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Form <b>990</b>  Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b>  <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)</b> ▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>	OMB No 1545-0047  <b>2015</b>  <b>Open to Public Inspection</b>

<b>A For the 2015 calendar year, or tax year beginning 07-01-2015 , and ending 06-30-2016</b>		<b>D Employer identification number</b>  47-0376601	
<b>B</b> Check if applicable  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization Saint Francis Medical Center		<b>E</b> Telephone number  (308) 398-5407
	Doing business as CHI HHealth St Francis		
	Number and street (or P O box if mail is not delivered to street address) 2620 W Faidley	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code Grand Island, NE 68803		
<b>F</b> Name and address of principal officer Cliff Robertson 2620 W Faidley Grand Island, NE 68803		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)		<b>H(c)</b> Group exemption number ▶ 0928
<b>J Website:</b> ▶ chihealthstfrancis.org			
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation 1887	<b>M</b> State of legal domicile NE

<b>Part I</b>	<b>Summary</b>
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Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities An acute care hospital providing advanced diagnostic and medical treatment services to central Nebraska Honoring our Catholic tradition, we care for all in need, regardless of ability to pay		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b>	16
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	11
	<b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a) . . . . .	<b>5</b>	1,038
<b>6</b> Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	263	
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b>	31,673	
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>7b</b>	0	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .	990,609	1,109,576
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .	159,538,606	181,577,932
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,744,166	25,596,380
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,880,589	2,056,769
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .	172,153,970	210,340,657
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .		
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	14,474,154	11,814,902
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	0	0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0	48,336,871	47,797,984
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .	0	0
	<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		
	<b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . .	96,060,780	99,059,582
Net Assets or Fund Balances		158,871,805	158,672,468
		13,282,165	51,668,189
	<b>20</b> Total assets (Part X, line 16) . . . . .	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26) . . . . .	381,456,831	469,105,135
		15,664,997	67,818,932
<b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . .	365,791,834	401,286,203	

<b>Part II</b>	<b>Signature Block</b>
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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.

<b>Sign Here</b>	Signature of officer			2017-05-11	
	Date				
	Jeanette Wojtalewicz CFO CHI Health				
	Type or print name and title				
<b>Paid Preparer Use Only</b>	Prnt/Type preparer's name ANGELA NOEL CPA		Preparer's signature ANGELA NOEL CPA		Date
			Check <input type="checkbox"/> if self-employed		PTIN P01051055
	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	

**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

<b>4a</b>	(Code ) (Expenses \$ 31,787,733 including grants of \$ 2,953,726 ) (Revenue \$ 45,394,483 )
The St. Francis Cancer Treatment Center has served central Nebraska since 1994 and is accredited by the Commission on Cancer from the American College of Surgeons with commendation for excelling in every aspect of cancer care. Here, patients have access to medical and radiation oncology treatment, a dedicated pharmacy, clinical trials, and a cancer rehabilitation team all in one location-a convenience not typically found in other cancer centers. In addition, the highly skilled team provides certified genetics counseling, tobacco cessation counseling, nurse navigation, survivorship services, an educational library, support groups, and educational seminars.	

<b>4b</b>	(Code ) (Expenses \$ 31,787,733 including grants of \$ 2,953,726 ) (Revenue \$ 45,394,483 )
St. Francis is equipped with state-of-the-art operating rooms, and the surgeons on staff continue to expand the procedures available across many specialties including orthopedics, neurosurgery, urology, and bariatric and reconstructive surgery.	













<b>4c</b>	(Code ) (Expenses \$ 31,787,733 including grants of \$ 2,953,725 ) (Revenue \$ 45,394,483 )
The pathology department at St. Francis offers an array of on-site testing services. We utilize state-of-the-art instrumentation and have a highly skilled staff available 24/7. In addition to our staff of registered medical technologists and phlebotomists, we have three pathologists on site, a qualified histology team, and secretaries who are beyond comparison in efficiency and customer service. Testing capabilities vary from routine screening tests to more specialized testing such as protein electrophoresis. We also have a comprehensive microbiology department operating seven days a week.	
See Additional Data	

<b>4d</b>	Other program services (Describe in Schedule O )
(Expenses \$ 31,787,733 including grants of \$ 2,953,725 ) (Revenue \$ 45,394,483 )	

<b>4e</b>	<b>Total program service expenses ▶</b>	127,150,932
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Part IV

Checklist of Required Schedules

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> 	<b>1</b> Yes	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 	<b>2</b> Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<b>3</b>	No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> 	<b>4</b> Yes	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<b>5</b>	No
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<b>6</b>	No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<b>8</b>	No
<b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<b>9</b>	No
<b>10</b> 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>	<b>10</b>	No
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
<b>a</b> 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> 	<b>11a</b> Yes	
<b>b</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> 	<b>11b</b> Yes	
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	<b>11c</b>	No
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> 	<b>11d</b> Yes	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 	<b>11e</b> Yes	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> 	<b>11f</b> Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<b>12a</b>	No
<b>b</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> 	<b>12b</b> Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	No
<b>b</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> 	<b>14b</b> Yes	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<b>15</b>	No
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<b>16</b>	No
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	<b>17</b>	No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<b>18</b>	No
<b>19</b> 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>	<b>19</b>	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> 	<b>20a</b> Yes	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	<b>20b</b> 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		No
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	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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	No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? 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	No
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	Yes
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	Yes
36	<b>Section 501(c)(3) organizations.</b> 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? <b>Note.</b> 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.	1a	0	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
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.	2a	1,038	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	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.	3b	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)?	4a		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
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?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
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?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders.	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
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? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b		
c	Enter the amount of reserves on hand.	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

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	1a	16	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	1b	11	
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	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	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	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		No

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	NE
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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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	Jeanette Wojtalewicz 12809 West Dodge Road Omaha, NE 68154 (402) 343-4671

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

**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

[illegible]



<b>1b</b>	<b>Sub-Total</b>			
<b>c</b>	<b>Total from continuation sheets to Part VII, Section A</b>			
<b>d</b>	<b>Total (add lines 1b and 1c)</b>	891,250	13,123,051	1,006,901

		Yes	No
<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>3</b> Yes	
<b>4</b>	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> . . . . .	<b>4</b> Yes	
<b>5</b>	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> . . . . .	<b>5</b>	No

**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.

<p><b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 53</p>	
---	--

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	1,109,576				
	b	Membership dues . . . . .	1b	0					
	c	Fundraising events . . . . .	1c	0					
	d	Related organizations . . . . .	1d	1,081,957					
	e	Government grants (contributions)	1e	17,118					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	10,501					
	g	Noncash contributions included in lines 1a-1f \$		0					
	h	Total. Add lines 1a-1f . . . . . ▶							
Program Service Revenue	2a	Patient Services	Business Code	900099	174,518,578	174,518,578	0	0	
	b	Equity Changes of Unconsolidated orgs		900099	7,059,354	7,059,354	0	0	
	c				0	0	0	0	
	d				0	0	0	0	
	e				0	0	0	0	
	f	All other program service revenue			0	0	0	0	
	g	Total. Add lines 2a-2f . . . . . ▶			181,577,932				
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		5,522,754	0	17,473	5,505,281	
4		Income from investment of tax-exempt bond proceeds . . ▶		0	0	0	0		
5		Royalties . . . . . ▶		0	0	0	0		
6a		(i) Real		(ii) Personal	782,036	0	0	782,036	
		Gross rents		782,036					0
		Less rental expenses		0					0
		Rental income or (loss)		782,036					0
d		Net rental income or (loss) . . . . . ▶							
7a		(i) Securities		(ii) Other	20,073,626	0	0	20,073,626	
		Gross amount from sales of assets other than inventory		5,966,590					14,107,036
		Less cost or other basis and sales expenses		0					0
		Gain or (loss)		5,966,590					14,107,036
d		Net gain or (loss) . . . . . ▶							
8a		Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c) See Part IV, line 18 . . . . .		0	0	0	0		
a								0	
b		Less direct expenses . . . . . b						0	
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 . . . . .		160,756	191,564	-30,808	0	-30,808	
	a								
	b								
b	Less cost of goods sold . . . . . b								
c	Net income or (loss) from sales of inventory . . ▶								
Miscellaneous Revenue			Business Code						
11a	Cafeteria		722100	497,342	0	0	497,342		
b	Child Care		624410	370,971	0	0	370,971		
c	Services Sold		900099	267,042	0	13,632	253,410		
d	All other revenue . . . . .			170,186	0	568	169,618		
e	Total. Add lines 11a-11d . . . . . ▶			1,305,541					
12	Total revenue. See Instructions . . . . . ▶			210,340,657	181,577,932	31,673	27,621,476		

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.				
2	Grants and other assistance to domestic individuals. See Part IV, line 22.	11,814,902	11,814,902		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7	Other salaries and wages.	35,580,478	31,241,548	4,338,930	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	2,019,790	1,771,411	248,379	
9	Other employee benefits.	7,585,359	6,664,184	921,175	
10	Payroll taxes.	2,612,357	2,281,426	330,931	
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	38,495		38,495	
c	Accounting.				
d	Lobbying.	8,575		8,575	
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.)	20,511,936	15,468,141	5,043,795	0
12	Advertising and promotion.	300		300	
13	Office expenses.	1,454,346	1,261,713	192,633	
14	Information technology.	169,883	120,115	49,768	
15	Royalties.				
16	Occupancy.	2,172,300	1,878,790	293,510	
17	Travel.	116,950	76,648	40,302	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	17,223	6,872	10,351	
20	Interest.				
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	6,215,520	5,099,076	1,116,444	
23	Insurance.	602,975	602,975		
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	Medical supplies.	35,494,936	35,494,936		
b	Bad debts.	10,958,479	10,958,479		
c	Intercompany Allocations.	17,965,795		17,965,795	
d	Repairs and maintenance.	1,229,225	1,073,412	155,813	
e	All other expenses.	2,102,644	1,336,304	766,340	0
25	<b>Total functional expenses.</b> Add lines 1 through 24e.	158,672,468	127,150,932	31,521,536	0
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

