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Form **990**

Department of the Treasury
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

**2015**

**Open to Public Inspection**

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

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

**C** Name of organization
Oakes Community Hospital Foundation

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1200 N 7th Street

City or town, state or province, country, and ZIP or foreign postal code
Oakes, ND 58474

**D** Employer identification number
71-0966606

**E** Telephone number
(701) 742-3291

**G** Gross receipts $ 64,263

**F** Name and address of principal officer
Julie Entzminger
1200 N 7th Street
Oakes, ND 58474

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

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

**H(c)** Group exemption number ▶

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

**J** Website: ▶ www.oakeshospital.com/foundation.htm

**K** Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

**L** Year of formation 2004

**M** State of legal domicile ND

## Part I Summary

**1** Briefly describe the organization's mission or most significant activities
OAKES COMMUNITY HOSPITAL FOUNDATION'S EXEMPT PURPOSE IS TO SUPPORT THE CHARITABLE MISSION OF OAKES COMMUNITY HOSPITAL THROUGH THE RECEIPT and SOLICITATION OF CONTRIBUTIONS, GIFTS, GRANTS, DEVISES OR BEQUESTS

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

Activities & Governance

| | | | |
|---|---|---|---|
| **3** | Number of voting members of the governing body (Part VI, line 1a) | **3** | 5 |
| **4** | Number of independent voting members of the governing body (Part VI, line 1b) | **4** | 5 |
| **5** | Total number of individuals employed in calendar year 2015 (Part V, line 2a) | **5** | 0 |
| **6** | Total number of volunteers (estimate if necessary) | **6** | 25 |
| **7a** | Total unrelated business revenue from Part VIII, column (C), line 12 | **7a** | 3 |
| **b** | Net unrelated business taxable income from Form 990-T, line 34 | **7b** | 0 |

| | | Prior Year | Current Year |
|---|---|---|---|
| **8** | Contributions and grants (Part VIII, line 1h) | 52,171 | 15,258 |
| **9** | Program service revenue (Part VIII, line 2g) | 0 | 0 |
| **10** | Investment income (Part VIII, column (A), lines 3, 4, and 7d ) | 973 | 2,720 |
| **11** | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 30,010 | 33,314 |
| **12** | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 83,154 | 51,292 |
| **13** | Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) | 70,705 | 920 |
| **14** | Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 |
| **15** | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 0 | 0 |
| **16a** | Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| **b** | Total fundraising expenses (Part IX, column (D), line 25) ▶4,586 | | |
| **17** | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 2,629 | 4,586 |
| **18** | Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | 73,334 | 5,506 |
| **19** | Revenue less expenses Subtract line 18 from line 12 | 9,820 | 45,786 |

Revenue

Expenses

| | | Beginning of Current Year | End of Year |
|---|---|---|---|
| **20** | Total assets (Part X, line 16) | 120,991 | 160,094 |
| **21** | Total liabilities (Part X, line 26) | 4,762 | 0 |
| **22** | Net assets or fund balances Subtract line 21 from line 20 | 116,229 | 160,094 |

Net Assets or Fund Balances

## Part II Signature Block

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

**Sign Here**

Signature of officer — Date: 2017-05-11

Rebecca Thompson President
Type or print name and title

**Paid Preparer Use Only**

| Print/Type preparer's name | Preparer's signature | Date | Check ☐ if self-employed | PTIN |
|---|---|---|---|---|
| Mark Stocki | Mark Stocki | | | P00642127 |

Firm's name ▶ Catholic Health Initiatives — Firm's EIN ▶ 47-0617373

Firm's address ▶ 198 Inverness Drive West, Englewood, CO 80112 — Phone no (303) 298-9100

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

## 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

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

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

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

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

If "Yes," describe these changes on Schedule O

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

**4a** (Code ) (Expenses $ 920 including grants of $ 920 ) (Revenue $ 0 )

SEE SCHEDULE O

**4b** (Code ) (Expenses $ including grants of $ ) (Revenue $ )

**4c** (Code ) (Expenses $ including grants of $ ) (Revenue $ )

**4d** Other program services (Describe in Schedule O )

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

**4e** **Total program service expenses** ▶ 920

## Part IV Checklist of Required Schedules

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

**Part IV Checklist of Required Schedules** *(continued)*

| | | | | |
|---|---|---|---|---|
| **21** | Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *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** | | No |
| **23** | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J* | **23** | Yes | |
| **24a** | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a* | **24a** | | No |
| **b** | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | **24b** | | |
| **c** | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | **24c** | | |
| **d** | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | **24d** | | |
| **25a** | **Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I* | **25a** | | No |
| **b** | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I* | **25b** | | No |
| **26** | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II* | **26** | | No |
| **27** | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III* | **27** | | No |
| **28** | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| **a** | A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | **28a** | | No |
| **b** | A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | **28b** | | 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** | | No |
| **b** | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* | **35b** | | |
| **36** | **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2* | **36** | | No |
| **37** | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI* | **37** | | No |
| **38** | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O | **38** | Yes | |

## Part V Statements Regarding Other IRS Filings and Tax Compliance

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

| | | | | Yes | No |
|---|---|---|---|---|---|
| 1a | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . | 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 | 0 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 2b | | | |
| 3a | Did the organization have unrelated business gross income of $1,000 or more during the year? . . . | 3a | | | No |
| b | If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . . | 3b | | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . | 4a | | | No |
| b | If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) | | | | |
| 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? **Note.** 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 | 5 | | |
| | 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 | 5 | | |
| 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 | | No |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | No |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | | |

### Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ ND

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ Becki Thompson 1200 N 7th Street Oakes, ND 58474 (701) 742-3291

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

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

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

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

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

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

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) NANCY DOMINE<br>Chair | 1 0<br>0 0 | X | | X | | | | 0 | 0 | 0 |
| (2) TONYA WALD<br>VICE CHAIR | 1 0<br>0 0 | X | | X | | | | 0 | 0 | 0 |
| (3) GWEN HOFFMAN<br>Board Member | 1 0<br>0 0 | X | | | | | | 0 | 0 | 0 |
| (4) Cindy Klappench<br>BOARD MEMBER | 1 0<br>1 0 | X | | | | | | 0 | 0 | 0 |
| (5) DJ JENSEN<br>GRANT REVIEWER | 1 0<br>0 | X | | | | | | 0 | 0 | 0 |
| (6) BECKI THOMPSON<br>PRESIDENT | 1 0<br>59 0 | | | X | | | | 0 | 180,787 | 24,001 |
| (7) RAMONA SCHUMACHER<br>SECRETARY | 1 0<br>40 0 | | | X | | | | 0 | 41,733 | 13,190 |
| (8) BETHANY SMITH<br>TREASURER | 1 0<br>41 0 | | | X | | | | 0 | 61,054 | 37,560 |
| (9) JULIE ENTZMINGER<br>EXECUTIVE DIRECTOR | 40 0<br>0 | | | X | | | | 0 | 58,601 | 3,877 |
| (10) LEE BOYLES<br>Administrator | 0 0<br>60 0 | | | | | | X | 0 | 342,460 | 30,305 |
| | | | | | | | | | | |
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**Part VII** **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

| (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 | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| 1b **Sub-Total** ▶ | | | | | | | | | | |
| c **Total from continuation sheets to Part VII, Section A** ▶ | | | | | | | | | | |
| d **Total (add lines 1b and 1c)** ▶ | | | | | | | | 0 | 684,635 | 108,933 |

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

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

## Section B. Independent Contractors

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

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

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

**Part VIII Statement of Revenue**

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

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
|---|---|---|---|---|---|---|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns | 1a 0 | | | | |
| | b Membership dues | 1b 0 | | | | |
| | c Fundraising events | 1c 48 | | | | |
| | d Related organizations | 1d 0 | | | | |
| | e Government grants (contributions) | 1e 0 | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f 15,210 | | | | |
| | g Noncash contributions included in lines 1a-1f $ | 0 | | | | |
| | h **Total.** Add lines 1a-1f ▶ | | 15,258 | | | |
| Program Service Revenue | | Business Code | | | | |
| | 2a | | 0 | 0 | 0 | 0 |
| | b | | 0 | 0 | 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 ▶ | | 0 | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) ▶ | | 1,637 | 0 | 3 | 1,634 |
| | 4 Income from investment of tax-exempt bond proceeds ▶ | | 0 | 0 | 0 | 0 |
| | 5 Royalties ▶ | | 0 | 0 | 0 | 0 |
| | | (i) Real / (ii) Personal | | | | |
| | 6a Gross rents | 0 / 0 | | | | |
| | b Less rental expenses | 0 / 0 | | | | |
| | c Rental income or (loss) | 0 / 0 | | | | |
| | d Net rental income or (loss) ▶ | | 0 | 0 | 0 | 0 |
| | | (i) Securities / (ii) Other | | | | |
| | 7a Gross amount from sales of assets other than inventory | 1,083 / 0 | | | | |
| | b Less cost or other basis and sales expenses | 0 / 0 | | | | |
| | c Gain or (loss) | 1,083 / 0 | | | | |
| | d Net gain or (loss) ▶ | | 1,083 | 0 | 0 | 1,083 |
| | 8a Gross income from fundraising events (not including $ 48 of contributions reported on line 1c) See Part IV, line 18 | a 46,285 | | | | |
| | b Less direct expenses | b 12,971 | | | | |
| | c Net income or (loss) from fundraising events ▶ | | 33,314 | | 0 | 33,314 |
| | 9a Gross income from gaming activities See Part IV, line 19 | a 0 | | | | |
| | b Less direct expenses | b 0 | | | | |
| | c Net income or (loss) from gaming activities ▶ | | 0 | 0 | 0 | 0 |
| | 10a Gross sales of inventory, less returns and allowances | a 0 | | | | |
| | b Less cost of goods sold | b 0 | | | | |
| | c Net income or (loss) from sales of inventory ▶ | | 0 | 0 | 0 | 0 |
| | Miscellaneous Revenue | Business Code | | | | |
| | 11a | | 0 | 0 | 0 | 0 |
| | b | | 0 | 0 | 0 | 0 |
| | c | | 0 | 0 | 0 | 0 |
| | d All other revenue | | 0 | 0 | 0 | 0 |
| | e **Total.** Add lines 11a–11d ▶ | | 0 | | | |
| | 12 **Total revenue.** See Instructions ▶ | | 51,292 | 0 | 3 | 36,031 |

