEALTHCARE	IA	501(c)(3	3	CHI NEBRASKA	Yes	
ALVERNA APARTMENTS 300 SE 8TH AVE LITTLE FALLS, MN 56345 41-1351177	LTERM CARE	MN	501(c)(3	9	CHI	Yes	
APPLETREE COURT 601 OAK ST BRECKENRIDGE, MN 56520 41-1850500	SENIOR LIVING	MN	501(c)(3	9	SFH	Yes	
BAYLOR ST LUKE'S HEALTH VENTURES 17200 ST LUKES WAY STE 170 THE WOODLANDS, TX 77384 27-4499340	PHYSICIANS	TX	501(c)(3	9	SLCHS	Yes	
BELLEVILLE ST JOSEPH HEALTH CENTER 2801 FRANCISCAN DRIVE BRYAN, TX 77802 27-4005511	HEALTHCARE	TX	501(c)(3	3	SHSC	Yes	
BISHOP DRUMM RETIREMENT CENTER 1111 6TH AVE DES MOINES, IA 50314 42-0725196	LTERM CARE	IA	501(c)(3	9	CHI-IA CORP	Yes	
BORNEMANN HEALTHCARE CORPORATION 2500 BERNVILLE RD PO BOX 316 READING, PA 19603 23-2187242	HEALTHCARE	PA	501(c)(3	Type I	CHI	Yes	
BRAZOSPORT HEALTH FOUNDATION INC 129 CIRCLE WAY STE 102 LAKE JACKSON, TX 77566 76-0080110	FUNDRAISING	TX	501(c)(3	Type I	BRHS	Yes	
BRAZOSPORT REGIONAL PHYSICIAN SERVICES 100 MEDICAL DRIVE LAKE JACKSON, TX 77566 80-0240261	HEALTHCARE	TX	501(c)(3	3	BRHS	Yes	
BURLESON ST JOSEPH HEALTH CENTER 2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2759890	HEALTHCARE	TX	501(c)(3	3	SJSC	Yes	
BURLESON ST JOSEPH MANOR 2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2913931	HEALTHCARE	TX	501(c)(3	9	SJSC	Yes	
CARRINGTON HEALTH CENTER 800 N 4TH ST CARRINGTON, ND 58421 45-0227311	HEALTHCARE	ND	501(c)(3	3	CHI	Yes	
CATHOLIC HEALTH INITIATIVES 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 47-0617373	HEALTHCARE	CO	501(c)(3	Type I	NA	Yes	

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

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						Yes	No
CATHOLIC HEALTH INITIATIVES - COLORADO 188 INVERNESS DRIVE WEST STE 500 ENGLEWOOD, CO 80112 84-0405257	HEALTHCARE	CO	501(c)(3)	3	CHI	Yes	
CATHOLIC HEALTH INITIATIVES - IOWA CORP 1111 6TH AVE DES MOINES, IA 50314 42-0680448	HEALTHCARE	IA	501(c)(3)	3	CHI	Yes	
CATHOLIC HEALTH INITIATIVES COLORADO FOUNDATION 6385 CORPORATE DR STE 301 COLORADO SPRINGS, CO 80919 84-0902211	FUNDRAISING	CO	501(c)(3)	7	CHIC	Yes	
CATHOLIC HEALTH INITIATIVES NATIONAL FOUNDATION 6385 CORPORATE DR COLORADO SPRINGS, CO 80919 27-0930004	FUNDRAISING	CO	501(c)(3)	Type I	CHI	Yes	
CATHOLIC HEALTH INITIATIVES VIRTUAL HEALTH SERVICES 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 46-0992796	HEALTHCARE	CO	501(c)(3)	Type I	CHINS	Yes	
CENTENNIAL MEDICAL GROUP INC 2700 STEWART PKWY ROSEBURG, OR 97471 26-3946191	PHYSICIANS	OR	501(c)(3)	9	MMC	Yes	
CENTRAL KANSAS MEDICAL CENTER 3515 BROADWAY GREAT BEND, KS 67530 48-0543724	SURGERY CENTER	KS	501(c)(3)	3	CHI	Yes	
CHI HEALTH CONNECT AT HOME - FARGO 4816 AMBER VALLEY PKWY S FARGO, ND 58104 27-1966847	HEALTHCARE	MN	501(c)(3)	9	CHI	Yes	
CHI INSTITUTE FOR RESEARCH AND INNOVATION 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 27-1050565	HEALTHCARE	CO	501(c)(3)	Type I	CHI	Yes	
CHI KENTUCKY INC 3900 OLYMPIC BLVD STE 400 ERLANGER, KY 41018 20-2741651	HEALTHCARE	KY	501(c)(3)	Type I	CHI	Yes	
CHI NATIONAL HOME CARE 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 45-1261716	HEALTHCARE	CO	501(c)(3)	9	CHI NS	Yes	
CHI NATIONAL SERVICES 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 45-2532084	HEALTHCARE	CO	501(c)(3)	Type I	CHI	Yes	
CHI NEBRASKA 6940 O ST STE 200 LINCOLN, NE 68510 36-3233121	HEALTHCARE	NE	501(c)(3)	Type I	CHI	Yes	
CHI ST JOSEPH CHILDREN'S HEALTH 1929 LINCOLN HWY E STE 150 LANCASTER, PA 17602 23-2342997	HEALTHCARE	PA	501(c)(3)	Type I	CHI	Yes	
CHI ST JOSEPH'S CHILDREN 1516 5TH ST NW ALBUQUERQUE, NM 87102 71-0897107	COMMUNITY	NM	501(c)(3)	Type I	CHI	Yes	
CHI ST LUKE'S HEALTH BAYLOR COLLEGE OF MEDICINE MEDICAL CENTER 6624 FANNIN ST HOUSTON, TX 77030 74-1161938	HEALTHCARE	TX	501(c)(3)	3	SLHS	Yes	
CHI ST VINCENT HOSPITAL HOT SPRINGS 300 WERNER ST HOT SPRINGS, AR 71913 71-0236913	HEALTHCARE	AR	501(c)(3)	3	CHISVHS	Yes	
CHI ST VINCENT HOT SPRINGS 300 WERNER ST HOT SPRINGS, AR 71913 26-1125064	HOLDING CO	AR	501(c)(3)	Type II	SVIMC	Yes	
CHI ST VINCENT MEDICAL GROUP HOT SPRINGS 1 MERCY LANE STE 201 HOT SPRINGS, AR 71913 26-1125131	HEALTHCARE	AR	501(c)(3)	3	CHISVHS	Yes	
COMMUNITY LIMITED CARE DIALYSIS CENTER 619 OAK ST ACCOUNTING-3 W CINCINNATI, OH 45206 23-7419853	HOLDING CO	OH	501(c)(2)		GSH	Yes	