				(A)		(B)	
				Beginning of year		End of year	
Assets	1	Cash—non-interest-bearing . . . . .		0	1	0	
	2	Savings and temporary cash investments . . . . .		14,102,614	2	68,763,512	
	3	Pledges and grants receivable, net . . . . .		0	3	0	
	4	Accounts receivable, net . . . . .		27,474,574	4	31,142,402	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .			5	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 . . . . .			6	0	
	7	Notes and loans receivable, net . . . . .		43,721	7	69,983	
	8	Inventories for sale or use . . . . .		1,065,535	8	1,687,988	
	9	Prepaid expenses and deferred charges . . . . .		47,375	9	613,165	
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D . . . . .	10a	179,231,969			
	b	Less: accumulated depreciation . . . . .	10b	105,961,373	83,123,090	10c	73,270,596
	11	Investments—publicly traded securities . . . . .		0	11	0	
	12	Investments—other securities. See Part IV, line 11 . . . . .		240,111,902	12	238,216,161	
	13	Investments—program-related. See Part IV, line 11 . . . . .		0	13		
	14	Intangible assets . . . . .		0	14	4,117,356	
	15	Other assets. See Part IV, line 11 . . . . .		15,488,020	15	51,223,972	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		381,456,831	16	469,105,135		
Liabilities	17	Accounts payable and accrued expenses . . . . .		11,173,568	17	11,585,991	
	18	Grants payable . . . . .		0	18	0	
	19	Deferred revenue . . . . .		0	19	2,232,909	
	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 . . . . .		0	23	0	
	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 . . . . .		4,491,429	25	54,000,032	
	26	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		15,664,997	26	67,818,932	
	Net Assets or Fund Balances	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
27		Unrestricted net assets . . . . .		365,787,994	27	401,282,363	
28		Temporarily restricted net assets . . . . .		3,840	28	3,840	
29		Permanently restricted net assets . . . . .		0	29	0	
<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>							
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		<b>Total net assets or fund balances . . . . .</b>		365,791,834	33	401,286,203	
34		<b>Total liabilities and net assets/fund balances . . . . .</b>		381,456,831	34	469,105,135	

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	210,340,657
2	Total expenses (must equal Part IX, column (A), line 25)	2	158,672,468
3	Revenue less expenses Subtract line 2 from line 1	3	51,668,189
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	365,791,834
5	Net unrealized gains (losses) on investments	5	-13,144,353
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	-3,029,467
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	401,286,203

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 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		No
Separate basis Consolidated basis Both consolidated and separate basis			
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	Yes	
Separate basis Consolidated basis Both consolidated and separate basis			
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	

## Additional Data

**Software ID:** 15000238

**Software Version:** 2015v3.0

**EIN:** 47-0376601

**Name:** Saint Francis Medical Center

### Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code	) (Expenses \$	31,787,733	including grants of \$	2,953,725 ) (Revenue \$	45,394,483 )
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All other program service revenue

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

(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			
MICHAEL DEFREECE Secretary/Treasurer	1 0 ..... 11 0	X		X				0	0	0
RICHARD HERINK MD Board Chair	1 0 ..... 11 0	X		X				0	0	0
CLIFF ROBERTSON MD Board Member/CEO CHI Health	1 0 ..... 59 0	X		X				0	1,505,835	179,645
SR Maryanne Stevens RSM VICE CHAIR	1 0 ..... 11 0	X		X				0	0	0
LARRY BUTLER Board Member	1 0 ..... 11 0	X						0	0	0
FR JAMES CLIFTON SJ Board Member	1 0 ..... 11 0	X						0	0	0
GREGORY HEIDRICK Board Member	1 0 ..... 11 0	X						0	0	0
Sister Nadine Heimann Board Member	1 0 ..... 11 0	X						0	0	0
ROBERT LANIK Board Member	1 0 ..... 11 0	X						0	342,925	13,265
MICHAEL ROWAN FACHE Board member/CHI EVP & COO	1 0 ..... 59 0	X						0	3,895,913	57,575





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

(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			
NANCY WALLACE	15 0									
SVP HR CHI HEALTH	45 0				X			0	465,368	36,239
STEVE HOUSTON	18 0									
SVP STRATEGY AND TECHNOLOGY	42 0				X			0	396,238	41,690
MIKE WATTERS	1 0									
VP - SENIOR COUNSEL	59 0				X			0	358,800	32,338
BETH A BARTLETT	40 0									
VP - PATIENT CARE SERVICES	0 0					X		223,347	0	44,057
DAVID A CROSS	40 0									
PHARMACIST	0 0					X		141,965	0	32,445
DALE HARTWIG	40 0									
VP of ANCILLARY SVCS	0 0					X		235,582	0	25,065
ROBERT M NORVELL	40 0									
DIRECTOR, ONCOLOGY SERVICES	0 0					X		141,127	0	44,758
DOUGLAS W RICHLING	40 0									
Director-Pharmacy	0 0					X		144,458	0	45,481
MEHMET COPUR	0 0									
PHYSICIAN DIRECTOR-ONCOLOGY	60 0						X	0	727,715	37,027
JOSHUA GORTEMAKER	0 0									
PHYSICIAN - ANESTHESIA	40 0						X	4,771	439,469	30,752



SCHEDULE A  
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2015

Open to Public Inspection

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](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Saint Francis Medical Center

Employer identification number  
47-0376601

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 . . . . .						<input type="checkbox"/>

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						<input type="checkbox"/>
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						<input type="checkbox"/>
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						<input type="checkbox"/>
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						<input type="checkbox"/>
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						<input type="checkbox"/>

**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
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (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
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <span style="float: right;">► <input type="checkbox"/></span>						

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

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15	<b>16</b>	

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

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

**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 <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	11c	

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 <u>Activities Test</u> <b>Answer (a) and (b) below.</b>		
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 <b>Part VI</b> 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 <b>Part VI</b> 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 <u>Parent of Supported Organizations</u> <b>Answer (a) and (b) below.</b>		
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)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI) _____		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	

Section C - Distributable Amount		Current Year	
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) <input type="checkbox"/>		



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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in Part VI) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
<b>9</b> Distributable amount for 2015 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2015</b>	<b>(iii) Distributable Amount for 2015</b>
<b>1</b> Distributable amount for 2015 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> From 2013. . . . .			
<b>e</b> From 2014. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
<b>i</b> Carryover from 2010 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2015 from Section D, line 7 \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
<b>6</b> Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2016.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b>			
<b>b</b>			
<b>c</b> Excess from 2013. . . . .			
<b>d</b> From 2014. . . . .			
<b>e</b> 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](http://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 Saint Francis Medical Center	Employer identification number 47-0376601
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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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of		
<b>a</b> Volunteers?		No
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No
<b>c</b> Media advertisements?		No
<b>d</b> Mailings to members, legislators, or the public?		No
<b>e</b> Publications, or published or broadcast statements?		No
<b>f</b> Grants to other organizations for lobbying purposes?	Yes	8,575
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		No
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No
<b>i</b> Other activities?		No
<b>j</b> Total Add lines 1c through 1i		8,575
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912		
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912		
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		

**Part III-A**

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

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

**Part III-B**

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

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

**Part IV**

Supplemental Information

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

Return Reference	Explanation
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	The portion of organization dues that are related to lobbying are as follows American Hospital Association - \$1,593 Catholic Health Association - \$968 Grand Island Chamber of Commerce - \$109 Nebraska Hospital Association - \$5,905
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	The portion of organization dues that are related to lobbying are as follows American Hospital Association - \$1,593 Catholic Health Association - \$968 Grand Island Chamber of Commerce - \$109 Nebraska Hospital Association - \$5,905

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](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization  
Saint Francis Medical Center

Employer identification number  
47-0376601

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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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

2

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

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

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

3a

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

(i) unrelated organizations

(ii) related organizations

3a(i)

3a(ii)

Yes

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		861,275		861,275
b Buildings		73,198,138	37,225,784	35,972,354
c Leasehold improvements		0	0	0
d Equipment		99,962,677	65,913,131	34,049,546
e Other		5,209,879	2,822,458	2,387,421
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				73,270,596





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	Saint Francis Medical Center'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 F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No 1545-0047

**2015**

**Open to Public  
Inspection**

► **Complete if the organization answered "Yes" to Form 990,  
Part IV, line 14b, 15, or 16.**  
► **Attach to Form 990.**

► **Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Saint Francis Medical Center

**Employer identification number**

47-0376601

**Part I General Information on Activities Outside the United States.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
( 1 )					
( 2 )					
( 3 )					
( 4 )					
( 5 )					
<b>3a</b> Sub-total	0	0			0
<b>b</b> Total from continuation sheets to Part I	0	0			0
<b>c Totals</b> (add lines 3a and 3b)	0	0			0

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
( 1 )									
( 2 )									
( 3 )									
( 4 )									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . ▶ \_\_\_\_\_

3 Enter total number of other organizations or entities . . . . . ▶ \_\_\_\_\_

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
( 1 )							
( 2 )							
( 3 )							
( 4 )							
( 5 )							
( 6 )							
( 7 )							
( 8 )							
( 9 )							
( 10 )							
( 11 )							
( 12 )							
( 13 )							
( 14 )							
( 15 )							
( 16 )							
( 17 )							
( 18 )							