## 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 | 920 | 920 | | |
| 2 Grants and other assistance to domestic individuals See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | 0 | 0 | | |
| 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 | | | | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | | | | |
| 10 Payroll taxes | | | | |
| 11 Fees for services (non-employees) | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | | | | |
| d Lobbying | | | | |
| e Professional fundraising services See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 0 | 0 | 0 | 0 |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | 1,098 | | | 1,098 |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | | | | |
| 17 Travel | | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | | | | |
| 23 Insurance | | | | |
| 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O ) | | | | |
| a | | | | |
| b | | | | |
| c | | | | |
| d | | | | |
| e All other expenses | 3,488 | 0 | 0 | 3,488 |
| 25 **Total functional expenses.** Add lines 1 through 24e | 5,506 | 920 | 0 | 4,586 |
| 26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) | | | | |

**Part X Balance Sheet**

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

| | | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|---|
| Assets | 1 | Cash–non-interest-bearing | | 1 | 0 |
| | 2 | Savings and temporary cash investments | 77,356 | 2 | 101,635 |
| | 3 | Pledges and grants receivable, net | | 3 | 0 |
| | 4 | Accounts receivable, net | 7,830 | 4 | 13,449 |
| | 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 | | 7 | 0 |
| | 8 | Inventories for sale or use | | 8 | 0 |
| | 9 | Prepaid expenses and deferred charges | | 9 | 0 |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 0 | | | |
| | b | Less accumulated depreciation — 10b: 0 | 0 | 10c | 0 |
| | 11 | Investments—publicly traded securities | | 11 | 0 |
| | 12 | Investments—other securities See Part IV, line 11 | 35,805 | 12 | 42,633 |
| | 13 | Investments—program-related See Part IV, line 11 | 0 | 13 | |
| | 14 | Intangible assets | | 14 | 0 |
| | 15 | Other assets See Part IV, line 11 | 0 | 15 | 2,377 |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 34) | 120,991 | 16 | 160,094 |
| Liabilities | 17 | Accounts payable and accrued expenses | | 17 | 0 |
| | 18 | Grants payable | | 18 | 0 |
| | 19 | Deferred revenue | | 19 | 0 |
| | 20 | Tax-exempt bond liabilities | | 20 | 0 |
| | 21 | Escrow or custodial account liability Complete Part IV of Schedule D | | 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 | | 23 | 0 |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 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 | 4,762 | 25 | 0 |
| | 26 | **Total liabilities.** Add lines 17 through 25 | 4,762 | 26 | 0 |
| Net Assets or Fund Balances | | **Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.** | | | |
| | 27 | Unrestricted net assets | 17,212 | 27 | 15,727 |
| | 28 | Temporarily restricted net assets | 64,017 | 28 | 104,367 |
| | 29 | Permanently restricted net assets | 35,000 | 29 | 40,000 |
| | | **Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.** | | | |
| | 30 | Capital stock or trust principal, or current funds | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building or equipment fund | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| | 33 | Total net assets or fund balances | 116,229 | 33 | 160,094 |
| | 34 | Total liabilities and net assets/fund balances | 120,991 | 34 | 160,094 |

## Part XI Reconcilliation 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 | 51,292 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) . . . . . | 2 | 5,506 |
| 3 | Revenue less expenses Subtract line 2 from line 1 . . . . . | 3 | 45,786 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . | 4 | 116,229 |
| 5 | Net unrealized gains (losses) on investments . . . . . | 5 | -1,921 |
| 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 | 0 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 160,094 |

## Part XII Financial Statements and Reporting

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

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | No |
| | 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<br>☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | Yes | |
| | 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<br>☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis | | | |
| c | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | 2c | Yes | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | 3a | | No |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | 3b | | |

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# SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

## Public Charity Status and Public Support

**Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.**

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

**2015**

**Open to Public Inspection**

**Name of the organization**
Oakes Community Hospital Foundation

**Employer identification number**
71-0966606

**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 331/3% 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 331/3% 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 . . . . . 1

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? Yes | (iv) No | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|---|---|---|---|---|---|---|
| (A) OAKES COMMUNITY HOSPITAL | 450231675 | | Yes | | 920 | 0 |
| | | | | | | |
| **Total**1 | | | | | 920 | |

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

## Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants ) | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 **Total.** Add lines 1 through 3 | | | | | | |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 **Public support.** Subtract line 5 from line 4 | | | | | | |

## Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
|---|---|---|---|---|---|---|
| 7 Amounts from line 4 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI ) | | | | | | |
| 11 **Total support.** Add lines 7 through 10 | | | | | | |

12 Gross receipts from related activities, etc (see instructions) **12**

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

## Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2014 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2015.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test—2014.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2015.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

### Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 **Total.** Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 **Public support.** (Subtract line 7c from line 6 ) | | | | | | |

### Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
|---|---|---|---|---|---|---|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI ) | | | | | | |
| 13 **Total support.** (Add lines 9, 10c, 11, and 12 ) | | | | | | |

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

### Section C. Computation of Public Support Percentage

| | | |
|---|---|---|
| 15 | Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) | 15 |
| 16 | Public support percentage from 2014 Schedule A, Part III, line 15 | 16 |

### Section D. Computation of Investment Income Percentage

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

19a **33 1/3% support tests—2015.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests—2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

## Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain* | 1 | Yes | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)* | 2 | | No |
| 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 | | No |
| b | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination* | 3b | | |
| c | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use* | 3c | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below* | 4a | | No |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations* | 4b | | |
| c | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes* | 4c | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)* | 5a | | No |
| b | **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | 5b | | |
| c | **Substitutions only.** Was the substitution the result of an event beyond the organization's control? | 5c | | |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.*** | 6 | | No |
| 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 | | No |
| 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 | | No |
| 9a | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.*** | 9a | | No |
| b | Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.*** | 9b | | No |
| c | Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.*** | 9c | | No |
| 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 | | No |
| 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 | | No |
| b | A family member of a person described in (a) above? | 11b | | No |
| c | A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI* | 11c | | No |

## Part IV Supporting Organizations (continued)

### Section B. Type I Supporting Organizations

| | | Yes | No |
|---|---|---|---|
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year* | 1 | Yes | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization* | 2 | | No |

### Section C. Type II Supporting Organizations

| | | Yes | No |
|---|---|---|---|
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)* | 1 | | |

### 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? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)* | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard* | 3 | | |

### Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

| | | | Yes | No |
|---|---|---|---|---|
| 2 | Activities Test. **Answer (a) and (b) below.** | | | |
| **a** | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities* | 2a | | |
| **b** | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement* | 2b | | |
| 3 | Parent of Supported Organizations. **Answer (a) and (b) below.** | | | |
| **a** | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI* | 3a | | |
| **b** | Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard* | 3b | | |

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

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

### Section A - Adjusted Net Income

| | | | (A) Prior Year | (B) Current Year (optional) |
|---|---|---|---|---|
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3 | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | **Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4) | 8 | | |

### Section B - Minimum Asset Amount

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

### Section C - Distributable Amount

| | | | | Current Year |
|---|---|---|---|---|
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 | Enter 85% of line 1 | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3 | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | | |

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) ☐

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

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

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

**Part VI** **Supplemental Information.**

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

| Facts And Circumstances Test |
| --- |
| |

| Return Reference | Explanation |
| --- | --- |

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**SCHEDULE D** (Form 990)

Department of the Treasury
Internal Revenue Service

# Supplemental Financial Statements

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

OMB No 1545-0047

**2015**

**Open to Public Inspection**

**Name of the organization**
Oakes Community Hospital Foundation

**Employer identification number**
71-0966606

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

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

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

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

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

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

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

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

| | | Held at the End of the Year |
|---|---|---|
| a | Total number of conservation easements | 2a |
| b | Total acreage restricted by conservation easements | 2b |
| c | Number of conservation easements on a certified historic structure included in (a) | 2c |
| d | Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |

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

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

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

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

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

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

## Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

| | | | Amount |
|---|---|---|---|
| b | If "Yes," explain the arrangement in Part XIII and complete the following table | | |
| c | Beginning balance | 1c | |
| d | Additions during the year | 1d | |
| e | Distributions during the year | 1e | |
| f | Ending balance | 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 | 37,475 | 16,643 | 5,000 | 0 | 0 |
| b | Contributions | 5,141 | 20,000 | 10,000 | 5,000 | |
| c | Net investment earnings, gains, and losses | 153 | 909 | 1,643 | | |
| d | Grants or scholarships | | | | | |
| e | Other expenditures for facilities and programs | 136 | 77 | | | |
| f | Administrative expenses | | | | | |
| g | End of year balance | 42,633 | 37,475 | 16,643 | 5,000 | 0 |