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

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						Yes	No
COMMUNITY MEMORIAL HOSPITAL MEDICAL SERVICE FOUNDATION 631 N 8TH ST MISSOURI VALLEY, IA 51555 42-1294399	FUNDRAISING	IA	501(c)(3	Type I	AH-CMHMV	Yes	
CONTINUING CARE HOSPITAL 150 NORTH EAGLE CREEK DR LEXINGTON, KY 40509 61-1400619	LT ACH	KY	501(c)(3	3	SJHS	Yes	
COVENANT HOME CARE 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 23-2028429	HOME HEALTH	PA	501(c)(3	Type II	CHI NHC	Yes	
ENUMCLAW REGIONAL HOSPITAL ASSOCIATION 1450 BATTERSBY AVE ENUMCLAW, WA 98022 91-0715805	HEALTHCARE	WA	501(c)(3	3	FHS	Yes	
FLAGET HEALTHCARE INC 4305 NEW SHEPHERDSVILLE RD BARDSTOWN, KY 40004 61-1345363	HEALTHCARE	KY	501(c)(3	3	KOH	Yes	
FLAGET MEMORIAL HOSPITAL FOUNDATION INC 4305 NEW SHEPHERDSVILLE RD BARDSTOWN, KY 40004 56-2351341	FUNDRAISING	KY	501(c)(3	Type I	FH	Yes	
FRANCISCAN CARE CENTER 4111 N HOLLAND-SYLVANIA RD TOLEDO, OH 43623 34-1931806	HEALTHCARE	OH	501(c)(3	9	FLC	Yes	
FRANCISCAN FOUNDATION 1717 SOUTH J ST TACOMA, WA 98405 91-1145592	FUNDRAISING	WA	501(c)(3	9	FHS	Yes	
FRANCISCAN HEALTH SYSTEM 1717 SOUTH J ST TACOMA, WA 98405 91-0564491	HEALTHCARE	WA	501(c)(3	3	CHI	Yes	
FRANCISCAN HEALTH VENTURES FKA SJMGROUP TACOMA FNC CTR BLDG 1145 BROADWAY TACOMA, WA 98402 43-1882377	PHYSICIANS	MO	501(c)(3	9	CHI	Yes	
FRANCISCAN LIVING COMMUNITIES 5942 RENAISSANCE PLACE STE A TOLEDO, OH 43623 34-1892096	HEALTHCARE	OH	501(c)(3	Type I	SFH	Yes	
FRANCISCAN MEDICAL GROUP 1313 BROADWAY STE 200 TACOMA, WA 98402 91-1939739	HEALTHCARE	WA	501(c)(3	9	FHS	Yes	
FRANCISCAN VILLA OF SOUTH MILWAUKEE INC 3601 S CHICAGO AVE SOUTH MILWAUKEE, WI 53172 39-1093829	HEALTHCARE	WI	501(c)(3	9	CHI	Yes	
GARRISON MEMORIAL HOSPITAL 407 THIRD AVENUE SOUTHEAST GARRISON, ND 58540 45-0227752	HEALTHCARE	ND	501(c)(3	3	SAMC	Yes	
GLOBAL HEALTH INITIATIVES 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 20-1536108	MINISTRIES	CO	501(c)(3	Type I	CHI	Yes	
GOOD SAMARITAN COLLEGE OF NURSING & HEALTH SCIENCE 619 OAK ST ACCOUNTING-3 W CINCINNATI, OH 45206 31-1778403	EDUCATION	OH	501(c)(3	2	GSH	Yes	
GOOD SAMARITAN FOUNDATION OF CINCINNATI INC 619 OAK ST ACCOUNTING-3 W CINCINNATI, OH 45206 31-1206047	FUNDRAISING	OH	501(c)(3	Type I	GSH	Yes	
GOOD SAMARITAN HOSPITAL PO BOX 1990 KEARNEY, NE 68848 47-0379755	HEALTHCARE	NE	501(c)(3	3	CHI NEBRASKA	Yes	
GOOD SAMARITAN HOSPITAL FOUNDATION 111 W 31ST ST KEARNEY, NE 68847 47-0659443	FUNDRAISING	NE	501(c)(3	7	GSH	Yes	
GOOD SAMARITAN HOSPITAL FOUNDATION - DAYTON 110 N MAIN ST STE 500 DAYTON, OH 45402 23-7296923	FUNDRAISING	OH	501(c)(3	7	SHP	Yes	

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

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						Yes	No
HARRISON MEDICAL CENTER 2520 CHERRY AVE BREMERTON, WA 98310 91-0565546	HEALTHCARE	WA	501(c)(3)	3	FHS	Yes	
HARRISON MEDICAL CENTER FOUNDATION 2520 CHERRY AVE BREMERTON, WA 98310 91-1197626	FUNDRAISING	WA	501(c)(3)	7	HMC	Yes	
HEALTHCARE AND WELLNESS FOUNDATION 2400 ST FRANCIS DR BRECKENRIDGE, MN 56520 76-0761782	FUNDRAISING	MN	501(c)(3)	Type I	SFMC	Yes	
HIGHLINE MEDICAL CENTER 16251 SYLVESTER RD SW BURIEN, WA 98166 91-0712166	HEALTHCARE	WA	501(c)(3)	3	FHS	Yes	
HOUSE OF MERCY 1111 6TH AVE DES MOINES, IA 50314 42-1323808	SHELTER	IA	501(c)(3)	7	CHI-IA CORP	Yes	
JEWISH HOSPITAL AND ST MARY'S HEALTHCARE INC 200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 61-1029768	HEALTHCARE	KY	501(c)(3)	3	KOH	Yes	
KENTUCKYONE HEALTH MEDICAL GROUP INC 200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 61-1352729	HEALTHCARE	KY	501(c)(3)	9	JHSMH	Yes	
KENTUCKYONE HEALTH INC 200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 61-1029769	HEALTHCARE	KY	501(c)(3)	9	CHI	Yes	
LAKEWOOD HEALTH CENTER 600 MAIN AVE S BAUDETTE, MN 56623 41-0758434	HEALTHCARE	MN	501(c)(3)	3	CHI	Yes	
LAKEWOOD REGIONAL HEALTHCARE FOUNDATION 600 MAIN AVE S BAUDETTE, MN 56623 41-1893795	FUNDRAISING	ND	501(c)(3)	7	LHC	Yes	
LINUS OAKES INC 2700 STEWART PKWY ROSEBURG, OR 97471 93-0821381	SENIOR LIVING	OR	501(c)(3)	9	MMC	Yes	
LISBON AREA HEALTH SERVICES 905 MAIN ST LISBON, ND 58054 82-0558836	HEALTHCARE	ND	501(c)(3)	3	CHI	Yes	
LUFKIN VISION ACQUISITIONS PO BOX 1447 LUFKIN, TX 75901 82-0563768	PROPERTY MGMT	TX	501(c)(3)	Type III-FI	MHSET	Yes	
MADISON ST JOSEPH HEALTH CENTER 2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2761145	HEALTHCARE	TX	501(c)(3)	3	SJSC	Yes	
MADONNA MANOR INC 2344 AMSTERDAM ROAD VILLA HILLS, KY 51017 61-0654635	LIVING ASSIST	KY	501(c)(3)	1	FLC	Yes	
MEMORIAL HEALTH CARE SYSTEM FOUNDATION INC 2525 DE SALES AVE CHATTANOOGA, TN 37404 62-1839548	FUNDRAISING	TN	501(c)(3)	7	MHCS	Yes	
MEMORIAL HEALTH CARE SYSTEM INC 2525 DE SALES AVE CHATTANOOGA, TN 37404 62-0532345	HEALTHCARE	TN	501(c)(3)	3	CHI	Yes	
MEMORIAL HEALTH PARTNERS FOUNDATION INC 5600 BRAINERD RD STE 500 CHATTANOOGA, TN 37411 03-0417049	HEALTHCARE	TN	501(c)(3)	9	MHCS	Yes	
MEMORIAL HEALTH SYSTEM OF EAST TEXAS PO BOX 1447 LUFKIN, TX 75902 75-0755367	HEALTHCARE	TX	501(c)(3)	3	CHI	Yes	
MEMORIAL MEDICAL CENTER - LIVINGSTON PO BOX 1447 LUFKIN, TX 75902 76-0436439	HEALTHCARE	TX	501(c)(3)	3	MHSET	Yes	