**Part IV Foreign Forms**

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☒ Yes ☐ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)*

☐ Yes ☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*

☐ Yes ☒ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*

☐ Yes ☒ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*

☐ Yes ☒ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)*

☐ Yes ☒ No

## Additional Data

**Software ID:** 15000238  
**Software Version:** 2015v3.0  
**EIN:** 47-0376601  
**Name:** Saint Francis Medical Center

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### **Part V** Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

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](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization Saint Francis Medical Center	Employer identification number 47-0376601
--	--

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 <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> 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 <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> 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 <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> 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)		3,118	3,940,462	0	3,940,462	2 48 %
b Medicaid (from Worksheet 3, column a)		5,645	12,952,882	9,695,693	3,257,189	2 05 %
c Costs of other means-tested government programs (from Worksheet 3, column b)		0	73,199	54,096	19,103	0 01 %
Total Financial Assistance and Means-Tested Government Programs	0	8,763	16,966,543	9,749,789	7,216,754	4 55 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	20	5,921	553,381	71,778	481,603	0 30 %
f Health professions education (from Worksheet 5)	7	635	819,530	287,342	532,188	0 34 %
g Subsidized health services (from Worksheet 6)	0	0	0	0	0	0 %
h Research (from Worksheet 7)	2	0	558,399	24,224	534,175	0 34 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	12	7,575	605,814	11,052	594,762	0 37 %
j Total. Other Benefits	41	14,131	2,537,124	394,396	2,142,728	1 35 %
k Total. Add lines 7d and 7j	41	22,894	19,503,667	10,144,185	9,359,482	5 90 %



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	1	0	262	0	262	0 %
5Leadership development and training for community members	0	0	0	0	0	0 %
6Coalition building	1	0	55,309	18,672	36,637	0 02 %
7Community health improvement advocacy	0	0	0	0	0	0 %
8Workforce development	3	7	258,296	0	258,296	0 16 %
9Other	0	0	0	0	0	0 %
10Total	5	7	313,867	18,672	295,195	0 19 %

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 amount.

210,958,479

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 benefit.

30

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).

592,926,301

6Enter Medicare allowable costs of care relating to payments on line 5.

665,632,107

7Subtract line 6 from line 5. This is the surplus (or shortfall).

727,294,194

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 VI.

9bYes

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 GRAND ISLAND SURGICAL CENTER LLC	SURGERY	50 %	0 %	50 %
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

## Section A. Hospital Facilities

**1**

See Additional Data Table

[illegible]

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)

SAINT FRANCIS 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
<b>Community Health Needs Assessment</b>		
<b>1</b> Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	<b>1</b>	No
<b>2</b> Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	<b>2</b>	No
<b>3</b> During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	<b>3</b>	Yes
If "Yes," indicate what the CHNA report describes (check all that apply)		
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA 20 <u>15</u>		
<b>5</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	<b>5</b>	Yes
<b>6a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	<b>6a</b>	No
<b>b</b> Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	<b>6b</b>	Yes
<b>7</b> 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)	<b>7</b>	Yes
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>www.chihealth.com/chna</u>		
<b>b</b> <input type="checkbox"/> Other website (list url)		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>8</b> Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	<b>8</b>	Yes
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>16</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website?	<b>10</b>	Yes
<b>a</b> If "Yes" (list url) <u>www.chihealth.com/chna</u>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	<b>10b</b>	No
<b>11</b> Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
<b>12a</b> Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	<b>12a</b>	No
<b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	<b>12b</b>	
<b>c</b> If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

SAINT FRANCIS 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 <div>a <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C) c <input checked="" type="checkbox"/> Asset level d <input checked="" type="checkbox"/> Medical indigency e <input checked="" type="checkbox"/> Insurance status f <input checked="" type="checkbox"/> Underinsurance discount g <input checked="" type="checkbox"/> Residency h <input type="checkbox"/> Other (describe in Section C)</div>	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) <div>a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications e <input type="checkbox"/> Other (describe in Section C)</div>	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) <div>a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>HTTP //WWW.CHIHEALTH.COM/FINANCIAL-ASSISTANCE</u> b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>HTTP //WWW.CHIHEALTH.COM/DOCUMENTS/FINANCIAL_ASSISTANCE_APPLICATION.PDF</u> c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>HTTP //WWW.CHIHEALTH.COM/DOCUMENTS/FINANCIAL_ASSISTANCE_APPLICATION.PDF</u> d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail) e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail) f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail) g <input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility h <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP i <input type="checkbox"/> Other (describe in Section C)</div>	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 <div>a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Actions that require a legal or judicial process d <input type="checkbox"/> Other similar actions (describe in Section C) e <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted</div>			

Part V

Facility Information (continued)

SAINT FRANCIS 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	<input type="checkbox"/> Reporting to credit agency(ies)			
b	<input type="checkbox"/> Selling an individual's debt to another party			
c	<input type="checkbox"/> Actions that require a legal or judicial process			
d	<input type="checkbox"/> 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	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission			
b	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge			
c	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	<input type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	<input type="checkbox"/> Other (describe in Section C)			
f	<input type="checkbox"/> 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	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b	<input type="checkbox"/> The hospital facility's policy was not in writing			
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	<input type="checkbox"/> 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	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	<input checked="" type="checkbox"/> 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? **5**

Name and address	Type of Facility (describe)
<b>1</b> SAINT FRANCIS MEDICAL CENTER ADTC 2116 W FAIDLEY GRAND ISLAND, NE 68803	Outpatient Substance Abuse
<b>2</b> SAINT FRANCIS MEDICAL CENTER ADTC 314 S 14TH ORD, NE 68862	Outpatient Substance Abuse
<b>3</b> SAINT FRANCIS MEDICAL CENTER ADTC 315 S 8TH ST BROKEN BOW, NE 68822	Outpatient Substance Abuse
<b>4</b> SAINT FRANCIS MEDICAL CENTER ADTC 1755 PRARIE VIEW PLACE KEARNEY, NE 68847	Outpatient Substance Abuse
<b>5</b> SFMC SKILLED NURSING FACILITY 2116 W FAIDLEY GRAND ISLAND, NE 68803	Skilled Nursing Facility
<b>6</b>	
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	

**Part VI Supplemental Information**

Provide the following information

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

Form and Line Reference	Explanation
Schedule H, Part I, Line 6b How the community benefit report is made available to the public	Saint Francis produces an annual public community benefit report that is mailed to a core constituency, placed in key places throughout the organization and distributed in community meetings



Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of Community Health	<p>Missouri Valley * Harrison County Home &amp; Public Health-provided funding to Harrison County Home &amp; Public Health (HCHPH) to host a Milk Mob Training (evidence based program) to train community health workers in breastfeeding support Funding also allowed HCHPH to host R E S P E C T program at local school assemblies for elementary-age students to learn to recognize bullies as being in danger of child abuse and neglect in their home, and how to help them as a peer * Healthy Harrison Coalition-provided funding for referrals and vouchers distributed through local agencies such as WIC and West Central Community Action Partnership to families with low access to healthy foods Vouchers offered participating families transportation to the County Farmer's Market, as well as a \$20 voucher for fruits and vegetables * Health professional education * Clinical preceptorships and clinical rotations for healthcare professionals * Administration of nursing preceptorships and clinical rotations * Clinical pastoral education * Scholarships for healthcare education * Academic affiliation with Creighton University and its Health Professions Programs * Physician residency and fellowship programs training more than 230 residents and fellows annually * Research - * Unfunded staff support of the National Cancer Institute Community Oncology Research Program (NCORP) * Unfunded staff support and expenses for National Cancer Institute Community Cancer Centers Program which provided oncology nurse navigators to individuals after discharge beyond expected or standard discharge planning * Financial and in-kind contributions * Corporate sponsorships * Tanzania health ministry * Staff service on health related board and coalitions * Participation in and funding of maternal health, breastfeeding, substance abuse, cancer, diabetes and other community health coalitions * Participation in and sponsorship of mental health coalitions including Kim Foundation, Community Alliance Foundation, Voices for Children, Youth Emergency Service, Project Harmony and El Centro de las Americas * Employee costs of coordinating community events not sponsored by CHI Health * In-kind donations (staff time, space, etc.) supporting grants for Behavioral Health, Telepsych, Community Link and 54321Go! * In-kind donations of meeting room space and staff time for not-for-profit organizations and community groups * Community building activities- * Healthcare career exploration camp-day camp funded by CHI Health for students grades 10 -12 to give them the opportunity to explore a variety of healthcare professions * Presentations to high school students about healthcare careers * Community and economic development including support of local Chambers of Commerce * Strategic planning and consulting services for community * Child safety program- funded staff to participate in grass roots, community based coalition to promote the well-being of children, monthly coalition meets to develop safety/accident prevention activities Includes cost of paid coordinator, car seat safety checks, donation of child safety seats and related costs of providing community education on child safety * Physician recruitment-because Grand Island is designated as a medically underserved area (MUA), staff time was spent recruiting well-qualified healthcare providers to serve the health needs of the community * The primary care and pediatric physician clinics that are part of the parent corporation provide access to care through the system's Financial Assistance Policy and participate in medical student preceptorships that advance the healthcare provider education process * CHI Health has Open Medical staffs * St Francis provides tele-health mental health, which expands access to care for Grand Island residents * CHI Health is a joint venture partner in a not-for-profit Hospice inpatient hospital and provides the management support contract Alegent Creighton Health system is governed by a board of directors primarily comprised of volunteer members of our local community who are leaders in the fields of business, healthcare, accounting and medicine and understand their role in providing strong corporate governance The Alegent Creighton Health hospitals have full-time emergency departments that are open to the public and provide medical screening examinations and stabilizing treatment within the capabilities and capacities of the hospitals regardless of but not limited to the patient's race, color, sex, age, and/or ability to pay The hospitals are in compliance with the federal EMTALA regulations In addition, together with unrelated hospitals in the area, work closely with local fire and rescue departments to ensure that ambulances take patients to the appropriate hospital This is generally the hospital that is closest geographically with exceptions based on patient preference, patient's physician preference, and capacity or the availability of specialized facilities or programs related to</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of Community Health	the patient's condition Finally, the Alegent Creighton Health hospitals maintain detailed procedures regarding when and under what circumstances a patient can be transferred Under this policy, no patient will be transferred based on race, creed, religion or ability to pay