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

- a Board designated or quasi-endowment ▶ 26 8 %
- b Permanent endowment ▶ 73 2 %
- c Temporarily restricted endowment ▶ 0 %

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

| | | Yes | No |
|---|---|---|---|
| (i) unrelated organizations | 3a(i) | | No |
| (ii) related organizations | 3a(ii) | | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | | |

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

## Part VI Land, Buildings, and Equipment.

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

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

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

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|---|---|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (A) CHI OIP | | |
| (B) CHI OIP | 42,633 | F |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| **Total.** *(Column (b) must equal Form 990, Part X, col (B) line 12 )* ▶ | 42,633 | |

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

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

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

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

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

| 1. (a) Description of liability | (b) Book value |
|---|---|
| Federal income taxes | |
| Intercompany Payable | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| **Total.** *(Column (b) must equal Form 990, Part X, col (B) line 25 )* ▶ | 0 |

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

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

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

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

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total expenses and losses per audited financial statements | | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | | | |
| a | Donated services and use of facilities | 2a | | | |
| b | Prior year adjustments | 2b | | | |
| c | Other losses | 2c | | | |
| d | Other (Describe in Part XIII ) | 2d | | | |
| e | Add lines **2a** through **2d** | | | 2e | |
| 3 | Subtract line **2e** from line **1** | | | 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line **1:** | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII ) | 4b | | | |
| c | Add lines **4a** and **4b** | | | 4c | |
| 5 | Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18 ) | | | 5 | |

**Part XIII Supplemental Information**

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

| Return Reference | Explanation |
|---|---|
| Schedule D, Part V, Line 4 Intended uses of endowment funds | The endowment funds will be used to support the ongoing mission of Oakes Community Hospital |

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

| Return Reference | Explanation |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

# Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ

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

OMB No 1545-0047

**2015**

**Open to Public Inspection**

Name of the organization
Oakes Community Hospital Foundation

**Employer identification number**
71-0966606

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

**1** Indicate whether the organization raised funds through any of the following activities Check all that apply

**a** ☐ Mail solicitations
**b** ☐ Internet and email solicitations
**c** ☐ Phone solicitations
**d** ☐ In-person solicitations
**e** ☐ Solicitation of non-government grants
**f** ☐ Solicitation of government grants
**g** ☐ Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

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

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

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

| | | (a) Event #1 Casino Night (event type) | (b) Event #2 Sue Mclean 5K (event type) | (c) Other events (total number) | (d) Total events (add col (a) through col (c)) |
|---|---|---|---|---|---|
| Revenue | 1 Gross receipts | 44,133 | 2,200 | | 46,333 |
| | 2 Less Contributions | 48 | | | 48 |
| | 3 Gross income (line 1 minus line 2) | 44,085 | 2,200 | 0 | 46,285 |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | 3,364 | | | 3,364 |
| | 6 Rent/facility costs | | | | |
| | 7 Food and beverages | 4,301 | | | 4,301 |
| | 8 Entertainment | 2,967 | | | 2,967 |
| | 9 Other direct expenses | 664 | 1,675 | | 2,339 |
| | 10 Direct expense summary Add lines 4 through 9 in column (d) ▶ | | | | 12,971 |
| | 11 Net income summary Subtract line 10 from line 3, column (d) ▶ | | | | 33,314 |

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

**11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

**12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

**13** Indicate the percentage of gaming activity conducted in

| | | |
|---|---|---|
| **a** The organization's facility | **13a** | % |
| **b** An outside facility | **13b** | % |

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

Name ▶ .....

Address ▶ .....

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

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

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

Name ▶ .....

Address ▶ .....

**16** Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ $.....

Description of services provided ▶ .....

☐ Director/officer ☐ Employee ☐ Independent contractor

**17** Mandatory distributions

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

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

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

| Return Reference | Explanation |
|---|---|

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**Schedule J** (Form 990)

Department of the Treasury
Internal Revenue Service

# Compensation Information

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No 1545-0047

**2015**

**Open to Public Inspection**

Name of the organization
Oakes Community Hospital Foundation

**Employer identification number**
71-0966606

## Part I Questions Regarding Compensation

| | | | Yes | No |
|---|---|---|---|---|
| **1a** | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items | | | |
| | ☐ First-class or charter travel | ☐ Housing allowance or residence for personal use | | |
| | ☐ Travel for companions | ☐ Payments for business use of personal residence | | |
| | ☐ Tax idemnification and gross-up payments | ☐ Health or social club dues or initiation fees | | |
| | ☐ Discretionary spending account | ☐ Personal services (e g , maid, chauffeur, chef) | | |
| **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 | **1b** | | |
| **2** | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? | **2** | | |
| **3** | Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III | | | |
| | ☐ Compensation committee | ☐ Written employment contract | | |
| | ☐ Independent compensation consultant | ☐ Compensation survey or study | | |
| | ☐ Form 990 of other organizations | ☐ Approval by the board or compensation committee | | |
| **4** | During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization | | | |
| **a** | Receive a severance payment or change-of-control payment? | **4a** | | No |
| **b** | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | **4b** | Yes | |
| **c** | Participate in, or receive payment from, an equity-based compensation arrangement? | **4c** | | No |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III | | | |
| | **Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.** | | | |
| **5** | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of | | | |
| **a** | The organization? | **5a** | | No |
| **b** | Any related organization? | **5b** | | No |
| | If "Yes," on line 5a or 5b, describe in Part III | | | |
| **6** | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of | | | |
| **a** | The organization? | **6a** | | No |
| **b** | Any related organization? | **6b** | | No |
| | If "Yes," on line 6a or 6b, describe in Part III | | | |
| **7** | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III | **7** | | No |
| **8** | Were any amounts reported on Form 990, Part VII, paid or accured 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 | **8** | | No |
| **9** | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)? | **9** | | |

**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 | | | | |
| 1 LEE BOYLES Administrator | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 219,451 | 44,440 | 78,569 | 10,829 | 19,476 | 372,765 | 12,022 |
| 2 BECKI THOMPSON PRESIDENT | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 122,391 | 12,352 | 46,044 | 18,725 | 5,276 | 204,788 | 0 |

## Part III Supplemental Information

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

| Return Reference | Explanation |
|---|---|
| Schedule J, Part I, Line 4a SEVERANCE PAYMENTS | POST-TERMINATION PAYMENTS ARE ADDRESSED IN EXECUTIVE EMPLOYMENT AGREEMENTS FOR CATHOLIC HEALTH INITIATIVES ("CHI") AND RELATED ORGANIZATIONS' EMPLOYEES AT THE LEVEL OF VICE PRESIDENT AND ABOVE, INCLUDING THE MBO CEOS THESE EMPLOYMENT AGREEMENTS REQUIRE THAT IN ORDER FOR THE EXECUTIVE TO RECEIVE POST-TERMINATION PAYMENTS, THESE INDIVIDUALS MUST EXECUTE A GENERAL RELEASE AND SETTLEMENT AGREEMENT POST-TERMINATION PAYMENT ARRANGEMENTS ARE PERIODICALLY REVIEWED FOR OVERALL REASONABLENESS IN LIGHT OF THE EXECUTIVE'S OVERALL COMPENSATION PACKAGE NO INTERESTED PERSONS RECEIVED A SEVERANCE PAYMENT DURING THE YEAR |
| Schedule J, Part I, Line 3 Arrangement used to establish the top management official's compensation | THE EXECUTIVE DIRECTOR'S COMPENSATION IS PAID BY OAKES COMMUNITY HOSPITAL THE COMPENSATION IS SET AND REVIEWED BY A COMPENSATION COMMITTEE UTILIZING COMPENSATION SURVEYS AND COMPARABILITY STUDIES |
| Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan | During the 2015 calendar year Catholic Health Initiatives (CHI), a related organization, maintained a supplemental non-qualified deferred compensation plan for MBO CEOs and other CHI employees at the level of Senior Vice President and above The following reportable individuals were eligible to participate in that plan Lee Boyles During 2015 the following distributions were made by CHI from the deferred compensation plan Lee Boyles - $12,022 Due to the "super" vesting rules under the CHI deferred compensation plan, participants who have met certain requirements such as termination, age, or years of service 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 Lee Boyles - $20,196 |