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

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						Yes	No
MEMORIAL MEDICAL CENTER - SAN AUGUSTINE PO BOX 1447 LUFKIN, TX 75902 75-2663904	HEALTHCARE	TX	501(c)(3	3	MHSET	Yes	
MEMORIAL MULTISPECIALTY ASSOCIATES 1201 FRANK AVE LUFKIN, TX 95904 75-2721155	PHYSICIANS	TX	501(c)(3	Type III-FI	MHSET	Yes	
MEMORIAL SPECIALTY HOSPITAL PO BOX 1447 LUFKIN, TX 95902 75-2492741	HEALTHCARE	TX	501(c)(3	3	MHSET	Yes	
MERCY AUXILIARY OF CENTRAL IOWA 1111 6TH AVE DES MOINES, IA 50314 42-6076069	AUXILIARY	IA	501(c)(3	Type I	MF-DM IA	Yes	
MERCY CLINICS INC 1111 6TH AVE DES MOINES, IA 50314 42-1193699	PHYSICIANS	IA	501(c)(3	9	CHI-IA CORP	Yes	
MERCY COLLEGE OF HEALTH SCIENCES 1111 6TH AVE DES MOINES, IA 50314 42-1511682	EDUCATION	IA	501(c)(3	2	CHI-IA CORP	Yes	
MERCY FOUNDATION OF DES MOINES IA 1111 6TH AVE DES MOINES, IA 50314 23-7358794	FUNDRAISING	IA	501(c)(3	7	CHI-IA CORP	Yes	
MERCY FOUNDATION INC 2700 STEWART PKWY ROSEBURG, OR 97471 93-6088946	FUNDRAISING	OR	501(c)(3	7	MMC	Yes	
MERCY HEALTH CARE FOUNDATION PO BOX 368 CORNING, IA 50841 42-1461064	FUNDRAISING	IA	501(c)(3	Type I	AHMH-Corning	Yes	
MERCY HEALTHCARE FOUNDATION 570 CHAUTAUQUA BLVD VALLEY CITY, ND 58072 45-0435338	FUNDRAISING	ND	501(c)(3	Type I	MHVC	Yes	
MERCY HOSPITAL FOUNDATION COUNCIL BLUFFS 800 MERCY DR COUNCIL BLUFFS, IA 51503 42-1178204	FUNDRAISING	IA	501(c)(3	Type I	AHBMHS	Yes	
MERCY HOSPITAL OF DEVILS LAKE 1031 7TH ST NE DEVILS LAKE, ND 58301 45-0227012	HEALTHCARE	ND	501(c)(3	3	CHI	Yes	
MERCY HOSPITAL OF DEVILS LAKE FOUNDATION 1031 7TH ST NE DEVILS LAKE, ND 58301 35-2367360	FUNDRAISING	ND	501(c)(3	7	MHDL	Yes	
MERCY HOSPITAL OF VALLEY CITY 570 CHAUTAUQUA BLVD VALLEY CITY, ND 58072 45-0226553	HEALTHCARE	ND	501(c)(3	3	CHI	Yes	
MERCY MEDICAL CENTER 1301 15TH AVE WEST WILLISTON, ND 58801 45-0231183	HEALTHCARE	ND	501(c)(3	3	CHI	Yes	
MERCY MEDICAL CENTER - CENTERVILLE ONE ST JOSEPHS DRIVE CENTERVILLE, IA 52544 42-0680308	HEALTHCARE	IA	501(c)(3	3	CHI-IA CORP	Yes	
MERCY MEDICAL CENTER - NEWTON DBA SKIFF MEDICAL CENTER 1111 6TH AVE DES MOINES, IA 50314 42-1470935	PHYSICIANS	IA	501(c)(3	9	CHI-IA CORP	Yes	
MERCY MEDICAL CENTER INC 2700 STEWART PKWY ROSEBURG, OR 97471 93-0386868	HEALTHCARE	OR	501(c)(3	3	CHI	Yes	
MERCY MEDICAL FOUNDATION 1301 15TH AVE WEST WILLISTON, ND 58801 45-0381803	FUNDRAISING	ND	501(c)(3	Type I	MMC	Yes	
NEBRASKA HEART HOSPITAL 7500 S 91ST ST LINCOLN, NE 68526 39-2031968	HEALTHCARE	NE	501(c)(3	3	CHI NEBRASKA	Yes	

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
North Central Health Care Alliance dba PrimeCare Health Group 401 N 9th St BISMARCK, ND 585014507 45-0439894	HEALTHCARE	ND	501(c)(3	9	NHCA	Yes	
OAKES COMMUNITY HOSPITAL 1200 N 7TH ST OAKES, ND 58474 45-0231675	HEALTHCARE	ND	501(c)(3	3	CHI	Yes	
OAKES COMMUNITY HOSPITAL FOUNDATION 1200 N 7TH ST OAKES, ND 58474 71-0966606	FUNDRAISING	ND	501(c)(3	Type I	OCH	Yes	
PINEYWOODS MEDICAL DEVELOPMENT CORP PO BOX 1447 LUFKIN, TX 75902 75-2493116	PROPERTY MGMT	TX	501(c)(3	Type III-FI	MHSET	Yes	
PROVIDENCE CARE CENTER 2025 HAYES AVENUE SANDUSKY, OH 44870 34-1658625	HEALTHCARE	OH	501(c)(3	9	FLC	Yes	
PROVIDENCE CARE CENTERS 2025 HAYES AVENUE SANDUSKY, OH 44870 34-1826099	HOLDING CO	OH	501(c)(3	Type II	FLC	Yes	
PROVIDENCE RESIDENTIAL COMMUNITY CORPORATION 5055 PROVIDENCE DRIVE SANDUSKY, OH 44870 34-1896807	LIVING COMM	OH	501(c)(3	9	FLC	Yes	
PUEBLO STEPUP 1925 E ORMAN AVE STE G52 PUEBLO, CO 81004 84-1234295	COMMUNITY	CO	501(c)(3	7	CHIC	Yes	
REGIONAL HOSPITAL FOR RESPIRATORY AND COMPLEX CARE 12844 MILITARY RD S TUKWILA, WA 98168 91-1170040	HEALTHCARE	WA	501(c)(3	3	FHS	Yes	
SET OF COLORADO SPRINGS INC 2864 S CIRCLE DR STE 450 COLORADO SPRINGS, CO 80906 84-1183335	LTERM CARE	CO	501(c)(3	7	CHIC	Yes	
SAINT CLARE'S COMMUNITY CARE INC 25 POCONO RD DENVER, NJ 07834 22-2876836	HEALTHCARE	NJ	501(c)(3	Type II	SCHS	Yes	
SAINT CLARE'S FOUNDATION INC 25 POCONO RD DENVER, NJ 07834 22-2502997	FUNDRAISING	NJ	501(c)(3	7	SCHS	Yes	
SAINT CLARE'S HEALTH SERVICES INC 25 POCONO RD DENVER, NJ 07834 22-3639733	MANAGEMENT	NJ	501(c)(3	Type II	CHI	Yes	
SAINT CLARE'S HOSPITAL INC 25 POCONO RD DENVER, NJ 07834 22-3319886	HEALTHCARE	NJ	501(c)(3	3	SCHS	Yes	
SAINT ELIZABETH FOUNDATION 555 S 70TH ST LINCOLN, NE 68510 47-0625523	FUNDRAISING	NE	501(c)(3	7	SERMC	Yes	
SAINT ELIZABETH HEALTH SERVICES 555 S 70TH ST LINCOLN, NE 68510 36-3233120	HEALTHCARE	NE	501(c)(3	3	SERMC	Yes	
SAINT ELIZABETH REGIONAL MEDICAL CENTER 555 S 70TH ST LINCOLN, NE 68510 47-0379836	HEALTHCARE	NE	501(c)(3	3	CHI NEBRASKA	Yes	
SAINT FRANCIS MEDICAL CENTER 2620 W FAIDLEY GRAND ISLAND, NE 68803 47-0376601	HEALTHCARE	NE	501(c)(3	3	CHI NEBRASKA	Yes	
SAINT FRANCIS MEDICAL CENTER FOUNDATION PO BOX 9804 GRAND ISLAND, NE 68802 47-0630267	FUNDRAISING	NE	501(c)(3	7	SFMC	Yes	
SAINT JOSEPH BEREА HOSPITAL FOUNDATION INC 305 ESTILL ST BEREA, KY 40403 26-0152877	FUNDRAISING	KY	501(c)(3	7	SJHS	Yes	