Form and Line Reference	Explanation
Schedule H, Part I, Line 3c Eligibility criteria for free or discounted care	<p>WHEN CATHOLIC HEALTH INITIATIVES (THE ULTIMATE PARENT ORGANIZATION TO SAINT FRANCIS MEDICAL CENTER) ESTABLISHED ITS FINANCIAL ASSISTANCE POLICY IT WAS DETERMINED THAT ESTABLISHING A HOUSEHOLD INCOME SCALE BASED ON THE HUD VERY LOW INCOME GUIDELINES MORE ACCURATELY REFLECTS THE SOCIOECONOMIC DISPERSIONS AMONG URBAN AND RURAL COMMUNITIES IN 18 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 FPG. SAINT FRANCIS MEDICAL CENTER BASES ITS FINANCIAL ASSISTANCE ELIGIBILITY ON HUD'S 130% OF VERY LOW INCOME GUIDELINES 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. AN INDIVIDUAL'S INCOME UNDER THE HUD GUIDELINES IS A SIGNIFICANT FACTOR IN DETERMINING ELIGIBILITY FOR FINANCIAL ASSISTANCE. HOWEVER, IN DETERMINING WHETHER TO EXTEND DISCOUNTED OR FREE CARE TO A PATIENT, THE PATIENT'S ASSETS MAY ALSO BE TAKEN INTO CONSIDERATION. FOR EXAMPLE, A PATIENT SUFFERING A CATASTROPHIC ILLNESS MAY HAVE A REASONABLE LEVEL OF INCOME, BUT A LOW LEVEL OF LIQUID ASSETS SUCH THAT THE PAYMENT OF MEDICAL BILLS WOULD BE SERIOUSLY DETRIMENTAL TO THE PATIENT'S BASIC FINANCIAL (AND ULTIMATELY PHYSICAL) WELL-BEING AND SURVIVAL. SUCH A PATIENT MAY BE EXTENDED DISCOUNTED OR FREE CARE BASED UPON THE FACTS AND CIRCUMSTANCES.</p>

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 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 Worksheet 2 to compute the cost-to-charge ratio. The cost-to-charge ratio covers all patient segments.

Form and Line Reference	Explanation
Schedule H, Part II Community Building Activities	<p>CHI Health has a history of centralized community benefit investments, as well as hospital specific investments that address community health needs which include support of local health coalitions, investments in partnerships and programs that address top community health needs, participation in local committees and boards tied to top health needs, and investments in many other ways as described in other areas of the Schedule H narrative. Below are specific examples of work that falls within the definition of community building activities. These activities are critical in helping build social, health, and economic opportunities in our community that ultimately drive health status and quality of life for our residents.</p> <ul style="list-style-type: none"> <li>* Workforce development-the following activities work to strengthen the community's capacity to promote the health and well-being of our residents by driving entry into healthcare careers</li> <li>* Healthcare career exploration camp-day camp funded by CHI Health for students grades 10-12 to give them the opportunity to explore a variety of healthcare professions</li> <li>* Presentations to high school students about healthcare careers</li> <li>* Community and economic development including support of local Chambers of Commerce</li> <li>* Strategic planning and consulting services for community partners to build capacity to address health and social needs of the community</li> <li>* Child safety program- funded staff to participate in grass roots, community based coalition to promote the well-being of children, monthly coalition meets to develop safety/accident prevention activities. Includes cost of paid coordinator, car seat safety checks, donation of child safety seats and related costs of providing community education on child safety</li> <li>* Physician recruitment-because Grand Island is designated as a medically underserved area (MUA), staff time was spent recruiting well-qualified healthcare providers to serve the health needs of the community</li> </ul>

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 organization's cost/charge ratio of 36.26%. 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	BAD DEBT ESTIMATES ARE NOT INCLUDED IN COMMUNITY BENEFIT



Form and Line Reference	Explanation
Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote	<p>Saint Francis Medical Center 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, taking into consideration historical business and economic conditions, trends in health care coverage, and other collection indicators. Management routinely assesses the adequacy of the allowance 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 balances with collection agencies, subject to the terms of certain restrictions on collection efforts as determined by each facility. The provision for bad debts is presented on the consolidated statements of operations as a deduction from patient services revenues (net of contractual allowances and discounts) since CHI accepts and treats substantially all patients without regard to the ability to pay."</p>

Form and Line Reference	Explanation
Schedule H, Part III, Line 8 Community benefit & methodology for determining medicare costs	<p>TO FIGURE MEDICARE COSTS THE MEDICARE GROSS REVENUE (FROM THE FINANCIALS) IS MULTIPLIED BY COST-TO-CHARGE RATIO DERIVED FROM WORKSHEET 2 THIS IS THEN SUBTRACTED FROM THE NET MEDICARE REVENUE (ALSO, FROM THE FINANCIALS) TO COME UP WITH THE SHORTFALL 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</p> <p>Total Medicare Revenue \$92,926,301 Total Medicare costs \$65,632,107 Surplus (or Shortfall) \$27,294,194 Saint Francis Medical Center 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 " Medicare losses are different from Medicaid losses, which are counted in the CHA community benefit framework, because Medicaid reimbursements generally do not receive the level of attention paid to Medicare reimbursement Medicaid payment is largely driven by what states can afford to pay, and is typically substantially less than what Medicare pays</p>

Form and Line Reference	Explanation
<p>Schedule H, Part III, Line 9b Collection practices for patients eligible for financial assistance</p>	<p>Saint Francis Medical Center's debt collection policy provides that Saint Francis Medical Center will perform a reasonable review of each inpatient account prior to turning an account over to a third-party collection agent and prior to instituting any legal action for non-payment, to assure that the patient and patient guarantor are not eligible for any assistance program (e g Medicaid) and do not qualify for coverage through Saint Francis Medical Center community assistance policy After having been turned over to a third-party collection agent, any patient account that is subsequently determined to meet the Saint Francis Medical Center community assistance policy is required to be returned immediately by the third-party collection agent to Saint Francis Medical Center for appropriate follow-up Saint Francis Medical Center requires 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 financial assistance 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</p>

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16a FAP website	- SAINT FRANCIS MEDICAL CENTER Line 16a URL HTTP //WWW CHIHEALTH COM/FINANCIAL-ASSISTANCE,

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16b FAP Application website	- SAINT FRANCIS MEDICAL CENTER Line 16b URL HTTP //WWW CHIHEALTH COM/DOCUMENTS/FINANCIAL_ASSISTANCE_APPLICATION PDF,

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16c FAP plain language summary website	- SAINT FRANCIS MEDICAL CENTER Line 16c URL HTTP //WWW CHIHEALTH COM/FINANCIAL-ASSISTANCE,

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	<p>The process of identifying the community health needs in Hall, Hamilton and Merrick Counties served by Saint Francis focused on the use of data and community input. The process included:</p> <ul style="list-style-type: none"><li>* A quantitative data review and analysis of health needs of the community including information on disease prevalence, health indicators, health equity, and mortality. Indicators were selected to align with national benchmarks.</li><li>* The data was reviewed by the Data Steering Committee, made up of community partners, including review of previous data to analyze trends and comparison to like counties and other benchmarks (e.g., Healthy People 2020) to help prioritize significant health issues.</li><li>* Community Engagement Sessions were held in Hall, Merrick and Hamilton County. Following the community engagement process, Saint Francis's CBAT reviewed the methods and findings to confirm hospitals' implementation strategy plan. Saint Francis presented the identified community health needs to their Patient and Family Advisory Committee for input and validation.</li></ul> <p>Summary of Assessment Findings: Prior to the community engagement session, the Data Steering Committee met to review the data and select top "Areas of Opportunity." These areas were selected based on consideration of various criteria, including standing in comparison with benchmark data, identified trends, and the magnitude of the issue in terms of the number of persons affected. The following issues were identified to be presented at the Community Engagement Sessions:</p> <ul style="list-style-type: none"><li>Behavioral Health/Mental Health</li><li>Injury and Violence</li><li>Obesity</li><li>Maternal, Infant, and Child Health</li><li>Access to Health Care</li><li>Substance Abuse</li></ul> <p>At the community engagement session, described above, participants were asked to vote for their top health needs. As part of the discussion, the community added "culture of health" to the priority list in addition to the issues listed above. Taking into consideration the quantitative data review and analysis of health needs of the community, stakeholder's prioritized the health issues using the following set of criteria: size, seriousness, trends, equity, Intervention, values, resources, Impact on a key social.</p> <p>* Behavioral Health/Mental Health * Substance Abuse * Culture of Health * Maternal, Infant, and Child Health * Injury and Violence * Access to Health Care * Obesity</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 3 Patient education of eligibility for assistance	<p>Notices are posted (in English &amp; Spanish) at all registration areas stating that a Community Assistance Program ("CAP") is available</p> <p>1 When a patient presents for services at Saint Francis, and the insurance listed on the account is Self-pay (SP) a CAP application automatically prints with the patient's paperwork</p> <p>1a If the patient is receiving a service that is billable by Saint Francis, they will be given this CAP application and have explained to them what the application is for, how to complete it and whom to contact if they have further questions about what is required to complete the application</p> <p>2 When a patient presents for a service/s that is billable by Saint Francis, has insurance coverage and in any way expresses a concern on how they're going to pay their co-pay/deductible/non covered expenses etc a CAP application will be printed off and explained to them what the application is for, how to complete it and whom to contact if they have further questions about what is required to complete the application</p> <p>3 A CAP application can be printed at any time If someone requests an application, staff may print one from the system, or use a pre-printed blank application</p>



Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community information	<p>For the purpose of the 2016 CHNA and future implementation strategy, Saint Francis defined the communities served as Hall, Hamilton and Merrick counties in Nebraska. These counties include the primary service area and portions of the secondary service area for Saint Francis, thus covering between 75% - 90% of patients served by the hospital. This definition was confirmed by an interdisciplinary team from the hospital [Community Benefit Action Team (CBAT)] and aligns with a shared definition agreed upon with community partners and the local health department, Central District Health Department (CDHD).</p> <p><b>Specific County Information</b></p> <p><b>Hall County</b> Between 2010 and 2014, Hall County's population increased by 4.9% or from 58,607 people to 61,492 people. The number of persons from 15 to 24 years of age changed from 7,418 in 2010 to 8,072 in 2014, an increase of 8.8%. Between 2010 and 2014, the White population increased by 3.8%, while the Black population increased by 36.3%. The Hispanic population of any race changed from 13,653 to 15,912, an increase of 16.5%. Median Household Income is \$49,178. Persons in Poverty is 14.7%. Children in Poverty is 19%. Unemployment Rate was 3.8%. High School Graduation Rates was 90%. Some College is 52%. Percent of Population under 65 without insurance is 22%. Percent of Uninsured Children was 7%.</p> <p><b>Hamilton</b> Between 2010 and 2014, Hamilton County showed nearly no growth in population size (0.1%). Between 2010 and 2014, the White population decreased by 0.7%, while the Black population increased by 73.7%. The Hispanic population of any race changed from 181 to 269, an increase of 48.6%. Median Household Income is \$58,382. Persons in Poverty is 6.9%. Children in Poverty is 10%. Unemployment Rate was 2.9%. High School Graduation Rates was 94%. Some College is 76%. Percent of Population under 65 without insurance is 11%. Percent of Uninsured Children was 7%.</p> <p><b>Merrick</b> Between 2010 and 2014, Merrick County's population decreased by 1.0%, or from 7,845 people to 7,766 people. Between 2010 and 2014, the White population decreased by 2.0%, while the Black population increased by 63.6%. The Hispanic population of any race changed from 271 to 313, an increase of 15.5%. Median Household Income is \$49,637. Persons in Poverty is 10.4%. Children in Poverty is 15%. Unemployment Rate was 3.7%. High School Graduation Rates was 92%. Some College is 70%. Percent of Population under 65 without insurance is 17%. Percent of Uninsured Children is 6%.</p>

Form and Line Reference	Explanation
<p>Schedule H, Part VI, Line 5 Promotion of community health</p>	<p>CHI Health has a history of centralized community benefit and hospital specific community benefit investments to address community health needs of the particular service area. Exam ples of how CHI Health furthers its exempt purpose by promoting the health of the communit y include:</p> <ul style="list-style-type: none"> <li>* Financial Assistance and Unpaid costs of Medicaid</li> <li>* Community health improvement services -</li> <li>* Community education, classes and programs (infant care, breastfeeding, car seat safety checks, community behavioral health support, diabetes, cancer, physical activ ity and healthy eating and cooking)</li> <li>* Support groups (alcohol &amp; drug, breastfeeding, diabe tes, cancer, bereavement, youth, etc )</li> <li>* Community health fairs and screenings</li> <li>* Parish nu rsing program and faith community outreach</li> <li>* School based healthcare services</li> <li>* Healthy Fa milies-this program is a free, 8-week health and nutrition program for families with a chi ld between the ages of 4-18 who has been identified in the top 85th percentile of body mas s index. This program invites the whole family to participate in learning about physical a ctivity, eating healthy, and setting realistic goals as a family.</li> <li>* Childcare-provided the Nutrition &amp; Physical Activity Self-Assessment in Child Care (NAP SACC) Learning Collabora tive for child care programs in Douglas, Sarpy and Cass Counties in Nebraska. Ten child ca re programs sent a total of 30 providers through a series of five workshops to learn about best practices for teaching healthy eating and physical activity habits to young children.</li> <li>* Breastfeeding-provided funding and planning support to host a 5 day training in York, NE for clinic and community healthcare workers to obtain their Certified Lactation Counsel or (CLC) designation. CHI Health also provided funds towards the planning of a continuing education event (Beyond Best Practices: Creating a Supportive Environment for Breastfeedin g Parents) for clinic and hospital professionals (nurses, medical assistants, dieticians, health coaches/navigators and providers) in addition to support for an online course calle d Breastfeeding the NICU Infant for hospital-based NICU nursing staff. Eighty professional s were enrolled in February of 2016.</li> <li>* Provided counseling and assistance in enrolling in dividuals in means tested insurance programs to improve access to care.</li> <li>* Provided free tem porary housing to low income, out-of-town patients with special needs as well as their fam ilies.</li> <li>* Subsidized low income patients' care post-discharge at Ambassador Health in Linco ln, NE. The skilled nursing and therapy staff, focus on transitioning patients safely home from the hospital. Whether it's a planned surgery, an unexpected illness or a traumatic i njury, Ambassador Health provides in-patient physical, occupational, speech and respirator y therapy using a team-based approach focused on total-body wellness.</li> <li>* Subsidized low inc ome, non-patient outpatient dialysis treatments in the community to give them the care tha t they require.</li> <li>* Provide support to health coalitions and investments in social and enviro nmental improvement strategies. These are programs, activities and partnerships that impro ve the health of persons in the community by addressing the determinants of health, which includes the social, economic and physical environment. See specific examples by community below: Omaha/Council Bluffs Metro</li> <li>* Hope Medical Outreach Coalition-Board service and ann ual operating subsidy. CHI Health hospitals and physicians are one of three health systems that provide access for the patients of three area federally qualified healthcare centers to specialty physician services and hospital based diagnostics and treatment that are ab le to afford medical services.</li> <li>* Metro Area Continuum of Care for the Homeless-Board serv ice and financial support to this coalition addressing homelessness in the service area.</li> <li>* Live Well Omaha-a coalition founded by Alegent Creighton Health (now CHI Health) and the county health department that serves as convener of business, healthcare and community lea ders to review health trends and catalyze community action to address health issues.</li> <li>* Liv e Well Omaha Kids-a community coalition using a collective impact approach to address chil dhood obesity.</li> <li>* African American Empowerment Network- Support of the Step Up summer jobs program a workforce development initiative serving a typically low-income part of the comm unity.</li> <li>* Community Link-a partnership with Catholic Health Initiatives to improve the heal th and socioeconomic status of patients by assessing and treating their non-medical needs and barriers, which are important factors of their health.</li> <li>* Violence Prevention-a partner ship with Catholic Health Initiatives, Women's Center for Advancement and Creighton Univer sity to implement a campus based violence prevention program known as "Green Dot".</li> <li>* Toget her, Inc - provided funds to support the newly developed homeless case management project to be housed out of the CUMC emergency department.</li> </ul>

Form and Line Reference	Explanation
<p>Schedule H, Part VI, Line 5</p> <p>Promotion of community health</p>	<p>and then at University Campus. The program will connect high utilizers of the emergency department, who are identified as homeless, with a case manager who will then assist them in finding sustainable housing and accessing other resources associated with social determinants of health.</p> <ul style="list-style-type: none"> <li>* YMCA-provided support of the Omaha Metro YMCA's Strong Community Campaign to provide for youth programming, medically based wellness, and youth and family memberships for low-income community members.</li> <li>* Pottawattamie County Development-provided support for the administration and delivery of The Big Garden project serving families identified by local healthcare agencies as needing support to access healthy foods at low cost. The program builds the family's skill for self-sustaining a garden and year-round preparation, planning, care, and harvest in a personal garden.</li> <li>* Project Extra Mile-provided funding for the evaluation of a clinic based Screening, Brief Intervention &amp; Referral to Treatment (SBIRT) program that was piloted at the CHI Health 161st and Maple clinic, then implemented at the 132nd &amp; West Center CHI Health Clinic, Lincoln.</li> <li>* Partnership for a Healthy Lincoln-provided financial and partnership support as part of the community health improvement plan to PHL, a non-profit health coalition dedicated to improving the health, wellness, and fitness of all those in our community.</li> <li>* Clinic with a Heart-in addition to staffing free clinics each month, provided financial support for infrastructure and program implementation to this free clinic serving the uninsured and underinsured.</li> <li>Kearney * Buffalo County Community Health Partners-provided financial support and leadership to this health coalition that is a county-wide effort to address the leading health issues in the county.</li> <li>* Be Well   Buffalo County Program-provided funding that supported establishment of Be Well coalition to advocate for a healthy community culture through infrastructure, education and programs to support healthy choices.</li> <li>Grand Island * Third City Community Clinic-provided funding to support the Access to Healthcare project which aims to be proactive in the treatment and management of chronic disease in low-income and minority patients to 1) ensure a better quality of life for the patient 2) minimize their emergency room visits and hospital admissions to reduce costs to the patients and the healthcare provider(s).</li> <li>Nebraska City * People United for Families-provided financial support for Partners for Otoe County, a non-profit organization dedicated to building a healthy community where every child and family thrives.</li> <li>P4OC collaborates with individuals, organizations, local businesses, institutions, and agencies to take responsibility for improving the health and quality of life in our community.</li> <li>* Growing Great Kids-provided support for this program, which is a program housed out of Southeast District Health Department (SEDHD). The program provides home visiting services delivered by nursing staff, for families at risk for adverse childhood experiences during the prenatal to age 3 timeframe, to offer support in the prenatal time period as well as parenting support and resources as baby grows.</li> </ul>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	<p>CHI Health Saint Francis, along with its affiliated outpatient facilities, are part of Catholic Health Initiatives. Catholic Health Initiatives (CHI) is a national faith-based nonprofit health care organization with headquarters in Englewood, Colorado. 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 serves as the parent corporation of its MBOs which are comprised of 104 hospitals, including four academic medical centers, and 30 critical access facilities, community health service organizations, accredited nursing colleges, home health agencies, and other facilities that span the inpatient and outpatient continuum of care. Together, these facilities provided \$1.1 billion in financial assistance and community benefit in the 2016 fiscal year, including services for the poor, free clinics, education and research. 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. CHI Health Saint Francis operates with its wholly owned affiliates and community partners, along with its fundraising arm, the CHI Health Saint Francis Foundation, to serve the health care needs of the Grand Island, Nebraska communities.</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 7 State filing of community benefit report	N E