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

Department of the Treasury
Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

**2015**

**Open to Public Inspection**

Name of the organization
Oakes Community Hospital Foundation

**Employer identification number**
71-0966606

| Return Reference | Explanation |
|---|---|
| Form 990, Part III, Line 4a PROGRAM SERVICE ACCOMPLISHMENTS | OVER 2,000 YEARS AGO, JESUS CHRIST ISSUED A CALL TO HIS FOLLOWERS TO HEAL THE SICK AND COMFORT THE AFFLICTED THIS CALL HAS ECHOED DOWN THROUGH THE CENTURIES AND HAS BEEN ANSWERED BY THOSE WHO STARTED THE RELIGIOUS ORDERS THAT, IN TURN, FOUNDED THE HOSPITALS AND NURSING HOMES WHICH COMPRISE TODAY'S CATHOLIC HEALTH CARE MINISTRY EACH OF THE MEN AND WOMEN WHO JOINED THESE ORDERS ALSO RESPONDED TO THAT CALL TO RELIEVE THE SUFFERING OF THEIR FELLOW HUMAN BEINGS TODAY THE CALL IS STILL BEING ANSWERED BY THE THOUSANDS UPON THOUSANDS OF DEDICATED EMPLOYEES WHO WORK IN CATHOLIC HEALTH CARE FACILITIES MANY OF THESE COMMITTED PEOPLE MAY NEVER HAVE EVEN CONSCIOUSLY RECOGNIZED THAT CALL BUT EACH, IN HIS OWN WAY, HAS HEARD IT - AND RESPONDED THE MISSION OF OAKES COMMUNITY HOSPITAL FOUNDATION AND CATHOLIC HEALTH INITIATIVES IS "TO NURTURE THE HEALING MINISTRY OF THE CHURCH BY BRINGING IT NEW LIFE, ENERGY AND VIABILITY IN THE 21ST CENTURY FIDELITY TO THE GOSPEL URGES US TO EMPHASIZE HUMAN DIGNITY AND SOCIAL JUSTICE AS WE MOVE TOWARD THE CREATION OF HEALTHIER COMMUNITIES " CATHOLIC HEALTH INITIATIVES' VISION IS "TO LIVE OUT ITS MISSION BY TRANSFORMING HEALTH CARE DELIVERY AND BY CREATING NEW MINISTRIES FOR THE PROMOTION OF HEALTHY COMMUNITIES " OUR CORE VALUES, "COMPASSION, REVERENCE, INTEGRITY, AND EXCELLENCE" ARE THE GUIDING PRINCIPLES THAT PROVIDE FOCUS, DIRECTION AND ACCOUNTABILITY THE CORE VALUES PLAY A VITAL ROLE IN CREATING IDENTITY, SPIRIT AND CONNECTION WITH ONE ANOTHER IN CATHOLIC HEALTH INITIATIVES OAKES COMMUNITY HOSPITAL FOUNDATION WAS INCORPORATED AS AN INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT CHARITABLE ORGANIZATION IN MARCH 2004 THEIR PURPOSE IS TO SERVE AS A SUPPORTING ORGANIZATION OF OAKES COMMUNITY HOSPITAL, A NOT-FOR PROFIT, 20-BED CRITICAL ACCESS HOSPITAL (CAH), SPONSORED BY CATHOLIC HEALTH INITIATIVES, PROVIDING SELECTED HEALTH CARE SERVICES THE MONEY RAISED BY THE FOUNDATION WAS USED TO SUPPLEMENT FUNDING FOR THE HOSPITAL'S MANY IMPORTANT COMMUNITY BENEFIT PROGRAMS INCLUDING CHARITY |

| Return Reference | Explanation |
| --- | --- |
| Form 990, Part VI, Line 15b PROCESS USED TO ESTABLISH COMPENSATION OF OTHER OFFICERS/KEY EMPLOYEES | DURING THE TAX YEAR ENDED 6/30/16, NO OTHER OFFICERS, DIRECTORS OR TRUSTEES RECEIVED COMPENSATION FROM THE ORGANIZATION ANY EXECUTIVE COMPENSATION PAID TO OFFICERS, DIRECTORS OR TRUSTEES BY RELATED ORGANIZATIONS WAS SET BY THE RELATED ORGANIZATION'S COMPENSATION COMMITTEE UTILIZING BOTH AN INDEPENDENT CONSULTANT AND COMPARABILITY STUDIES TO DETERMINE COMPENSATION THEREFORE, THIS QUESTION IS MORE APPROPRIATELY ANSWERED AS "N/A" BUT HAS BEEN ANSWERED "NO" IN ACCORDANCE WITH FORM 990 INSTRUCTIONS |

| Return Reference | Explanation |
| --- | --- |
| Form 990, Part VI, Line 15a PROCESS USED TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL | THE EXECUTIVE DIRECTOR'S COMPENSATION IS PAID BY OAKES COMMUNITY HOSPITAL THE COMPENSATION IS SET AND REVIEWED BY A COMPENSATION COMMITTEE UTILIZING COMPENSATION SURVEYS AND COMPARABILITY STUDIES |

| Return Reference | Explanation |
| --- | --- |
| Form 990, Part VI, Line 1a Delegate broad authority to a committee | Pursuant to the Corporation's bylaws, the Executive Committee is composed of the board chair, the board vice chair, the President and CEO, each of whom shall serve as an ex officio voting member of the Executive Committee, and two voting members appointed by the Board of Directors Each individual appointed to the Executive Committee shall serve for a term of one year or until his or her successor is duly appointed by the Board of Directors The Executive Committee shall consist of only directors of the Corporation Pursuant to 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 Further, pursuant to the Corporation's bylaws, the executive committee has and may exercise such powers as may be delegated to it by the board of directors The Executive Committee also possesses the power to transact routine business of the corporation in the interim period between regularly scheduled meetings of the board of directors |

| Return Reference | Explanation |
| --- | --- |
| Form 990, Part VI, Line 6 Classes of members or stockholders | THE SOLE MEMBER OF THE ORGANIZATION IS OAKES COMMUNITY HOSPITAL, A NORTH DAKOTA NONPROFIT CORPORATION |

| Return Reference | Explanation |
| --- | --- |
| Form 990, Part VI, Line 7a Members or stockholders electing members of governing body | THE SOLE MEMBER HAS THE POWER TO APPOINT, REPLACE OR REMOVE THE MEMBERS OF THE BOARD OF DIRECTORS |

| Return Reference | Explanation |
| --- | --- |
| Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders | The organization's corporate member is Oakes Community Hospital Pursuant to Section 5 4 1 of the organization's bylaws, both Oakes Community Hospital and Catholic Health Initiatives ("CHI") (Oakes Community Hospital's sole corporate member) have reserved powers as outlined in the CHI governance matrix Pursuant to the governance matrix the following rights are held by the Oakes Community Hospital Board *Approve members of the Oakes Community Hospital Foundation's ("the Foundation") board *Amendment of the corporate documents of the Foundation *Approve removal of a member of the governing body of the Foundation *Adoption of long range and strategic plans for the Foundation The following rights are reserved to the CHI Board directly or through powers delegated to the CHI Chief Executive Officer *Substantial change in the mission or philosophy of the Foundation *Removal of a member of the governing body of the Foundation *Approval of issuance of debt by the Foundation *Approval of participation of the Foundation in a joint venture *Approval of formation of a new corporation by the Foundation *Approval of a merger involving the Foundation *Approval of the sale of all or substantially all of the assets of the Foundation *To require the transfer of assets by the Foundation to CHI to accomplish CHI's goals and objectives, and to satisfy CHI debts Pursuant to Section 5 5 2 of the organization's bylaws, Oakes Community Hospital or CHI may, in exercise of their approval powers, grant or withhold approval in whole or in part, or may, in its complete discretion, after consultation with the Board and its President and the 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 | THE 990 WILL BE REVIEWED BY THE SENIOR MANAGEMENT TEAM AND PROVIDED TO THE BOARD PRIOR TO THE FILING WITH THE IRS SUBSEQUENT TO PROVIDING THE RETURN TO THE BOARD, THE TAX DEPARTMENT FILES THE RETURN WITH THE APPROPRIATE FEDERAL AND STATE AGENCIES, MAKING ANY NON-SUBSTANTIVE CHANGES NECESSARY TO EFFECT E-FILING ANY SUCH CHANGES ARE NOT RE-SUBMITTED TO THE BOARD |

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

| Return Reference | Explanation |
| --- | --- |
| Form 990, Part VI, Line 19 Required documents available to the public | THE ORGANIZATION'S FINANCIAL STATEMENTS ARE INCLUDED IN CATHOLIC HEALTH INITIATIVES' CONSOLIDATED AUDITED FINANCIAL STATEMENTS THAT ARE AVAILABLE AT WWW CATHOLICHEALTHINIT ORG OR AT WWW DACBOND COM THE ORGANIZATION'S CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS ARE NOT MADE AVAILABLE TO THE PUBLIC |

| Return Reference | Explanation |
| --- | --- |
| Form 990, Part IX, Line 11g Other Expenses | Miscellaneous Expense - Total Expense 3488, Program Service Expense 0, Management and General Expenses 0, Fundraising Expenses 3488, |

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# SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

## Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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

OMB No 1545-0047

**2015**

**Open to Public Inspection**

Name of the organization
Oakes Community Hospital Foundation

**Employer identification number**
71-0966606

**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 |
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**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 | (g) No |
|---|---|---|---|---|---|---|---|
| See Additional Data Table | | | | | | | |
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**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) Disproprtionate 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 | | | | | | | | | | | | |
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**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 | | | | | | | | | |
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**Part V** **Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

| | | Yes | No |
|---|---|---|---|
| **1** | During the tax year, did the orgranization 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 | **1a** | | **No** |
| **b** | Gift, grant, or capital contribution to related organization(s) | **1b** | **Yes** | |
| **c** | Gift, grant, or capital contribution from related organization(s) | **1c** | | **No** |
| **d** | Loans or loan guarantees to or for related organization(s) | **1d** | | **No** |
| **e** | Loans or loan guarantees by related organization(s) | **1e** | | **No** |
| **f** | Dividends from related organization(s) | **1f** | | **No** |
| **g** | Sale of assets to related organization(s) | **1g** | | **No** |
| **h** | Purchase of assets from related organization(s) | **1h** | | **No** |
| **i** | Exchange of assets with related organization(s) | **1i** | | **No** |
| **j** | Lease of facilities, equipment, or other assets to related organization(s) | **1j** | | **No** |
| **k** | Lease of facilities, equipment, or other assets from related organization(s) | **1k** | | **No** |
| **l** | Performance of services or membership or fundraising solicitations for related organization(s) | **1l** | **Yes** | |
| **m** | Performance of services or membership or fundraising solicitations by related organization(s) | **1m** | | **No** |
| **n** | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | **1n** | **Yes** | |
| **o** | Sharing of paid employees with related organization(s) | **1o** | **Yes** | |
| **p** | Reimbursement paid to related organization(s) for expenses | **1p** | | **No** |
| **q** | Reimbursement paid by related organization(s) for expenses | **1q** | | **No** |
| **r** | Other transfer of cash or property to related organization(s) | **1r** | **Yes** | |
| **s** | Other transfer of cash or property from related organization(s) | **1s** | | **No** |