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

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						Yes	No
SAINT JOSEPH HEALTH SYSTEM INC 200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 61-1334601	HEALTHCARE	KY	501(c)(3)	3	KOH	Yes	
SAINT JOSEPH HOSPITAL FOUNDATION INC ONE SAINT JOSEPH DRIVE LEXINGTON, KY 40504 61-1159649	FUNDRAISING	KY	501(c)(3)	Type I	SJHS	Yes	
SAINT JOSEPH LONDON FOUNDATION INC 1001 SAINT JOSEPH LANE LONDON, KY 40741 26-0438748	FUNDRAISING	KY	501(c)(3)	7	SJHS	Yes	
SAINT JOSEPH MOUNT STERLING FOUNDATION INC 225 FALCON DR MOUNT STERLING, KY 40353 27-2884584	FUNDRAISING	KY	501(c)(3)	7	SJHS	Yes	
SAINT JOSEPH'S HOSPITAL FOUNDATION 30 WEST 7TH ST DICKINSON, ND 58601 36-3418207	FUNDRAISING	ND	501(c)(3)	Type I	SJHHC	Yes	
SAMARITAN BEHAVIORAL HEALTH INC 601 S EDWIN C MOSES BLVD DAYTON, OH 45417 02-0633634	HEALTHCARE	OH	501(c)(3)	7	SHP	Yes	
SAMARITAN HEALTH PARTNERS 110 N MAIN ST STE 500 DAYTON, OH 45402 31-1107411	HEALTHCARE	OH	501(c)(3)	Type I	CHI	Yes	
SCHUYLER MEMORIAL HOSPITAL FOUNDATION INC 104 W 17TH ST SCHUYLER, NE 68661 36-3630014	FUNDRAISING	NE	501(c)(3)	Type I	AHMHS	Yes	
SJRCM JOPLIN MISSOURI 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 44-0545809	HEALTHCARE	MO	501(c)(3)	3	CHI	Yes	
SL AUGUSTA CORP PO BOX 20269 HOUSTON, TX 77225 76-0226623	TITLE HOLDING	TX	501(c)(2)		SLPC	Yes	
ST ALEXIUS MEDICAL CENTER 900 EAST BROADWAY AVENUE BISMARCK, ND 58501 45-0226711	HEALTHCARE	ND	501(c)(3)	3	CHI	Yes	
ST ANTHONY HOSPITAL 1601 SE COURT AVE PENDLETON, OR 97801 93-0391614	HEALTHCARE	OR	501(c)(3)	3	CHI	Yes	
ST ANTHONY HOSPITAL FOUNDATION 1601 SE COURT AVE PENDLETON, OR 97801 93-0992727	FUNDRAISING	OR	501(c)(3)	Type I	SAH	Yes	
ST ANTHONY'S HOSPITAL ASSOCIATION FOUR HOSPITAL DR MORRILTON, AR 72110 71-0245507	HEALTHCARE	AR	501(c)(3)	3	SVIMC	Yes	
ST CATHERINE HOSPITAL 401 EAST SPRUCE ST GARDEN CITY, KS 67846 48-0543721	HEALTHCARE	KS	501(c)(3)	3	CHI	Yes	
ST CATHERINE HOSPITAL DEVELOPMENT FOUNDATION 401 EAST SPRUCE ST GARDEN CITY, KS 67846 20-0598702	FUNDRAISING	KS	501(c)(3)	Type I	SCH	Yes	
ST CLARE COMMONS 5942 RENAISSANCE PLACE STE A TOLEDO, OH 43623 27-0163752	LIVING COMM	OH	501(c)(3)	9	FLC	Yes	
ST DOMINIC OF ONTARIO OREGON 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 93-0433692	HEALTHCARE	OR	501(c)(4)		CHI	Yes	
ST FRANCIS HOME 2400 ST FRANCIS DR BRECKENRIDGE, MN 56520 41-0729978	LTERM CARE	MN	501(c)(3)	9	CHI	Yes	
ST FRANCIS LIFE CARE CORPORATION 19 POCONO RD DENVER, NJ 07834 22-2536017	ELDERLY CARE	NJ	501(c)(3)	9	SCHS	Yes	

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

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						Yes	No
ST FRANCIS MEDICAL CENTER 2400 ST FRANCIS DR BRECKENRIDGE, MN 56520 41-0695598	HEALTHCARE	MN	501(c)(3	3	CHI	Yes	
ST FRANCIS OF BAKER CITY 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 93-0412495	HEALTHCARE	OR	501(c)(3	3	CHI	Yes	
ST JOSEPH FOUNDATION OF BRYAN TEXAS 2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2351158	FUNDRAISING	TX	501(c)(3	Type I	SJSC	Yes	
ST JOSEPH MANOR 2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2847594	HEALTHCARE	TX	501(c)(3	9	SJSC	Yes	
ST JOSEPH MEDICAL CENTER INC 201 INTERNATIONAL CIRCLE STE 212 HUNT VALLEY, MD 21030 52-0591461	HEALTHCARE	MD	501(c)(3	3	CHI	Yes	
ST JOSEPH PHYSICIAN ASSOCIATES 2801 FRANCISCAN DRIVE BRYAN, TX 77802 20-3159302	HEALTHCARE	TX	501(c)(3	3	SJSC	Yes	
ST JOSEPH PHYSICIAN ENTERPRISE INC 201 INTERNATIONAL CIRCLE STE 212 HUNT VALLEY, MD 21030 52-1311775	PHYSICIANS	MD	501(c)(3	Type I	SJMC	Yes	
ST JOSEPH REGIONAL HEALTH CENTER 2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-1282696	HEALTHCARE	TX	501(c)(3	3	SJSC	Yes	
ST JOSEPH REGIONAL HEALTH PARTNERS 2801 FRANCISCAN DRIVE BRYAN, TX 77802 45-4088170	HEALTHCARE	TX	501(c)(3	3	SJSC	Yes	
ST JOSEPH REGIONAL HEALTH PARTNERS ACO 2801 FRANCISCAN DRIVE BRYAN, TX 77802 46-3265423	HEALTHCARE	TX	501(c)(3	3	SJSC	Yes	
ST JOSEPH SERVICES CORPORATION 2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2455161	MANAGEMENT	TX	501(c)(3	Type I	SFH	Yes	
ST JOSEPH'S AREA HEALTH SERVICES 600 PLEASANT AVE PARK RAPIDS, MN 56470 41-0695603	HEALTHCARE	MN	501(c)(3	3	CHI	Yes	
ST JOSEPH'S HOSPITAL AND HEALTH CENTER 30 WEST 7TH ST DICKINSON, ND 58601 45-0226429	HEALTHCARE	ND	501(c)(3	3	CHI	Yes	
ST LEONARD 8100 CLYO ROAD CENTERVILLE, OH 45458 34-1940863	LIVING COMM	OH	501(c)(3	9	FLC	Yes	
ST LUKE'S COMMUNITY DEVELOPMENT CORPORATION 6624 FANNIN ST STE 2505 HOUSTON, TX 77030 26-0274448	MANAGEMENT	TX	501(c)(3	Type I	SLHS	Yes	
ST LUKE'S COMMUNITY DEVELOPMENT CORPORATION - PMC 6624 FANNIN ST STE 2505 HOUSTON, TX 77030 27-3733278	HEALTHCARE	TX	501(c)(3	3	SLCDC	Yes	
ST LUKE'S COMMUNITY DEVELOPMENT CORPORATION - SUGAR LAND 6624 FANNIN ST STE 2505 HOUSTON, TX 77030 26-1947374	HEALTHCARE	TX	501(c)(3	3	SLHS	Yes	
ST LUKE'S COMMUNITY DEVELOPMENT CORPORATION - THE WOODLANDS 6624 FANNIN ST STE 2505 HOUSTON, TX 77030 26-0335902	HEALTHCARE	TX	501(c)(3	3	SLCDC	Yes	
ST LUKE'S COMMUNITY HEALTH SERVICES 6624 FANNIN ST STE 1100 HOUSTON, TX 77030 76-0536234	HEALTHCARE	TX	501(c)(3	3	SLHS	Yes	
ST LUKE'S FOUNDATION 1213 HERMANN DRIVE STE 855 HOUSTON, TX 77004 45-3811485	FUNDRAISING	TX	501(c)(3	7	SLHS	Yes	