**Schedule H (Form 990) 2015**

Additional Data

Software ID: 15000238  
Software Version: 2015v3.0  
EIN: 47-0376601  
Name: Saint Francis Medical Center

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?  
1

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	SAINT FRANCIS MEDICAL CENTER 2620 W FAIDLEY GRAND ISLAND, NE 68803 chihealthstfrancis.org State License Numbers 37001 and LTCH014	X	X				X			

# 2015

47-0376601

## Schedule I (Form 990) 2015



Part IIIGrants 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) Financial Assistance	3118		11,814,902	Book	Reduction or Write-Off of Patient Services

Part IVSupplemental 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 II assistance to individuals	SAINT FRANCIS MEDICAL CENTER RECOGNIZES THE RIGHT TO QUALITY HEALTHCARE REGARDLESS OF AGE, SEX, RACE, RELIGION, NATIONAL ORIGIN, OR ABILITY TO PAY. BUSINESS OFFICE STAFF HELPS PATIENTS SEEK LOCAL, STATE, AND FEDERAL REIMBURSEMENT AT NO CHARGE WHEN NO OTHER SOURCE OF PAYMENT IS AVAILABLE. FINANCIAL ASSISTANCE IS PROVIDED TO PATIENTS WITH DEMONSTRATED INABILITY TO PAY FOR MEDICALLY NECESSARY SERVICES. THESE FUNDS ARE DIRECTLY USED TO OFFSET THE PATIENTS' ACCOUNTS RECEIVABLE.
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds	GRANTS ARE TO COMPANIES AND COMMUNITY ORGANIZATIONS WHO ENGAGE IN ACTIVITIES THAT BENEFIT THE COMMUNITY AT LARGE. NO CONSIDERATION IS RECEIVED IN EXCHANGE FOR THESE CONTRIBUTIONS, AS THEY ARE CONSIDERED TO BE A GIFT TO BE USED BY THE RECIPIENT IN ACCORDANCE WITH THEIR CHARITABLE PURPOSE. AS SUCH, USE OF THE FUNDS GIVEN TO THE GRANTEE IS NOT MONITORED BEYOND THE DISTRIBUTION. SAINT FRANCIS MEDICAL CENTER RELIES ON THOSE ORGANIZATIONS TO USE THE GRANTS IN ACCORDANCE WITH EACH ORGANIZATION'S EXEMPT PURPOSE.

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](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization  
Saint Francis Medical Center

Employer identification number  
47-0376601

Part I Questions Regarding Compensation

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

**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 3 Arrangement used to establish the top management official's compensation	Compensation for the top management official was established and paid 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 4a Severance or change-of-control payment	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 THE FOLLOWING REPORTABLE INDIVIDUALS RECEIVED SEVERANCE PAYMENTS FROM CATHOLIC HEALTH DURING THE 2015 CALENDAR YEAR, AND THESE SEVERANCE PAYMENTS WERE INCLUDED IN THE INDIVIDUAL'S W-2 INCOME AND REPORTABLE COMPENSATION ON SCHEDULE J ROBERT LANIK - \$344,861
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/PRESIDENTS AND OTHER CHI EMPLOYEES AT THE LEVEL OF SENIOR VICE PRESIDENT AND ABOVE THE FOLLOWING REPORTABLE INDIVIDUALS WERE ELIGIBLE TO PARTICIPATE IN THAT PLAN JEANETTE WOJTALEWICZ CLIFF ROBERTSON MICHAEL ROWAN Daniel McElligott DURING 2015 THE FOLLOWING CONTRIBUTIONS WERE MADE BY CHI TO THE DEFERRED COMPENSATION PLAN JEANETTE WOJTALEWICZ - \$44,617 CLIFF ROBERTSON - \$124,000 DURING 2015 THE FOLLOWING DISTRIBUTIONS WERE MADE BY CHI FROM THE DEFERRED COMPENSATION PLAN CLIFF ROBERTSON - \$65,659 MICHAEL ROWAN - \$242,516 Daniel McElligott - \$36,554 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 MICHAEL ROWAN - \$313,628 Daniel Mcelligott - \$31,509
Schedule J, Part I, Line 7 Non-fixed payments	CATHOLIC HEALTH INITIATIVES (CHI) MAINTAINS A VARIABLE PAY PROGRAM FOR MANAGERS AND ABOVE THAT PUTS A CERTAIN AMOUNT OF COMPENSATION AT RISK AWARDS OF INCENTIVE COMPENSATION UNDER THE VARIABLE PAY PROGRAM ARE MADE BASED UPON ACHIEVEMENT OF ORGANIZATIONAL OBJECTIVES INCLUDING FINANCIAL OUTCOMES, QUALITY IMPROVEMENT, AND OTHER MEASURES AS DETERMINED ANNUALLY BY THE BOARD OF STEWARDSHIP TRUSTEES HOWEVER, ELIGIBLE AWARDS PAYABLE UNDER THIS PROGRAM ARE DEPENDENT ON HITTING MINIMUM LEVELS OF OPERATING MARGIN AND CHARITY CARE LEVELS, UNLESS THE HR COMMITTEE OF THE BOARD OF STEWARDSHIP TRUSTEES USES THEIR DISCRETION TO APPROVE AN EXCEPTION

Additional Data

Software ID: 15000238  
Software Version: 2015v3.0  
EIN: 47-0376601  
Name: Saint Francis Medical Center

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				
1CLIFF ROBERTSON MD Board Member/CEO CHI Health	(i)	0	0	0	0	0	0	0
	(ii)	790,178	500,149	215,508	139,775	-	-	65,659
						39,870	1,685,480	
1MARTIN M MANCUSO MD Board Member	(i)	0	0	0	0	0	0	0
	(ii)	149,719	0	3,007	10,455	-	-	0
						6,215	169,396	
2ROBERT LANIK Board Member	(i)	0	0	0	0	0	0	0
	(ii)	1	0	342,924	6,636	-	-	0
						6,632	356,193	
3MICHAEL ROWAN FACHE Board member/CHI EVP & COO	(i)	0	0	0	0	0	0	0
	(ii)	1,273,340	1,763,164	859,409	15,775	-	-	242,516
						41,802	3,953,490	
4AMY L MCGAHA md BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	263,705	0	65	13,149	-	-	0
						1,053	277,972	
5JOAN NEUHAUS  CHIEF OPERATIONS OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	597,348	324,078	193,608	17,075	-	-	0
						27,287	1,159,396	
6CARY WARD MD CHIEF MEDICAL OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	440,912	65,962	127,217	15,775	-	-	0
						37,426	687,292	
7JEANETTE WOJTALEWICZ CFO CHI Health	(i)	0	0	0	0	0	0	0
	(ii)	516,339	229,990	127,687	60,392	-	-	0
						22,464	956,872	
8DONNA SANDERS  VP of Mission and Community Outreach	(i)	0	0	0	0	0	0	0
	(ii)	165,738	13,057	9,892	10,708	-	-	0
						5,708	205,103	
9LISA WEBB VP of FINANCE	(i)	0	0	0	0	0	0	0
	(ii)	225,209	15,896	43,973	14,302	-	-	0
						35,001	334,381	
10DANIEL MCELLIGOTT PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	352,161	53,706	113,340	15,775	-	-	36,554
						20,324	555,306	
11NANCY WALLACE SVP HR CHI HEALTH	(i)	0	0	0	0	0	0	0
	(ii)	338,407	42,780	84,181	15,039	-	-	0
						21,200	501,607	
12STEVE HOUSTON SVP STRATEGY AND TECHNOLOGY	(i)	0	0	0	0	0	0	0
	(ii)	293,673	36,655	65,910	16,442	-	-	0
						25,248	437,928	
13MIKE WATTERS VP - SENIOR COUNSEL	(i)	0	0	0	0	0	0	0
	(ii)	236,217	31,846	90,737	15,688	-	-	0
						16,650	391,138	
14MEHMET COPUR PHYSICIAN DIRECTOR-ONCOLOGY	(i)	0	0	0	0	0	0	0
	(ii)	721,917	0	5,798	15,775	-	-	0
						21,252	764,742	
15JOSHUA GORTEMAKER PHYSICIAN - ANESTHESIA	(i)	0	4,771	0	0	0	4,771	0
	(ii)	411,225	25,000	3,244	15,652	-	-	0
						15,100	470,221	
16RYAN RAMAEKERS PHYSICIAN - ONCOLOGY	(i)	0	0	0	0	0	0	0
	(ii)	429,263	43,268	2,752	15,775	-	-	0
						9,912	500,970	
17TRACI RAUCH MD MED DIRECTOR-ANES	(i)	0	0	0	0	0	0	0
	(ii)	454,883	25,000	3,013	15,745	-	-	0
						32,018	530,659	
18BETH A BARTLETT VP - PATIENT CARE SERVICES	(i)	181,018	12,177	30,152	11,502	32,555	267,404	0
	(ii)	0	0	0	0	-	-	0
						0	0	
19DAVID A CROSS PHARMACIST	(i)	136,657	0	5,308	7,575	24,870	174,410	0
	(ii)	0	0	0	0	-	-	0
						0	0	