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

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|---|---|---|---|
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**Part VI** **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e) Are all partners section 501(c)(3) organizations? | | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproprtionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | Yes | No | | | Yes | No | | Yes | No | |
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## Part VII Supplemental Information

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

| Return Reference | Explanation |
|---|---|

## Additional Data

**Software ID:** 15000238
**Software Version:** 2015v3.0
**EIN:** 71-0966606
**Name:** Oakes Community Hospital Foundation

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|---|---|---|---|---|---|---|---|
| | | | | | | Yes | No |
| ALEGENT CREIGHTON CLINIC<br>12809 W DODGE RD<br>OMAHA, NE 68154<br>47-0765154 | HEALTHCARE | NE | 501(c)(3 | 3 | ACH | Yes | |
| ALEGENT CREIGHTON HEALTH<br>12809 W DODGE RD<br>OMAHA, NE 68154<br>47-0757164 | HEALTHCARE | NE | 501(c)(3 | 3 | CHI NEBRASKA | Yes | |
| ALEGENT CREIGHTON HEALTH FOUNDATION<br>12809 W DODGE RD<br>OMAHA, NE 68154<br>47-0648586 | FUNDRAISING | NE | 501(c)(3 | 7 | ACH | Yes | |
| ALEGENT HEALTH - BERGAN MERCY HEALTH SYSTEM<br>7500 MERCY RD<br>OMAHA, NE 68124<br>47-0484764 | HEALTHCARE | NE | 501(c)(3 | 3 | CHI NEBRASKA | Yes | |
| ALEGENT HEALTH - COMMUNITY MEMORIAL HOSPITAL OF MISSOURI VALLEY IA<br>631 N 8TH ST<br>MISSOURI VALLEY, IA 51555<br>42-0776568 | HEALTHCARE | IA | 501(c)(3 | 3 | CHI NEBRASKA | Yes | |
| ALEGENT HEALTH - IMMANUEL MEDICAL CENTER<br>6901 N 72ND ST<br>OMAHA, NE 68122<br>47-0376615 | HEALTHCARE | NE | 501(c)(3 | 3 | CHI NEBRASKA | Yes | |
| ALEGENT HEALTH - MEMORIAL HOSPITAL SCHUYLER<br>104 W 17TH ST<br>SCHUYLER, NE 68661<br>47-0399853 | HEALTHCARE | NE | 501(c)(3 | 3 | CHI NEBRASKA | Yes | |
| ALEGENT HEALTH - MERCY HOSPITAL CORNING IOWA<br>PO BOX 368<br>CORNING, IA 50841<br>42-0782518 | HEALTHCARE | IA | 501(c)(3 | 3 | CHI NEBRASKA | Yes | |
| ALVERNA APARTMENTS<br>300 SE 8TH AVE<br>LITTLE FALLS, MN 56345<br>41-1351177 | LTERM CARE | MN | 501(c)(3 | 9 | CHI | Yes | |
| APPLETREE COURT<br>601 OAK ST<br>BRECKENRIDGE, MN 56520<br>41-1850500 | SENIOR LIVING | MN | 501(c)(3 | 9 | SFH | Yes | |
| BAYLOR ST LUKE'S HEALTH VENTURES<br>17200 ST LUKES WAY STE 170<br>THE WOODLANDS, TX 77384<br>27-4499340 | PHYSICIANS | TX | 501(c)(3 | 9 | SLCHS | Yes | |
| BELLEVILLE ST JOSEPH HEALTH CENTER<br>2801 FRANCISCAN DRIVE<br>BRYAN, TX 77802<br>27-4005511 | HEALTHCARE | TX | 501(c)(3 | 3 | SHSC | Yes | |
| BISHOP DRUMM RETIREMENT CENTER<br>1111 6TH AVE<br>DES MOINES, IA 50314<br>42-0725196 | LTERM CARE | IA | 501(c)(3 | 9 | CHI-IA CORP | Yes | |
| BORNEMANN HEALTHCARE CORPORATION<br>2500 BERNVILLE RD PO BOX 316<br>READING, PA 19603<br>23-2187242 | HEALTHCARE | PA | 501(c)(3 | Type I | CHI | Yes | |
| BRAZOSPORT HEALTH FOUNDATION INC<br>129 CIRCLE WAY STE 102<br>LAKE JACKSON, TX 77566<br>76-0080110 | FUNDRAISING | TX | 501(c)(3 | Type I | BRHS | Yes | |
| BRAZOSPORT REGIONAL PHYSICIAN SERVICES<br>100 MEDICAL DRIVE<br>LAKE JACKSON, TX 77566<br>80-0240261 | HEALTHCARE | TX | 501(c)(3 | 3 | BRHS | Yes | |
| BURLESON ST JOSEPH HEALTH CENTER<br>2801 FRANCISCAN DRIVE<br>BRYAN, TX 77802<br>74-2759890 | HEALTHCARE | TX | 501(c)(3 | 3 | SJSC | Yes | |
| BURLESON ST JOSEPH MANOR<br>2801 FRANCISCAN DRIVE<br>BRYAN, TX 77802<br>74-2913931 | HEALTHCARE | TX | 501(c)(3 | 9 | SJSC | Yes | |
| CARRINGTON HEALTH CENTER<br>800 N 4TH ST<br>CARRINGTON, ND 58421<br>45-0227311 | HEALTHCARE | ND | 501(c)(3 | 3 | CHI | Yes | |
| CATHOLIC HEALTH INITIATIVES<br>198 INVERNESS DRIVE WEST<br>ENGLEWOOD, CO 80112<br>47-0617373 | HEALTHCARE | CO | 501(c)(3 | Type I | NA | 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 |
| CATHOLIC HEALTH INITIATIVES - COLORADO<br>188 INVERNESS DRIVE WEST STE 500<br>ENGLEWOOD, CO 80112<br>84-0405257 | HEALTHCARE | CO | 501(c)(3 | 3 | CHI | Yes | |
| CATHOLIC HEALTH INITIATIVES - IOWA CORP<br>1111 6TH AVE<br>DES MOINES, IA 50314<br>42-0680448 | HEALTHCARE | IA | 501(c)(3 | 3 | CHI | Yes | |
| CATHOLIC HEALTH INITIATIVES COLORADO FOUNDATION<br>6385 CORPORATE DR STE 301<br>COLORADO SPRINGS, CO 80919<br>84-0902211 | FUNDRAISING | CO | 501(c)(3 | 7 | CHIC | Yes | |
| CATHOLIC HEALTH INITIATIVES NATIONAL FOUNDATION<br>6385 CORPORATE DR<br>COLORADO SPRINGS, CO 80919<br>27-0930004 | FUNDRAISING | CO | 501(c)(3 | Type I | CHI | Yes | |
| CATHOLIC HEALTH INITIATIVES VIRTUAL HEALTH SERVICES<br>198 INVERNESS DRIVE WEST<br>ENGLEWOOD, CO 80112<br>46-0992796 | HEALTHCARE | CO | 501(c)(3 | Type I | CHINS | Yes | |
| CENTENNIAL MEDICAL GROUP INC<br>2700 STEWART PKWY<br>ROSEBURG, OR 97471<br>26-3946191 | PHYSICIANS | OR | 501(c)(3 | 9 | MMC | Yes | |
| CENTRAL KANSAS MEDICAL CENTER<br>3515 BROADWAY<br>GREAT BEND, KS 67530<br>48-0543724 | SURGERY CENTER | KS | 501(c)(3 | 3 | CHI | Yes | |
| CHI HEALTH CONNECT AT HOME - FARGO<br>4816 AMBER VALLEY PKWY S<br>FARGO, ND 58104<br>27-1966847 | HEALTHCARE | MN | 501(c)(3 | 9 | CHI | Yes | |
| CHI INSTITUTE FOR RESEARCH AND INNOVATION<br>198 INVERNESS DRIVE WEST<br>ENGLEWOOD, CO 80112<br>27-1050565 | HEALTHCARE | CO | 501(c)(3 | Type I | CHI | Yes | |
| CHI KENTUCKY INC<br>3900 OLYMPIC BLVD STE 400<br>ERLANGER, KY 41018<br>20-2741651 | HEALTHCARE | KY | 501(c)(3 | Type I | CHI | Yes | |
| CHI NATIONAL HOME CARE<br>198 INVERNESS DRIVE WEST<br>ENGLEWOOD, CO 80112<br>45-1261716 | HEALTHCARE | CO | 501(c)(3 | 9 | CHI NS | Yes | |
| CHI NATIONAL SERVICES<br>198 INVERNESS DRIVE WEST<br>ENGLEWOOD, CO 80112<br>45-2532084 | HEALTHCARE | CO | 501(c)(3 | Type I | CHI | Yes | |
| CHI NEBRASKA<br>6940 O ST STE 200<br>LINCOLN, NE 68510<br>36-3233121 | HEALTHCARE | NE | 501(c)(3 | Type I | CHI | Yes | |
| CHI ST JOSEPH CHILDREN'S HEALTH<br>1929 LINCOLN HWY E STE 150<br>LANCASTER, PA 17602<br>23-2342997 | HEALTHCARE | PA | 501(c)(3 | Type I | CHI | Yes | |
| CHI ST JOSEPH'S CHILDREN<br>1516 5TH ST NW<br>ALBUQUERQUE, NM 87102<br>71-0897107 | COMMUNITY | NM | 501(c)(3 | Type I | CHI | Yes | |
| CHI ST LUKE'S HEALTH BAYLOR COLLEGE OF MEDICINE MEDICAL CENTER<br>6624 FANNIN ST<br>HOUSTON, TX 77030<br>74-1161938 | HEALTHCARE | TX | 501(c)(3 | 3 | SLHS | Yes | |