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
ST LUKE'S HEALTH SYSTEM CORPORATION 6624 FANNIN ST STE 1100 HOUSTON, TX 77030 76-0536232	MANAGEMENT	TX	501(c)(3	Type I	CHI	Yes	
ST LUKE'S HOSPITAL AT THE VINTAGE 6624 FANNIN ST STE 2505 HOUSTON, TX 77030 26-3734606	HEALTHCARE	TX	501(c)(3	3	SLHS	Yes	
ST LUKE'S MEDICAL GROUP 6624 FANNIN ST HOUSTON, TX 77030 76-0458535	PHYSICIANS	TX	501(c)(3	3	SLHS	Yes	
ST LUKE'S MEDICAL TOWER CORPORATION 6624 FANNIN ST STE 1100 HOUSTON, TX 77030 76-0531713	PROPERTY MGMT	TX	501(c)(3	Type I	CHI-SLH	Yes	
ST LUKE'S PROPERTIES CORPORATION 6624 FANNIN ST STE 1100 HOUSTON, TX 77030 76-0531716	PROPERTY MGMT	TX	501(c)(3	Type I	SLHS	Yes	
ST LUKE'S SUGAR LAND PROPERTIES CORPORATION 6624 FANNIN ST STE 2505 HOUSTON, TX 77030 45-4120549	PROPERTY MGMT	TX	501(c)(3	Type I	SLCDC-SL	Yes	
ST MARY'S COMMUNITY HOSPITAL 1314 3RD AVE NEBRASKA CITY, NE 68410 47-0443636	HEALTHCARE	NE	501(c)(3	3	CHI NEBRASKA	Yes	
ST MARY'S HOSPITAL FOUNDATION 1314 3RD AVE NEBRASKA CITY, NE 68410 47-0707604	FUNDRAISING	NE	501(c)(3	7	SMCH	Yes	
ST VINCENT FOUNDATION TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 51-0169537	FUNDRAISING	AR	501(c)(3	Type I	SVIMC	Yes	
ST VINCENT INFIRMARY MEDICAL CENTER TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 71-0236917	HEALTHCARE	AR	501(c)(3	3	CHI	Yes	
ST VINCENT MEDICAL GROUP TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 71-0830696	HEALTHCARE	AR	501(c)(3	9	SVIMC	Yes	
SYLVANIA FRANCISCAN HEALTH 1715 INDIAN WOOD CIR 200 MAUMEE, OH 43537 34-1412964	HEALTHCARE	OH	501(c)(3	Type I	CHI	Yes	
SYLVANIA FRANCISCAN HEALTH FOUNDATION 1715 INDIAN WOOD CIR 200 MAUMEE, OH 43537 45-5357161	FUNDRAISING	OH	501(c)(3	Type I	FLC	Yes	
THE COMMONS OF PROVIDENCE 5000 PROVIDENCE DRIVE SANDUSKY, OH 44870 34-1826097	ASSIST LIVING	OH	501(c)(3	9	FLC	Yes	
THE COMMUNITY HOSPITAL OF BRAZOSPORT 100 MEDICAL DRIVE LAKE JACKSON, TX 77566 74-1385192	HEALTHCARE	TX	501(c)(3	3	SLHS	Yes	
THE GOOD SAMARITAN HOSPITAL OF CINCINNATI OH 619 OAK ST ACCOUNTING-3 W CINCINNATI, OH 45206 31-0537486	HEALTHCARE	OH	501(c)(3	3	CHI	Yes	
THE PHYSICIAN NETWORK 2000 Q ST STE 500 LINCOLN, NE 68503 47-0780857	PHYSICIANS	NE	501(c)(3	Type I	CHI NEBRASKA	Yes	
TOTAL HEALTHCARE 188 INVERNESS DRIVE WEST STE 500 ENGLEWOOD, CO 80112 84-0927232	HEALTHCARE	CO	501(c)(3	3	CHIC	Yes	
TRINITY HEALTH FOUNDATION 380 SUMMIT AVENUE STEBENVILLE, OH 43952 31-1329423	FUNDRAISING	OH	501(c)(3	Type I	THS	Yes	
TRINITY HEALTH SYSTEM 380 SUMMIT AVENUE STEBENVILLE, OH 43952 34-1818681	HEALTHCARE	OH	501(c)(3	Type I	SFH	Yes	