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				
21DALE HARTWIG VP of ANCILLARY SVCS	(i)	7,972	0	227,610	8,787	16,278	260,647	0
	(ii)	0	0	0	0	0	0	0
1ROBERT M NORVELL DIRECTOR, ONCOLOGY SERVICES	(i)	135,763	4,130	1,234	8,515	36,243	185,885	0
	(ii)	0	0	0	0	0	0	0
2DOUGLAS W RICHLING Director-Pharmacy	(i)	140,149	4,141	168	8,517	36,964	189,939	0
	(ii)	0	0	0	0	0	0	0

**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](http://www.irs.gov/form990).

OMB No 1545-0047

**2015**

**Open to Public  
Inspection**

Name of the organization Saint Francis Medical Center	Employer identification number  47-0376601
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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 4d Description of other program services	(Expenses \$ 31,787,733 including grants of \$ 2,953,725)(Revenue \$ 45,394,483) All other program service revenue



Return Reference	Explanation
Form 990, Part V, Line 1c Compliance with backup withholding rules	PAYMENTS TO VENDORS FOR ENTITIES THAT ARE PART OF CATHOLIC HEALTH INITIATIVES (CHI) ARE MADE BY CHI THEREFORE NO FORM 1099S ARE ISSUED BY St Francis Medical Center CHI FILES THE FORM 1099S AND COMPLIES WITH THE BACKUP WITHHOLDING RULES FOR REPORTABLE PAYMENTS TO VENDORS AND GAMING WINNINGS THE 1099S ISSUED BY CHI ON BEHALF OF St Francis Medical Center ARE REPORTED TO THE IRS

Return Reference	Explanation
Form 990, Part VI, Line 16b FORMAL POLICIES CONCERNING PARTICIPATION IN JOINT VENTURES	SAINT FRANCIS MEDICAL CENTER 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 ARM'S-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 USED TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	<p>Compensation for the top management official was established and 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. For other members of management who were paid under CHI Health for calendar year 2015, CHI Health completes a compensation market study to determine salary.</p>

Return Reference	Explanation
Form 990, Part VI, Line 1a EXECUTIVE COMMITTEE COMPOSITION AND AUTHORITY	PURSUANT TO SECTION 8 1 OF THE CORPORATION'S BYLAWS, COMMITTEES, SUCH AS THE EXECUTIVE COMMITTEE, THAT ARE GRANTED THE AUTHORITY TO ACT ON BEHALF OF THE BOARD OF DIRECTORS MAY INCLUDE ONLY DIRECTORS OF THE CORPORATION

Return Reference	Explanation
Form 990, Part VI, Line 6 Classes of members or stockholders	THE ORGANIZATION'S SOLE CORPORATE MEMBER IS CHI NEBRASKA, A NEBRASKA NONPROFIT CORPORATION

Return Reference	Explanation
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	IN ACCORDANCE WITH THE ORGANIZATION'S CORPORATION BY LAWS, THE SOLE CORPORATE MEMBER MAY UNILATERALLY APPOINT ONE OR MORE INDIVIDUALS TO THE ORGANIZATION'S BOARD OF DIRECTORS