| CHI ST VINCENT HOSPITAL HOT SPRINGS<br>300 WERNER ST<br>HOT SPRINGS, AR 71913<br>71-0236913 | HEALTHCARE | AR | 501(c)(3 | 3 | CHISVHS | Yes | |
| CHI ST VINCENT HOT SPRINGS<br>300 WERNER ST<br>HOT SPRINGS, AR 71913<br>26-1125064 | HOLDING CO | AR | 501(c)(3 | Type II | SVIMC | Yes | |
| CHI ST VINCENT MEDICAL GROUP HOT SPRINGS<br>1 MERCY LANE STE 201<br>HOT SPRINGS, AR 71913<br>26-1125131 | HEALTHCARE | AR | 501(c)(3 | 3 | CHISVHS | Yes | |
| COMMUNITY LIMITED CARE DIALYSIS CENTER<br>619 OAK ST ACCOUNTING-3 W<br>CINCINNATI, OH 45206<br>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<br>631 N 8TH ST<br>MISSOURI VALLEY, IA 51555<br>42-1294399 | FUNDRAISING | IA | 501(c)(3 | Type I | AH-CMHMV | Yes | |
| CONTINUING CARE HOSPITAL<br>150 NORTH EAGLE CREEK DR<br>LEXINGTON, KY 40509<br>61-1400619 | LT ACH | KY | 501(c)(3 | 3 | SJHS | Yes | |
| COVENANT HOME CARE<br>198 INVERNESS DRIVE WEST<br>ENGLEWOOD, CO 80112<br>23-2028429 | HOME HEALTH | PA | 501(c)(3 | Type II | CHI NHC | Yes | |
| ENUMCLAW REGIONAL HOSPITAL ASSOCIATION<br>1450 BATTERSBY AVE<br>ENUMCLAW, WA 98022<br>91-0715805 | HEALTHCARE | WA | 501(c)(3 | 3 | FHS | Yes | |
| FLAGET HEALTHCARE INC<br>4305 NEW SHEPHERDSVILLE RD<br>BARDSTOWN, KY 40004<br>61-1345363 | HEALTHCARE | KY | 501(c)(3 | 3 | KOH | Yes | |
| FLAGET MEMORIAL HOSPITAL FOUNDATION INC<br>4305 NEW SHEPHERDSVILLE RD<br>BARDSTOWN, KY 40004<br>56-2351341 | FUNDRAISING | KY | 501(c)(3 | Type I | FH | Yes | |
| FRANCISCAN CARE CENTER<br>4111 N HOLLAND-SYLVANIA RD<br>TOLEDO, OH 43623<br>34-1931806 | HEALTHCARE | OH | 501(c)(3 | 9 | FLC | Yes | |
| FRANCISCAN FOUNDATION<br>1717 SOUTH J ST<br>TACOMA, WA 98405<br>91-1145592 | FUNDRAISING | WA | 501(c)(3 | 9 | FHS | Yes | |
| FRANCISCAN HEALTH SYSTEM<br>1717 SOUTH J ST<br>TACOMA, WA 98405<br>91-0564491 | HEALTHCARE | WA | 501(c)(3 | 3 | CHI | Yes | |
| FRANCISCAN HEALTH VENTURES FKA SJMGROUP<br>TACOMA FNC CTR BLDG 1145 BROADWAY<br>TACOMA, WA 98402<br>43-1882377 | PHYSICIANS | MO | 501(c)(3 | 9 | CHI | Yes | |
| FRANCISCAN LIVING COMMUNITIES<br>5942 RENAISSANCE PLACE STE A<br>TOLEDO, OH 43623<br>34-1892096 | HEALTHCARE | OH | 501(c)(3 | Type I | SFH | Yes | |
| FRANCISCAN MEDICAL GROUP<br>1313 BROADWAY STE 200<br>TACOMA, WA 98402<br>91-1939739 | HEALTHCARE | WA | 501(c)(3 | 9 | FHS | Yes | |
| FRANCISCAN VILLA OF SOUTH MILWAUKEE INC<br>3601 S CHICAGO AVE<br>SOUTH MILWAUKEE, WI 53172<br>39-1093829 | HEALTHCARE | WI | 501(c)(3 | 9 | CHI | Yes | |
| GARRISON MEMORIAL HOSPITAL<br>407 THIRD AVENUE SOUTHEAST<br>GARRISON, ND 58540<br>45-0227752 | HEALTHCARE | ND | 501(c)(3 | 3 | SAMC | Yes | |
| GLOBAL HEALTH INITIATIVES<br>198 INVERNESS DRIVE WEST<br>ENGLEWOOD, CO 80112<br>20-1536108 | MINISTRIES | CO | 501(c)(3 | Type I | CHI | Yes | |
| GOOD SAMARITAN COLLEGE OF NURSING & HEALTH SCIENCE<br>619 OAK ST ACCOUNTING-3 W<br>CINCINNATI, OH 45206<br>31-1778403 | EDUCATION | OH | 501(c)(3 | 2 | GSH | Yes | |
| GOOD SAMARITAN FOUNDATION OF CINCINNATI INC<br>619 OAK ST ACCOUNTING-3 W<br>CINCINNATI, OH 45206<br>31-1206047 | FUNDRAISING | OH | 501(c)(3 | Type I | GSH | Yes | |
| GOOD SAMARITAN HOSPITAL<br>PO BOX 1990<br>KEARNEY, NE 68848<br>47-0379755 | HEALTHCARE | NE | 501(c)(3 | 3 | CHI NEBRASKA | Yes | |
| GOOD SAMARITAN HOSPITAL FOUNDATION<br>111 W 31ST ST<br>KEARNEY, NE 68847<br>47-0659443 | FUNDRAISING | NE | 501(c)(3 | 7 | GSH | Yes | |
| GOOD SAMARITAN HOSPITAL FOUNDATION - DAYTON<br>110 N MAIN ST STE 500<br>DAYTON, OH 45402<br>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<br>2520 CHERRY AVE<br>BREMERTON, WA 98310<br>91-0565546 | HEALTHCARE | WA | 501(c)(3 | 3 | FHS | Yes | |
| HARRISON MEDICAL CENTER FOUNDATION<br>2520 CHERRY AVE<br>BREMERTON, WA 98310<br>91-1197626 | FUNDRAISING | WA | 501(c)(3 | 7 | HMC | Yes | |
| HEALTHCARE AND WELLNESS FOUNDATION<br>2400 ST FRANCIS DR<br>BRECKENRIDGE, MN 56520<br>76-0761782 | FUNDRAISING | MN | 501(c)(3 | Type I | SFMC | Yes | |
| HIGHLINE MEDICAL CENTER<br>16251 SYLVESTER RD SW<br>BURIEN, WA 98166<br>91-0712166 | HEALTHCARE | WA | 501(c)(3 | 3 | FHS | Yes | |
| HOUSE OF MERCY<br>1111 6TH AVE<br>DES MOINES, IA 50314<br>42-1323808 | SHELTER | IA | 501(c)(3 | 7 | CHI-IA CORP | Yes | |
| JEWISH HOSPITAL AND ST MARY'S HEALTHCARE INC<br>200 ABRAHAM FLEXNER WAY<br>LOUISVILLE, KY 40202<br>61-1029768 | HEALTHCARE | KY | 501(c)(3 | 3 | KOH | Yes | |
| KENTUCKYONE HEALTH MEDICAL GROUP INC<br>200 ABRAHAM FLEXNER WAY<br>LOUISVILLE, KY 40202<br>61-1352729 | HEALTHCARE | KY | 501(c)(3 | 9 | JHSMH | Yes | |
| KENTUCKYONE HEALTH INC<br>200 ABRAHAM FLEXNER WAY<br>LOUISVILLE, KY 40202<br>61-1029769 | HEALTHCARE | KY | 501(c)(3 | 9 | CHI | Yes | |
| LAKEWOOD HEALTH CENTER<br>600 MAIN AVE S<br>BAUDETTE, MN 56623<br>41-0758434 | HEALTHCARE | MN | 501(c)(3 | 3 | CHI | Yes | |
| LAKEWOOD REGIONAL HEALTHCARE FOUNDATION<br>600 MAIN AVE S<br>BAUDETTE, MN 56623<br>41-1893795 | FUNDRAISING | ND | 501(c)(3 | 7 | LHC | Yes | |
| LINUS OAKES INC<br>2700 STEWART PKWY<br>ROSEBURG, OR 97471<br>93-0821381 | SENIOR LIVING | OR | 501(c)(3 | 9 | MMC | Yes | |
| LISBON AREA HEALTH SERVICES<br>905 MAIN ST<br>LISBON, ND 58054<br>82-0558836 | HEALTHCARE | ND | 501(c)(3 | 3 | CHI | Yes | |
| LUFKIN VISION ACQUISITIONS<br>PO BOX 1447<br>LUFKIN, TX 75901<br>82-0563768 | PROPERTY MGMT | TX | 501(c)(3 | Type III-FI | MHSET | Yes | |
| MADISON ST JOSEPH HEALTH CENTER<br>2801 FRANCISCAN DRIVE<br>BRYAN, TX 77802<br>74-2761145 | HEALTHCARE | TX | 501(c)(3 | 3 | SJSC | Yes | |
| MADONNA MANOR INC<br>2344 AMSTERDAM ROAD<br>VILLA HILLS, KY 51017<br>61-0654635 | LIVING ASSIST | KY | 501(c)(3 | 1 | FLC | Yes | |
| MEMORIAL HEALTH CARE SYSTEM FOUNDATION INC<br>2525 DE SALES AVE<br>CHATTANOOGA, TN 37404<br>62-1839548 | FUNDRAISING | TN | 501(c)(3 | 7 | MHCS | Yes | |
| MEMORIAL HEALTH CARE SYSTEM INC<br>2525 DE SALES AVE<br>CHATTANOOGA, TN 37404<br>62-0532345 | HEALTHCARE | TN | 501(c)(3 | 3 | CHI | Yes | |
| MEMORIAL HEALTH PARTNERS FOUNDATION INC<br>5600 BRAINERD RD STE 500<br>CHATTANOOGA, TN 37411<br>03-0417049 | HEALTHCARE | TN | 501(c)(3 | 9 | MHCS | Yes | |
| MEMORIAL HEALTH SYSTEM OF EAST TEXAS<br>PO BOX 1447<br>LUFKIN, TX 75902<br>75-0755367 | HEALTHCARE | TX | 501(c)(3 | 3 | CHI | Yes | |
| MEMORIAL MEDICAL CENTER - LIVINGSTON<br>PO BOX 1447<br>LUFKIN, TX 75902<br>76-0436439 | HEALTHCARE | TX | 501(c)(3 | 3 | MHSET | Yes | |