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
TRINITY HEALTH SYSTEM GROUP 380 SUMMIT AVENUE STEUBENVILLE, OH 43952 30-0752920	HEALTHCARE	OH	501(c)(3)	3	THS	Yes	
TRINITY HOSPITAL HOLDING COMPANY 380 SUMMIT AVENUE STEUBENVILLE, OH 43952 34-1842025	HEALTHCARE	OH	501(c)(3)	3	THS	Yes	
TRINITY HOSPITAL TWIN CITY 819 NORTH FIRST STREET DENNISON, OH 44621 27-5401105	HEALTHCARE	OH	501(c)(3)	3	CHI	Yes	
TRI-STATE HEALTH SERVICES INC ONE ROSS PARK BLVD STEUBENVILLE, OH 43952 34-1522484	ASSIST LIVING	OH	501(c)(3)		THS	Yes	
UNITY FAMILY HEALTHCARE 815 SE 2ND ST LITTLE FALLS, MN 56345 41-0721642	HEALTHCARE	MN	501(c)(3)	3	CHI	Yes	
VILLA NAZARETH INC 801 PAGE DR FARGO, ND 58103 45-0226714	LTERM CARE	ND	501(c)(3)	9	CHI	Yes	
VISITING NURSE ASSOCIATION OF ST CLARE'S INC 191 WOODPORT RD SPARTA, NJ 07871 22-1768334	HOME HEALTH	NJ	501(c)(3)	9	SCHS	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproprrtionate 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	
Alegent Health Northwest Imaging Center LLC 3606 N 156th St OMAHA, NE 68116 06-1786985	OP Diagnostics	NE	ACH	Related	-7,263	485,853		No	0	Yes		51 %
Audubon Land Company LLC 5390 N Academy Blvd STE 300 COLORADO SPRINGS, CO 80918 84-1513085	Real Estate	CO	CHIC	Related	250,214	23,193,712		No	0		No	50 %
AVON EMERGENCY AND URGENT CARE CENTER LLC 188 INVERNESS DRIVE WEST 500 ENGLEWOOD, CO 80112 81-1727282	HEALTHCARE SRVC	CO	CHIC	Related	0	0		No	0	Yes		77 %
BAYLOR CHI ST LUKES HEALTH SERVICES LLC 6624 Fannin St Ste 1100 HOUSTON, TX 77030 47-2079184	HEALTHCARE SRVC	TX	SLHS	Related	0	0		No	0	Yes		65 %
BERGAN MERCY SURGERY CENTER LLC 7710 Mercy Rd Ste 200 OMAHA, NE 68124 20-8671994	AMBUL SURG CTR	NE	ACH	Related	709,407	1,953,385		No	0		No	58 %
BERYWOOD OFFICE PROPERTIES LLC 400 BERYWOOD TRAIL CLEVELAND, TN 37312 62-1875199	PHYS OFFICE	TN	MHCS	Related	127,778	958,445		No	0	Yes		63 %
BLUEGRASS REGIONAL IMAGING CENTER 1218 SOUTH BROADWAY STE 310 LEXINGTON, KY 40504 61-1386736	DIAGNOSTIC IMAGING	KY	SJHS	Related	312,944	3,261,145		No	0		No	65 %
CATHOLIC HEALTH INITIATIVES PHYSICIAN SERVICES LLC 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 46-2945938	PRACTICE MGMT SRVC	DE	CHI	Related	-572,758	28,961,482		No	0	Yes		80 %
CENTRAL NEBRASKA HOME CARE SERVICES PO BOX 1146 4502 N SECOND AVE KEARNEY, NE 68848 47-0692112	HEALTHCARE SRVC	NE	na	Related	-33,398	156,208		No	0	Yes		100 %
CENTRAL NEBRASKA REHABILITATION SERVICES LLC 3004 W FAIDLEY AVENUE GRAND ISLAND, NE 68803 81-0653461	Physical Therapy	NE	SFMC	Related	2,441,607	3,412,341		No	0		No	51 %
CENTURA-SCA HOLDINGS LLC 569 BROOK VILLAGE STE 901 BIRMINGHAM, AL 35209 47-4823023	OP SURGERY CENTER	AL	CHIC	Related	525,814	1,305,299		No	0	Yes		65 %
CHI OPERATING INVESTMENT PROGRAM LP 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 47-0727942	INVESTMENTS	CO	CHI	Unrelated	332,023,271	6,703,637,716		No	515,470	Yes		100 %
CHI ST LUKE'S HEALTH EMERGENCY CENTER LLC 6624 Fannin St Ste 1100 HOUSTON, TX 77030 81-0743412	URGENT CARE	TX	SLHS	Related	0	0		No	0	Yes		65 %
CHICAMSURG Surgery Centers LLC 188 INVERNESS DRIVE WEST 500 ENGLEWOOD, CO 80112 46-5683027	SURGERY CENTER	CO	CHIC	Related	0	0		No	0		No	51 %
CHICLARKIN VENTURES LLC 188 INVERNESS DRIVE WEST 500 ENGLEWOOD, CO 80112 47-4210888	URGENT CARE	CO	CHIC	Related	0	0		No	0	Yes		87 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Dispropportionate 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	
Colorado Springs CK Leasing LLC 8770 W Bryn Mawr Ste 1370 CHICAGO, IL 60631 26-2982714	REAL ESTATE	CO	CHIC	Related	599,151	425,148		No	0	Yes		40 %
HC SL VINTAGE I LLC 18000 W SARAH LANE STE 250 BROOKFIELD, WI 53045 27-0453767	PROPERTY HOLDING	WI	SL HOSP-VINTAGE	Related	1,365,254	375,590,761		No	0		No	51 %
HEALTHCARE SUPPORT SERVICES LLC PO BOX 9804 GRAND ISLAND, NE 68802 72-1546196	LAUNDRY	NE	na	Related	256,166	3,371,484		No	0		No	100 %
Heartland Oncology LLC 2337 E Crawford St SALINA, KS 67401 46-4265403	ONCOLOGY	KS	SCH	Related	-457,809	1,985,911		No	0		No	51 %
HIGHLINE IMAGING LLC PO BOX 184 BRUSH PRAIRIE, WA 98606 20-0460005	DIAGNOSTIC IMAGING	WA	HMC	Related	65,074	1,408,012		No	0		No	80 %
LAKESIDE AMBULATORY SURGICAL CENTER LLC 17031 LAKESIDE HILLS DR OMAHA, NE 68130 20-4267902	AMBUL SURG CTR	NE	ACH	Related	4,111,597	2,474,455		No	0		No	54 %
LAKESIDE ENDOSCOPY CENTER LLC 17001 LAKESIDE HILLS PLZ STE 201 OMAHA, NE 68130 20-5544496	ENDOSCOPY SRVC	NE	ACH	Related	670,348	721,021		No	0		No	51 %
LINCOLN CK LEASING LLC 6003 Old Cheney Rd Lincoln, NE 68516 26-2496856	Real Estate	NE	SERMC	Related	488,450	230,998		No	0		No	54 %
NEBRASKA SPINE HOSPITAL LLC 6901 N 72ND ST OMAHA, NE 68122 27-0263191	SPINE HOSPITAL	NE	ACH	Related	10,386,143	19,795,974		No	0		No	51 %
NORTH RIVER SURGERY CENTER LLC 2209 WILDWOOD AVE SHERWOOD, AR 72120 71-0799771	AMBUL SURG CTR	AR	SVIMC	Related	163,900	1,280,229		No	0		No	57 %
ORTHOCOLORADO LLC 11650 WEST 2ND PLACE LAKEWOOD, CO 80255 37-1577105	ORTHO HOSPITAL	CO	THC	Related	9,902,290	2,561,198		No	0		No	60 %
PENINSULA RADIATION ONCOLOGY LLC 314 MLK JR WAY STE 11 TACOMA, WA 98405 87-0808610	HEALTHCARE SRVC	WA	FHS	Related	343,465	2,173,284		No	0		No	60 %
Penrad Imaging 1390 Kelly Johnson Blvd COLORADO SPRINGS, CO 80920 84-1072619	Medical Imaging	CO	CHIC	Related	1,160,221	2,168,695		No	0		No	70 %
PMC HOSPITAL LLC 3100 MAIN ST STE 500 HOUSTON, TX 77002 27-3280598	HOSPITAL	TX	SL CDC-PMC	Related	5,287,747	67,411,280		No	0	Yes		51 %
PRAIRIE HEALTH VENTURES LLC 421 S 9TH ST STE 102 LINCOLN, NE 68508 20-4962103	TECH SRVC	NE	AH-IMC	Related	1,126,606	2,905,862		No	0	Yes		66 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproporionate 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	
Pueblo Ambulatory Surgery Center LLC 188 INVERNESS DRIVE WEST 500 ENGLEWOOD, CO 80112 62-1488737	SURGERY CENTER	CO	CHIC	Related	-155,230	107,312		No	0		No	51 %
Saint JOSEPH - PAML LLC 200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 45-2116736	MGMT SVCS	KY	SJHS	Related	57,681	589,808		No	0	Yes		63 %
SAINT JOSEPH - SCA HOLDINGS LLC 1451 Harrodsburg RD LEXINGTON, KY 40503 45-3801157	OP SURGERY	DE	SJHS	Related	0	0		No	0	Yes		51 %
SAINT JOSEPH-ANC HOME CARE SERVICES 1700 EDISON DR MILFORD, OH 45150 26-3330545	HOME HEALTH	KY	JHSMH	Related	5,517,685	7,112,135		No	0		No	100 %
SCA Premier Surgery Center of Louisville LLC 200 Abraham Flexner Way LOUISVILLE, KY 40202 72-1386840	SURGERY CENTER	KY	JHSMH	Related	-177,796	2,205,015		No	0		No	51 %
ST FRANCIS LAND COMPANY 5390 N ACADEMY BLVD STE 300 COLORADO SPRINGS, CO 80918 26-3134100	REAL ESTATE	CO	CHIC	Related	-82,977	14,572,659		No	0		No	51 %
ST FRANCIS MEDICAL CENTER ASSOCIATES 1717 SOUTH J ST TACOMA, WA 98405 91-1352698	MED OFFICE	WA	FHS	Related	265,442	1,984,098		No	0		No	61 %
ST LUKE'S DIAGNOSTIC CATH LAB LLP 6624 FANNIN ST STE 800 HOUSTON, TX 77030 71-0959365	DIAGNOSTICS	TX	SLHS HOLDINGS	Related	611,532	1,117,217		No	0		No	57 %
ST LUKE'S LAKESIDE HOSPITAL LLC 6624 FANNIN STE 2505 HOUSTON, TX 77030 30-0427437	HOSPITAL	TX	SL CDC-W	Related	277,867	42,485,184		No	0	Yes		51 %
ST LUKE'S THE WOODLANDS SLEEP CENTER LLC 6624 FANNIN STE 800 HOUSTON, TX 77030 46-2795726	DIAGNOSTICS	TX	SLHSH	Related	-76,879	1,171,971		No	0	Yes		51 %
Superior Medical Imaging LLC 5000 North 26th ST LINCOLN, NE 68521 26-2884555	OP Diagnostics	NE	SERMC	Related	9,528	402,804		No	0	Yes		51 %
SURGERY CENTER OF LEXINGTON LLC 200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 62-1179539	SURGERY CENTER	KY	SJHS	Related	187,315	2,777,419		No	0	Yes		51 %
SURGERY CENTER OF LOUISVILLE LLC 200 Abraham Flexner Way LOUISVILLE, KY 40202 62-1179537	SURGERY CENTER	KY	JHSMH	Related	11,207	803,899		No	0	Yes		51 %