Return Reference	Explanation
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	THE ORGANIZATION'S CORPORATE MEMBER IS CHI NEBRASKA. PURSUANT TO SECTION 5.4.1 OF THE ORGANIZATION'S BYLAWS, CHI NEBRASKA, AND CATHOLIC HEALTH INITIATIVES (CHI NEBRASKA'S SOLE CORPORATE MEMBER) ("CHI") HAVE THE SPECIFIC RIGHTS SET FORTH IN THE GOVERNANCE MATRIX. PURSUANT TO THE GOVERNANCE MATRIX, THE FOLLOWING RIGHTS ARE RESERVED TO THE CHI NEBRASKA BOARD DIRECTLY OR THROUGH POWERS DELEGATED TO THE CHI NEBRASKA CHIEF EXECUTIVE OFFICER: -SUBSTANTIAL CHANGE IN THE MISSION OR PHILOSOPHY OF SAINT FRANCIS MEDICAL CENTER -AMENDMENT OF THE CORPORATE DOCUMENTS OF SAINT FRANCIS MEDICAL CENTER - APPROVE MEMBERS OF SAINT FRANCIS MEDICAL CENTER'S BOARD -REMOVAL OF A MEMBER OF THE GOVERNING BODY OF SAINT FRANCIS MEDICAL CENTER -APPROVAL OF ISSUANCE OF DEBT BY SAINT FRANCIS MEDICAL CENTER - APPROVAL OF PARTICIPATION OF SAINT FRANCIS MEDICAL CENTER IN A JOINT VENTURE -APPROVAL OF FORMATION OF A NEW CORPORATION BY SAINT FRANCIS MEDICAL CENTER -APPROVAL OF A MERGER INVOLVING SAINT FRANCIS MEDICAL CENTER -APPROVAL OF THE SALE OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF SAINT FRANCIS MEDICAL CENTER -TO REQUIRE THE TRANSFER OF ASSETS BY THE SAINT FRANCIS MEDICAL CENTER TO CHI TO ACCOMPLISH CHI'S GOALS AND OBJECTIVES, AND TO SATISFY CHI DEBTS -ADOPTION OF LONG RANGE AND STRATEGIC PLANS FOR SAINT FRANCIS MEDICAL CENTER. PURSUANT TO SECTION 5.5.2 OF THE ORGANIZATION'S BYLAWS, CHI MAY, IN EXERCISE OF ITS APPROVAL POWERS, GRANT OR WITHHOLD APPROVAL IN WHOLE OR IN PART, OR MAY, IN ITS COMPLETE DISCRETION, AFTER CONSULTATION WITH 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	Following the preparation of the form 990 by tax analysts of Catholic Health Initiatives, a related organization, the return is reviewed by the CHI tax director and the local chief financial officer. After incorporation of any changes resulting from this review, the form 990 is reviewed at the finance committee meeting and the chief financial officer and CHI tax director are present at the meeting to answer questions. Additionally, the board of directors are provided the final form 990 and related schedules to review and are able to ask the chief financial officer and tax director questions prior to filing with the IRS. Upon chief financial officer approval and signature, the tax analyst files the final form 990 as presented to the board and finance committee, making any non-substantive changes necessary in order 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	<p>ALL BOARD MEMBERS, OFFICERS, DIRECTORS AND OTHER MEMBERS OF MANAGEMENT OF SAINT FRANCIS MEDICAL CENTER WILL COMPLETE THE "AGREEMENT TO DISCLOSE CONFLICT OF INTEREST AND MAINTAIN CONFIDENTIALITY OF INFORMATION" FORM UPON ASSUMING OFFICE OR EMPLOYMENT, AND ANNUALLY THEREAFTER IF A POTENTIAL CONFLICT OF INTEREST ARISES BETWEEN ANNUAL DISCLOSURE DATES. THE INDIVIDUAL WILL IMMEDIATELY DISCLOSE RELEVANT INFORMATION TO THE CHIEF EXECUTIVE OFFICER OF SAINT FRANCIS MEDICAL CENTER. BOARDS OF ALL CATHOLIC HEALTH INITIATIVES INSTITUTIONS REQUIRE EACH INSTITUTION TO APPROVE A CONFLICT OF INTEREST POLICY WHICH SHALL NOT BE INCONSISTENT WITH THE CHI CONFLICT OF INTEREST POLICY. THE "POLICY REGARDING CONFLICTS OF INTEREST FOR OFFICERS AND DIRECTORS" FOR SAINT FRANCIS MEDICAL CENTER AND ITS AFFILIATES AND "AGREEMENT TO DISCLOSE CONFLICT OF INTEREST AND MAINTAIN CONFIDENTIALITY OF INFORMATION" FORMS ARE MAINTAINED IN THE EXECUTIVE OFFICE.</p> <p>DISCLOSURE, REVIEW AND INITIAL DETERMINATION</p> <p>1. GENERAL OBLIGATION: EACH DIRECTOR MUST PROMPTLY AND FULLY REPORT TO THE BOARD CHAIR SITUATIONS THAT MAY CREATE A CONFLICT OF INTEREST WHEN HE OR SHE BECOMES AWARE OF SUCH SITUATIONS. IN THE CASE OF AN OFFICER, DISCLOSURE MUST BE MADE TO THE CORPORATION'S PRESIDENT/CHIEF EXECUTIVE OFFICER WHO WILL REPORT SUCH DISCLOSURE TO THE BOARD CHAIR. IN ANY SITUATION WHEN A DIRECTOR OR OFFICER IS IN DOUBT, FULL DISCLOSURE SHOULD BE MADE SO AS TO PERMIT AN IMPARTIAL AND OBJECTIVE DETERMINATION. A WRITTEN RECORD OF THE DISCLOSURE WILL BE MADE.</p> <p>2. ANNUAL DISCLOSURE STATEMENT: IN ADDITION TO THE ONGOING DISCLOSURE OBLIGATION, THE CORPORATION'S PRESIDENT/CHIEF EXECUTIVE OFFICER SHALL ANNUALLY SEND TO ALL DIRECTORS AND OFFICERS A COPY OF THIS POLICY AND THE CONFLICT OF INTEREST DISCLOSURE STATEMENT. THE DIRECTORS AND OFFICERS MUST PROMPTLY COMPLETE, SIGN, AND RETURN THE STATEMENT TO THE CORPORATION'S PRESIDENT AND CEO. THE COMPLETED STATEMENTS WILL BE REVIEWED BY THE PRESIDENT AND CEO AND THE BOARD CHAIR.</p> <p>3. REVIEW, EVALUATION AND INITIAL DETERMINATION: 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 OUTLINED IN THIS POLICY. 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 THIS POLICY, REVIEW AND APPROVAL OR OTHER ACTION BY THE BOARD OF DIRECTORS 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 DIRECTOR OR OFFICER AS TO WHETHER THE FACTS AND CIRCUMSTANCES OF A GIVEN SITUATION CONSTITUTE A CONFLICT OF INTEREST OR WHETHER BOARD OF DIRECTORS REVIEW AND APPROVAL OR OTHER ACTION IS REQUIRED WITHIN THIS 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 COMMITTEE MINUTES AND WILL BE REPORTED TO THE BOARD OF DIRECTORS.</p> <p>BOARD REVIEW: TRANSACTIONAL CONFLICT OF INTEREST</p> <p>1. THE BOARD OF DIRECTORS SHALL CAREFULLY SCRUTINIZE AND MUST IN GOOD FAITH APPROVE OR DISAPPROVE ANY TRANSACTION IN WHICH THE CORPORATION AND/OR ANY OF ITS AFFILIATES IS A PARTY AND IN WHICH ONE OR MORE OF THE CORPORATION'S DIRECTORS OR OFFICERS EITHER A. HAS A MATERIAL FINANCIAL INTEREST, OR B. IS A DIRECTOR OR OFFICER OF THE OTHER PARTY OTHER THAN THE CORPORATION'S OWN AFFILIATES.</p> <p>2. THE BOARD OF DIRECTORS MUST APPROVE THE TRANSACTION BY A MAJORITY OF THE DIRECTORS ON THE BOARD, WITHOUT COUNTING THE VOTE OF ANY DIRECTOR WHO HAS AN INTEREST IN THE TRANSACTION. IN REVIEWING SUCH TRANSACTIONS BETWEEN THE CORPORATION AND VENDORS OR OTHER CONTRACTORS WHO ARE, OR ARE AFFILIATED WITH, DIRECTORS OR OFFICERS, THE BOARD SHALL ACT NO MORE OR LESS FAVORABLY THAN IT WOULD IN REVIEWING TRANSACTIONS WITH UNRELATED THIRD PARTIES. THE TRANSACTION WILL NOT BE APPROVED UNLESS THE BOARD DETERMINES THAT THE TRANSACTION IS FAIR TO THE CORPORATION.</p> <p>OTHER CONFLICTS OF INTEREST: THE BOARD SHALL CAREFULLY REVIEW AND SCRUTINIZE NON-TRANSACTIONAL CONFLICT OF INTEREST (E.G., DISCLOSURE OF NONPUBLIC INFORMATION, COMPETITION WITH THE CORPORATION, FAILURE TO DISCLOSE A CORPORATE OPPORTUNITY, EXCESSIVE GIFTS OR ENTERTAINMENT, ETC.) BY A MAJORITY VOTE OF THE DISINTERESTED DIRECTORS. THE BOARD SHALL TAKE WHATEVER ACTION IS DEEMED APPROPRIATE WITH RESPECT TO THE DIRECTOR OR OFFICER UNDER THE CIRCUMSTANCES, INCLUDING POSSIBLE DISCIPLINARY OR CORRECTIVE ACTION, IN ORDER TO BEST PROTECT THE INTERESTS OF THE CORPORATION. THE BOARD SHOULD CONSULT WITH A MEMBER OF THE CHI LEGAL RESOURCE GROUP WHEN CONSIDERING DISCIPLINARY OR CORRECTIVE ACTION.</p> <p>DISCLOSURE BY INTERESTED DIRECTOR: WHEN ANY CONFLICT OF INTEREST IS CONSIDERED BY THE BOARD, THE DIRECTOR OR OFFICER MUST DISCLOSE ALL OF THE MATERIAL FACTS TO THE BOARD. THE DIRECTOR SHALL NOT VOTE OR USE HIS OR HER PERSONAL INFLUENCE ON THE MATTER. HOWEVER, IF REQUESTED, SUCH DIRECTOR OR OFFICER IS NOT PREVENTED FROM BRIEFLY STATING HIS OR HER POSITION IN THE MATTER, NOR FROM ANSWERING PERTINENT QUESTIONS FROM BOARD MEMBERS, AS HIS OR HER KNOWLEDGE MAY BE OF SIGNIFICANT IMPORTANCE. THE DIRECTOR OR OFFICER SHALL BE EXCUSED FROM THE MEETING DURING DISCUSSION AND VOTE ON THE CONFLICT OF INTEREST.</p> <p>RECORD OF PROCEEDINGS: MINUTES OF THE BOARD OF DIRECTORS SHALL REFLECT THE FOLLOWING: THE INDIVIDUAL MAKING THE DISCLOSURE, THE NATURE OF THE DISCLOSURE, DISCUSSION REGARDING ANY PROPOSED TRANSACTION, THE DECISION MADE BY THE BOARD, AND THAT THE INTERESTED DIRECTOR ABSTAINED FROM VOTING.</p> <p>IMPLEMENTATION AND INTERPRETATION: QUESTIONS REGARDING THE IMPLEMENTATION AND INTERPRETATION OF THIS POLICY SHALL BE REFERRED TO A MEMBER OF THE CHI LEGAL RESOURCE GROUP.</p> <p>POLICY VIOLATIONS: IF THE BOARD REASONABLY BELIEVES THAT A DIRECTOR OR OFFICER HAS FAILED TO DISCLOSE EITHER AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST, OR ALL MATERIAL FACTS SURROUNDING AN ACTUAL OR POSSIBLE CONFLICT AS REQUIRED BY THIS POLICY, THE DIRECTOR OR OFFICER WILL BE GIVEN AN OPPORTUNITY TO EXPLAIN SUCH ALLEGED FAILURE TO DISCLOSE. AFTER HEARING THE RESPONSE OF THE DIRECTOR OR OFFICER, THE BOARD WILL CONDUCT SUCH ADDITIONAL INVESTIGATION AS MAY BE APPROPRIATE. IF THE BOARD DETERMINES THAT THE DIRECTOR OR OFFICER HAS IN FACT FAILED TO DISCLOSE AS REQUIRED BY THIS POLICY, THE BOARD SHALL TAKE APPROPRIATE DISCIPLINARY OR CORRECTIVE ACTION.</p>

Return Reference	Explanation
Form 990, Part VI, Line 15b Process to establish compensation of other employees	See Form 990, Part VI, Line 15A disclosure

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	SAINT FRANCIS MEDICAL CENTER'S FINANCIAL STATEMENTS ARE INCLUDED IN THE CATHOLIC HEALTH INITIATIVES' CONSOLIDATED AUDITED FINANCIAL STATEMENTS THAT ARE AVAILABLE AT WWW.CATHOLICHEALTH.ORG OR AT WWW.DACBOND.COM THE CONFLICT OF INTEREST POLICY IS AVAILABLE UPON REQUEST THE GOVERNING DOCUMENTS ARE NOT AVAILABLE TO THE PUBLIC

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	Other Miscellaneous Revenue - Total Revenue 170186, Related or Exempt Function Revenue , Unrelated Business Revenue 568, Revenue Excluded from Tax Under Sections 512, 513, or 514 169618,

Return Reference	Explanation
Form 990, Part IX, Line 11g Other Fees	Other Fees for Services - Total Expense 20511936, Program Service Expense 15468141, Management and General Expenses 5043795, Fundraising Expenses 0,

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	CNRS Noncontrolling Interest - -3056274, Other Changes - 26807,

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  
Saint Francis Medical Center

Employer identification number  
47-0376601

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
<b>1a</b>	Yes	
<b>1b</b>		No
<b>1c</b>	Yes	
<b>1d</b>		No
<b>1e</b>		No
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>		No
<b>1k</b>		No
<b>1l</b>	Yes	
<b>1m</b>	Yes	
<b>1n</b>	Yes	
<b>1o</b>	Yes	
<b>1p</b>	Yes	
<b>1q</b>	Yes	
<b>1r</b>		No
<b>1s</b>		No

<b>2</b> 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
(1)Saint Francis Medical Center Foundation	C	931,372	FMV
(2)Central Nebraska Rehabilitation Services	A	51,452	FMV
(3)Central Nebraska Rehabilitation Services	L	3,804,588	FMV

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: 47-0376601

Name: Saint Francis Medical Center

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	

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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

(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
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

(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
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	