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

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|---|---|---|---|---|---|---|---|
| | | | | | | Yes | No |
| North Central Health Care Alliance dba PrimeCare Health Group<br>401 N 9th St<br>BISMARCK, ND 585014507<br>45-0439894 | HEALTHCARE | ND | 501(c)(3 | 9 | NHCA | Yes | |
| OAKES COMMUNITY HOSPITAL<br>1200 N 7TH ST<br>OAKES, ND 58474<br>45-0231675 | HEALTHCARE | ND | 501(c)(3 | 3 | CHI | Yes | |
| OAKES COMMUNITY HOSPITAL FOUNDATION<br>1200 N 7TH ST<br>OAKES, ND 58474<br>71-0966606 | FUNDRAISING | ND | 501(c)(3 | Type I | OCH | Yes | |
| PINEYWOODS MEDICAL DEVELOPMENT CORP<br>PO BOX 1447<br>LUFKIN, TX 75902<br>75-2493116 | PROPERTY MGMT | TX | 501(c)(3 | Type III-FI | MHSET | Yes | |
| PROVIDENCE CARE CENTER<br>2025 HAYES AVENUE<br>SANDUSKY, OH 44870<br>34-1658625 | HEALTHCARE | OH | 501(c)(3 | 9 | FLC | Yes | |
| PROVIDENCE CARE CENTERS<br>2025 HAYES AVENUE<br>SANDUSKY, OH 44870<br>34-1826099 | HOLDING CO | OH | 501(c)(3 | Type II | FLC | Yes | |
| PROVIDENCE RESIDENTIAL COMMUNITY CORPORATION<br>5055 PROVIDENCE DRIVE<br>SANDUSKY, OH 44870<br>34-1896807 | LIVING COMM | OH | 501(c)(3 | 9 | FLC | Yes | |
| PUEBLO STEPUP<br>1925 E ORMAN AVE STE G52<br>PUEBLO, CO 81004<br>84-1234295 | COMMUNITY | CO | 501(c)(3 | 7 | CHIC | Yes | |
| REGIONAL HOSPITAL FOR RESPIRATORY AND COMPLEX CARE<br>12844 MILITARY RD S<br>TUKWILA, WA 98168<br>91-1170040 | HEALTHCARE | WA | 501(c)(3 | 3 | FHS | Yes | |
| SET OF COLORADO SPRINGS INC<br>2864 S CIRCLE DR STE 450<br>COLORADO SPRINGS, CO 80906<br>84-1183335 | LTERM CARE | CO | 501(c)(3 | 7 | CHIC | Yes | |
| SAINT CLARE'S COMMUNITY CARE INC<br>25 POCONO RD<br>DENVILLE, NJ 07834<br>22-2876836 | HEALTHCARE | NJ | 501(c)(3 | Type II | SCHS | Yes | |
| SAINT CLARE'S FOUNDATION INC<br>25 POCONO RD<br>DENVILLE, NJ 07834<br>22-2502997 | FUNDRAISING | NJ | 501(c)(3 | 7 | SCHS | Yes | |
| SAINT CLARE'S HEALTH SERVICES INC<br>25 POCONO RD<br>DENVILLE, NJ 07834<br>22-3639733 | MANAGEMENT | NJ | 501(c)(3 | Type II | CHI | Yes | |
| SAINT CLARE'S HOSPITAL INC<br>25 POCONO RD<br>DENVILLE, NJ 07834<br>22-3319886 | HEALTHCARE | NJ | 501(c)(3 | 3 | SCHS | Yes | |
| SAINT ELIZABETH FOUNDATION<br>555 S 70TH ST<br>LINCOLN, NE 68510<br>47-0625523 | FUNDRAISING | NE | 501(c)(3 | 7 | SERMC | Yes | |
| SAINT ELIZABETH HEALTH SERVICES<br>555 S 70TH ST<br>LINCOLN, NE 68510<br>36-3233120 | HEALTHCARE | NE | 501(c)(3 | 3 | SERMC | Yes | |
| SAINT ELIZABETH REGIONAL MEDICAL CENTER<br>555 S 70TH ST<br>LINCOLN, NE 68510<br>47-0379836 | HEALTHCARE | NE | 501(c)(3 | 3 | CHI NEBRASKA | Yes | |
| SAINT FRANCIS MEDICAL CENTER<br>2620 W FAIDLEY<br>GRAND ISLAND, NE 68803<br>47-0376601 | HEALTHCARE | NE | 501(c)(3 | 3 | CHI NEBRASKA | Yes | |
| SAINT FRANCIS MEDICAL CENTER FOUNDATION<br>PO BOX 9804<br>GRAND ISLAND, NE 68802<br>47-0630267 | FUNDRAISING | NE | 501(c)(3 | 7 | SFMC | Yes | |
| SAINT JOSEPH BEREA HOSPITAL FOUNDATION INC<br>305 ESTILL ST<br>BEREA, KY 40403<br>26-0152877 | FUNDRAISING | KY | 501(c)(3 | 7 | SJHS | Yes | |