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								Yes	No
Alegent HealthCreighton St Joseph (1) Managed Care Services Inc 12809 West Dodge Rd Omaha, NE 68154 47-0802396	Managed Care	NE	CHI Nebraska	C Corporation	8,129,445	5,108,822	100 %	Yes	
(1) All Saints Insurance Company SPC Ltd PO BOX 10073 APO Georgetown, GRAND CAYMAN KY11001 CJ 98-0556913	Insurance	CJ	CHI	C Corporation	0	0	100 %	Yes	
ALLIANCE HEALTH PROVIDERS OF (2) BRAZOS Valley Inc 2801 FRACNISCAN DRIVE BRYAN, TX 77802 74-2466914	Healthcare	TX	SJSC	C Corporation	204,115	535,165	100 %	Yes	
Alternative Insurance Management (3) Service Inc 3900 OLYMPIC BLVD STE 400 Erlanger, KY 41018 84-1112049	Management Services	CO	CHI	C Corporation	0	6,056,338	100 %	Yes	
(4) AMERICAN NURSING CARE Inc 1700 EDISON DR MILFORD, OH 45150 31-1085414	HOME HEALTH	OH	CHS	C Corporation	91,903,143	55,758,044	100 %	Yes	
(5) AMERIMED INC 1700 EDISON DR MILFORD, OH 45150 31-1158699	HOME HEALTH	OH	ANC	C Corporation	21,464,273	12,744,198	100 %	Yes	
(6) BC HOLDING COMPANY INC 1850 BLUEGRASS AVE LOUISVILLE, KY 40215 31-1542851	Fitness Club	KY	JHSMH	C Corporation	0	0	100 %	Yes	
(7) BrazoSport Health Alliance 1 WEST WAY COURT LAKE JACKSON, TX 77566 76-0518376	Health Care	TX	BRHS	C Corporation	0	0	100 %	Yes	
(8) Caduceus Medical Associates INC 5600 Brainerd Road Ste 500 Chattanooga, TN 37411 62-1570736	Healthcare	TN	MHCS	C Corporation	0	1,008	100 %	Yes	
(9) Captive Management Initiatives Ltd PO BOX 10073 APO Georgetown, GRAND CAYMAN KY11001 CJ 98-0663022	Captive Management	CJ	CHI	C Corporation	29,750	112,461	100 %	Yes	
Carmona-DeSoto Building Horizontal (10) Property Regime Inc 300 Werner St Hot Springs, AR 71913 71-0771076	Healthcare	AR	CHI-SVHS	C Corporation	0	0	100 %	Yes	
(11) Catholic Health Initiatives Center for Translational Research 198 INVERNESS DRIVE WEST Englewood, CO 80112 27-2269511	Research	CO	CIRI	C Corporation	510,763	3,054,989	100 %	Yes	
(12) CHI St Luke's Health Baylor College of Medicine Medical Center Condominium Assoc 6624 Fannin STE 1100 Houston, TX 77030 46-5079545	Condo Assoc	TX	CHI-SLHBCM	C Corporation	0	0	100 %	Yes	
(13) ClearRiver Health 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-4495960	Insurance	TN	PHPSI	C Corporation	-186,666	6,973,984	100 %	Yes	
(14) Comcare Services Inc 5570 DTC Parkway Englewood, CO 80111 84-0904813	Inactive	CO	CHIC	C Corporation	0	0	100 %	Yes	

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								Yes	No
(16) CONSOLIDATED HEALTH SERVICES 1700 EDISON DR MILFORD, OH 45150 31-1378212	HOME HEALTH	OH	CHI	C Corporation	247,400	51,845,030	100 %	Yes	
(1) Des Moines Medical Center Inc 1111 6TH AVE Des Moines, IA 50314 42-0837382	Real Estate	IA	CHI-IA Corp	C Corporation	71,628	1,151,078	93 %	Yes	
(2) Diversified Health Resources Inc 100 MEDICAL DRIVE LAKE JACKSON, TX 77566 76-0222679	Health Care	TX	BRHS	C Corporation	0	0	100 %	Yes	
(3) East Texas Clinical Services Inc 2801 Via Fortuna 500 Austin, TX 78746 45-4736213	Healthcare	TX	MHSET	C Corporation	0	16,782	100 %	Yes	
(4) First Initiatives Insurance LTD PO BOX 10073 APO Georgetown, GRAND CAYMAN KY11001 CJ 98-0203038	Insurance	CJ	CHI	C Corporation	0	0	100 %	Yes	
(5) Franciscan Services Inc 198 INVERNESS DRIVE WEST Englewood, CO 80112 23-2487967	Healthcare	CO	CHI	C Corporation	318,497	11,891,645	100 %	Yes	
(6) Good Samaritan Outreach Services PO Box 1990 Kearney, NE 68848 47-0659440	Medical Clinic	NE	CHI Nebraska	C Corporation	0	0	100 %	Yes	
(7) HarvestPlains Health of Iowa 32129 Weyerhaeuser Way S STE 201 FEDERAL WAY, WA 98001 47-3451750	Insurance	WA	QCHPS	C Corporation	2,182	3,002,182	100 %	Yes	
(8) Health Systems Enterprises Inc 1700 EDISON DR MILFORD, OH 45150 47-0664558	MGMT	NE	GSH	C Corporation	84,269	1,115,210	100 %	Yes	
(9) Healthcare MGMT Services Organization INC 1149 MARKET ST Tacoma, WA 98402 91-1865474	Health Org	WA	FHS	C Corporation	0	0	100 %	Yes	
(10) HeartlandPlains Health 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-4368223	Insurance	NE	PHPSI	C Corporation	1,755,860	3,679,133	100 %	Yes	
(11) Highline Medical Group 15811 AMBUAN Blvd SW STE A Burien, WA 98166 91-1407026	Medical Services	WA	HMC	C Corporation	0	0	100 %	Yes	
(12) Medquest 1301 15TH AVENUE WEST Williston, ND 58801 45-0392137	Sale of DME	ND	MMC Williston	C Corporation	677,839	1,583,325	100 %	Yes	
(13) Memorial CV Service Line Management Company LLC 1201 W Frank Ave Lufkin, TX 75904 46-3622849	Heath Care	TX	MHSET	C Corporation	0	0	100 %	Yes	
(14) Mercy Park Apartments LTD 1111 6th AVE Des Moines, IA 50314 42-1202422	Housing	IA	CHI-IA Corp	C Corporation	1,888,173	2,376,812	100 %	Yes	

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								Yes	No
(31) Mercy Services Corp 2700 STEWART PARKWAY Roseburg, OR 97471 93-0824308	Retail Sales	OR	MMC	C Corporation	2,502,051	1,446,108	100 %	Yes	
(1) MHI Clinical Services 1201 W Frank Ave Lufkin, TX 75904 46-1967952	Healthcare	TX	MHSET	C Corporation	10,063,699	1,339,619	100 %	Yes	
(2) Mountain Management Services Inc 6028 Shallowford Rd Chattanooga, TN 37421 62-1570739	MGMT SVC ORG	TN	MHCS	C Corporation	31,344,101	6,237,932	100 %	Yes	
(3) Nazareth Assurance Company PO BOX 10073 APO Georgetown, GRAND CAYMAN KY11001 CJ 03-0304831	Insurance	CJ	CHI	C Corporation	0	0	100 %	Yes	
(4) PATIENT TRANSPORT SERVICES INC 1700 EDISON DR MILFORD, OH 45150 31-1100798	HOME HEALTH	OH	ANC	C Corporation	9,010,987	6,688,783	100 %	Yes	
(5) PhysicianHealth System Network 1149 MARKET ST Tacoma, WA 98402 91-1746721	Health Org	WA	FHS	C Corporation	0	0	100 %	Yes	
(6) QCA Health Plan Inc 12615 Chenal Parkway STE 300 Little Rock, AR 72211 71-0794605	Insurance	AR	QCHI	C Corporation	104,106,960	86,204,029	100 %	Yes	
(7) QualChoice Advantage 32129 WEYERHAEUSER WAY S STE 201 FEDERAL WAY, WA 98001 47-3433912	Insurance	WA	QCPS	C Corporation	2,767	3,502,767	100 %	Yes	
(8) QualChoice Health Plan Services Inc (fka CollabHealth Plan Services Inc) 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-1224037	Admin Services	CO	QCHI	C Corporation	17,917,443	64,152,898	100 %	Yes	
(9) QualChoice Health Inc (fka CollabHealth Managed Solutions Inc) 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-1222808	Holding Co	CO	CHI	C Corporation	2,010,400	-2,237,656	100 %	Yes	
(10) QualChoice Holdings Inc 12615 Chenal Parkway STE 300 Little Rock, AR 72211 27-4075520	Holding Co	AR	PHPS	C Corporation	0	10,190	100 %	Yes	
(11) QualChoice Life and Health Insurance Company Inc 12615 Chenal Parkway STE 300 Little Rock, AR 72211 71-0386640	Insurance	AR	QCH	C Corporation	19,949,469	19,444,633	100 %	Yes	
(12) QualChoice of Nebraska 2401 S 73rd St Omaha, NE 68124 81-0738827	Insurance	NE	QCH	C Corporation	0	0	100 %	Yes	
(13) RiverLink Health 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-4380824	Insurance	OH	PHPS	C Corporation	2,069,874	3,679,879	100 %	Yes	
(14) RiverLink Health of Kentucky Inc 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-4828332	Insurance	KY	PHPS	C Corporation	1,590,037	5,958,786	100 %	Yes	

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								Yes	No
(46) Ross Park Pharmacy Inc 380 SUMMIT AVE STEUBENVILLE, OH 43952 34-1832654	Pharmacy	OH	THS	C Corporation	1,104,611	2,024,431	100 %	Yes	
(1) Saint Clare's Primary Care Inc 66 FORD RD Denville, NJ 07834 22-2441202	Billing Services	NJ	SCCC	C Corporation	499,042	1,183,247	100 %	Yes	
(2) SAMARITAN FAMILY CARE INC 40 W FOURTH ST STE 1700 Dayton, OH 45402 31-1299450	Healthcare	OH	SHP	C Corporation	0	0	100 %	Yes	
(3) SJH Services Corporation 198 INVERNESS DRIVE WEST Englewood, CO 80112 23-2307408	Healthcare	CO	FSI	C Corporation	2,007,370	2,441,286	100 %	Yes	
SJL PHYSICIAN MANAGEMENT (4) SERVICES INC 424 LEWIS HARGETT CR STE 160 Lexington, KY 40503 27-0164198	Mgmt	KY	SJHS	C Corporation	41	0	100 %	Yes	
(5) SLMT Parking Inc 6624 Fannin STE 800 Houston, TX 77030 76-0637140	Parking	TX	SLHS	C Corporation	3,345,698	205,200	100 %	Yes	
(6) SoundPath Health Inc 32129 Weyerhaeuser Way S STE 201 Federal Way, WA 98001 42-1720801	Insurance	WA	PHPS	C Corporation	138,106,211	32,840,909	100 %	Yes	
(7) St Alexius Health Services Inc 900 East Broadway Avenue Bismarck, ND 58501 45-0402812	Healthcare	ND	SAMC	C Corporation	0	0	100 %	Yes	
(8) St Anthony Development Company 1415 Southgate Pendleton, OR 97801 93-1216943	Athletic Club	OR	SAH	C Corporation	1,541,465	2,192,287	100 %	Yes	
(9) St Joseph Development Company Inc 1717 SOUTH J ST Tacoma, WA 98405 91-1480569	Rental	WA	FSI	C Corporation	3,758,845	12,828,493	100 %	Yes	
ST JOSEPH OFFICE PARK (10) ASSOCIATION 1401 HARRODSBURG RD BLDG B70 Lexington, KY 40504 61-1079899	Mgmt	KY	SJHS	C Corporation	200,108	1,137,660	85 %	Yes	
St Luke's 6620 Main Condominium (11) Association 6624 Fannin STE 1100 Houston, TX 77030 30-0355517	Condo Assoc	TX	SLPC	C Corporation	0	0	100 %	Yes	
(12) St Luke's Anesthesiology Associates 6624 Fannin STE 1100 Houston, TX 77030 46-1517163	Medical Clinic	TX	CHI-SLH	C Corporation	0	0	100 %	Yes	
(13) St Luke's Episcopal Hospital Physician Hospital Organization Inc 6720 Bertner MC4-262 Houston, TX 77030 76-0377932	PHO	TX	CHI-SLH	C Corporation	0	0	60 %	Yes	
(14) St Luke's Health System Holdings Inc 6624 Fannin STE 800 Houston, TX 77030 76-0637138	Holding Co	TX	SLHS	C Corporation	2,163,924	4,389,084	100 %	Yes	

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								Yes	No
St Luke's Medical Arts Center I (61) Condominium Association 6624 Fannin STE 1100 Houston, TX 77030 30-0355518	Condo Assoc	TX	SLPC	C Corporation	0	0	100 %	Yes	
St Luke's Medical Tower Condominium (1) Association 6624 Fannin STE 1100 Houston, TX 77030 76-0298751	Condo Assoc	TX	SLMTC	C Corporation	0	0	100 %	Yes	
(2) St Vincent Community Health Services Inc TWO ST VINCENT CIRCLE Little Rock, AR 72205 71-0710785	Healthcare	AR	SVIMC	C Corporation	4,033,444	16,764,150	100 %	Yes	
(3) StableView Health Inc 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-4373713	Insurance	KY	PHPS	C Corporation	301,615	5,787,296	100 %	Yes	
(4) Sugar Land Doctor Group 1317 Lake Point Parkway Sugar Land, TX 77478 45-4270163	Medical Clinic	TX	SLCDC-SL	C Corporation	0	0	100 %	Yes	
The Texas Heart Institute at St Luke's (5) Episcopal Hospital Denton A Cooley B uilding Comdominium Association 6624 Fannin STE 1100 Houston, TX 77030 90-0064009	Condo Assoc	TX	CHI-SLH	C Corporation	0	0	100 %	Yes	
(6) Towson Management Inc 7601 OSLER DR Towson, MD 21204 52-1710750	Mgmt Services	MD	FSI	C Corporation	0	0	100 %	Yes	
TRINITY MANAGEMENT SERVICES (7) ORGANIZATION 380 SUMMIT AVE STEUBENVILLE, OH 43952 34-1471026	Mgmt Services	OH	THS	C Corporation	-76,969	259,991	100 %	Yes	
(8) Vintage Doctor Group 6624 Fannin STE 1100 Houston, TX 77030	Medical Clinic	TX	CHI-SLH	C Corporation	0	0	100 %	Yes	