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

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

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|---|---|---|---|---|---|---|---|
| | | | | | | Yes | No |
| ST LUKE'S HEALTH SYSTEM CORPORATION<br>6624 FANNIN ST STE 1100<br>HOUSTON, TX 77030<br>76-0536232 | MANAGEMENT | TX | 501(c)(3 | Type I | CHI | Yes | |
| ST LUKE'S HOSPITAL AT THE VINTAGE<br>6624 FANNIN ST STE 2505<br>HOUSTON, TX 77030<br>26-3734606 | HEALTHCARE | TX | 501(c)(3 | 3 | SLHS | Yes | |
| ST LUKE'S MEDICAL GROUP<br>6624 FANNIN ST<br>HOUSTON, TX 77030<br>76-0458535 | PHYSICIANS | TX | 501(c)(3 | 3 | SLHS | Yes | |
| ST LUKE'S MEDICAL TOWER CORPORATION<br>6624 FANNIN ST STE 1100<br>HOUSTON, TX 77030<br>76-0531713 | PROPERTY MGMT | TX | 501(c)(3 | Type I | CHI-SLH | Yes | |
| ST LUKE'S PROPERTIES CORPORATION<br>6624 FANNIN ST STE 1100<br>HOUSTON, TX 77030<br>76-0531716 | PROPERTY MGMT | TX | 501(c)(3 | Type I | SLHS | Yes | |
| ST LUKE'S SUGAR LAND PROPERTIES CORPORATION<br>6624 FANNIN ST STE 2505<br>HOUSTON, TX 77030<br>45-4120549 | PROPERTY MGMT | TX | 501(c)(3 | Type I | SLCDC-SL | Yes | |
| ST MARY'S COMMUNITY HOSPITAL<br>1314 3RD AVE<br>NEBRASKA CITY, NE 68410<br>47-0443636 | HEALTHCARE | NE | 501(c)(3 | 3 | CHI NEBRASKA | Yes | |
| ST MARY'S HOSPITAL FOUNDATION<br>1314 3RD AVE<br>NEBRASKA CITY, NE 68410<br>47-0707604 | FUNDRAISING | NE | 501(c)(3 | 7 | SMCH | Yes | |
| ST VINCENT FOUNDATION<br>TWO ST VINCENT CIRCLE<br>LITTLE ROCK, AR 72205<br>51-0169537 | FUNDRAISING | AR | 501(c)(3 | Type I | SVIMC | Yes | |
| ST VINCENT INFIRMARY MEDICAL CENTER<br>TWO ST VINCENT CIRCLE<br>LITTLE ROCK, AR 72205<br>71-0236917 | HEALTHCARE | AR | 501(c)(3 | 3 | CHI | Yes | |
| ST VINCENT MEDICAL GROUP<br>TWO ST VINCENT CIRCLE<br>LITTLE ROCK, AR 72205<br>71-0830696 | HEALTHCARE | AR | 501(c)(3 | 9 | SVIMC | Yes | |
| SYLVANIA FRANCISCAN HEALTH<br>1715 INDIAN WOOD CIR 200<br>MAUMEE, OH 43537<br>34-1412964 | HEALTHCARE | OH | 501(c)(3 | Type I | CHI | Yes | |
| SYLVANIA FRANCISCAN HEALTH FOUNDATION<br>1715 INDIAN WOOD CIR 200<br>MAUMEE, OH 43537<br>45-5357161 | FUNDRAISING | OH | 501(c)(3 | Type I | FLC | Yes | |
| THE COMMONS OF PROVIDENCE<br>5000 PROVIDENCE DRIVE<br>SANDUSKY, OH 44870<br>34-1826097 | ASSIST LIVING | OH | 501(c)(3 | 9 | FLC | Yes | |
| THE COMMUNITY HOSPITAL OF BRAZOSPORT<br>100 MEDICAL DRIVE<br>LAKE JACKSON, TX 77566<br>74-1385192 | HEALTHCARE | TX | 501(c)(3 | 3 | SLHS | Yes | |
| THE GOOD SAMARITAN HOSPITAL OF CINCINNATI OH<br>619 OAK ST ACCOUNTING-3 W<br>CINCINNATI, OH 45206<br>31-0537486 | HEALTHCARE | OH | 501(c)(3 | 3 | CHI | Yes | |
| THE PHYSICIAN NETWORK<br>2000 Q ST STE 500<br>LINCOLN, NE 68503<br>47-0780857 | PHYSICIANS | NE | 501(c)(3 | Type I | CHI NEBRASKA | Yes | |
| TOTAL HEALTHCARE<br>188 INVERNESS DRIVE WEST STE 500<br>ENGLEWOOD, CO 80112<br>84-0927232 | HEALTHCARE | CO | 501(c)(3 | 3 | CHIC | Yes | |
| TRINITY HEALTH FOUNDATION<br>380 SUMMIT AVENUE<br>STEUBENVILLE, OH 43952<br>31-1329423 | FUNDRAISING | OH | 501(c)(3 | Type I | THS | Yes | |
| TRINITY HEALTH SYSTEM<br>380 SUMMIT AVENUE<br>STEUBENVILLE, OH 43952<br>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<br>380 SUMMIT AVENUE<br>STEUBENVILLE, OH 43952<br>30-0752920 | HEALTHCARE | OH | 501(c)(3 | 3 | THS | Yes | |
| TRINITY HOSPITAL HOLDING COMPANY<br>380 SUMMIT AVENUE<br>STEUBENVILLE, OH 43952<br>34-1842025 | HEALTHCARE | OH | 501(c)(3 | 3 | THS | Yes | |
| TRINITY HOSPITAL TWIN CITY<br>819 NORTH FIRST STREET<br>DENNISON, OH 44621<br>27-5401105 | HEALTHCARE | OH | 501(c)(3 | 3 | CHI | Yes | |
| TRI-STATE HEALTH SERVICES INC<br>ONE ROSS PARK BLVD<br>STEUBENVILLE, OH 43952<br>34-1522484 | ASSIST LIVING | OH | 501(c)(3 | | THS | Yes | |
| UNITY FAMILY HEALTHCARE<br>815 SE 2ND ST<br>LITTLE FALLS, MN 56345<br>41-0721642 | HEALTHCARE | MN | 501(c)(3 | 3 | CHI | Yes | |
| VILLA NAZARETH INC<br>801 PAGE DR<br>FARGO, ND 58103<br>45-0226714 | LTERM CARE | ND | 501(c)(3 | 9 | CHI | Yes | |
| VISITING NURSE ASSOCIATION OF ST CLARE'S INC<br>191 WOODPORT RD<br>SPARTA, NJ 07871<br>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) Disproprtionate 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<br><br>3606 N 156th St<br>OMAHA, NE 68116<br>06-1786985 | OP Diagnostics | NE | ACH | Related | -7,263 | 485,853 | | No | 0 | Yes | | 51 % |
| Audubon Land Company LLC<br><br>5390 N Academy Blvd STE 300<br>COLORADO SPRINGS, CO 80918<br>84-1513085 | Real Estate | CO | CHIC | Related | 250,214 | 23,193,712 | | No | 0 | | No | 50 % |
| AVON EMERGENCY AND URGENT CARE CENTER LLC<br><br>188 INVERNESS DRIVE WEST 500<br>ENGLEWOOD, CO 80112<br>81-1727282 | HEALTHCARE SRVC | CO | CHIC | Related | 0 | 0 | | No | 0 | Yes | | 77 % |
| BAYLOR CHI ST LUKES HEALTH SERVICES LLC<br><br>6624 Fannin St Ste 1100<br>HOUSTON, TX 77030<br>47-2079184 | HEALTHCARE SRVC | TX | SLHS | Related | 0 | 0 | | No | 0 | Yes | | 65 % |
| BERGAN MERCY SURGERY CENTER LLC<br><br>7710 Mercy Rd Ste 200<br>OMAHA, NE 68124<br>20-8671994 | AMBUL SURG CTR | NE | ACH | Related | 709,407 | 1,953,385 | | No | 0 | | No | 58 % |
| BERYWOOD OFFICE PROPERTIES LLC<br><br>400 BERYWOOD TRAIL<br>CLEVELAND, TN 37312<br>62-1875199 | PHYS OFFICE | TN | MHCS | Related | 127,778 | 958,445 | | No | 0 | Yes | | 63 % |
| BLUEGRASS REGIONAL IMAGING CENTER<br><br>1218 SOUTH BROADWAY STE 310<br>LEXINGTON, KY 40504<br>61-1386736 | DIAGNOSTIC IMAGING | KY | SJHS | Related | 312,944 | 3,261,145 | | No | 0 | | No | 65 % |
| CATHOLIC HEALTH INITIATIVES PHYSICIAN SERVICES LLC<br><br>198 INVERNESS DRIVE WEST<br>ENGLEWOOD, CO 80112<br>46-2945938 | PRACTICE MGMT SRVC | DE | CHI | Related | -572,758 | 28,961,482 | | No | 0 | Yes | | 80 % |
| CENTRAL NEBRASKA HOME CARE SERVICES<br><br>PO BOX 1146 4502 N SECOND AVE<br>KEARNEY, NE 68848<br>47-0692112 | HEALTHCARE SRVC | NE | na | Related | -33,398 | 156,208 | | No | 0 | Yes | | 100 % |
| CENTRAL NEBRASKA REHABILITATION SERVICES LLC<br><br>3004 W FAIDLEY AVENUE<br>GRAND ISLAND, NE 68803<br>81-0653461 | Physical Therapy | NE | SFMC | Related | 2,441,607 | 3,412,341 | | No | 0 | | No | 51 % |
| CENTURA-SCA HOLDINGS LLC<br><br>569 BROOK VILLAGE STE 901<br>BIRMINGHAM, AL 35209<br>47-4823023 | OP SURGERY CENTER | AL | CHIC | Related | 525,814 | 1,305,299 | | No | 0 | Yes | | 65 % |
| CHI OPERATING INVESTMENT PROGRAM LP<br><br>198 INVERNESS DRIVE WEST<br>ENGLEWOOD, CO 80112<br>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<br><br>6624 Fannin St Ste 1100<br>HOUSTON, TX 77030<br>81-0743412 | URGENT CARE | TX | SLHS | Related | 0 | 0 | | No | 0 | Yes | | 65 % |
| CHICAMSURG Surgery Centers LLC<br><br>188 INVERNESS DRIVE WEST 500<br>ENGLEWOOD, CO 80112<br>46-5683027 | SURGERY CENTER | CO | CHIC | Related | 0 | 0 | | No | 0 | | No | 51 % |
| CHICLARKIN VENTURES LLC<br><br>188 INVERNESS DRIVE WEST 500<br>ENGLEWOOD, CO 80112<br>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) Disproprtionate 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<br><br>8770 W Bryn Mawr Ste 1370<br>CHICAGO, IL 60631<br>26-2982714 | REAL ESTATE | CO | CHIC | Related | 599,151 | 425,148 | | No | 0 | Yes | | 40 % |
| HC SL VINTAGE I LLC<br><br>18000 W SARAH LANE STE 250<br>BROOKFIELD, WI 53045<br>27-0453767 | PROPERTY HOLDING | WI | SL HOSP-VINTAGE | Related | 1,365,254 | 375,590,761 | | No | 0 | | No | 51 % |
| HEALTHCARE SUPPORT SERVICES LLC<br><br>PO BOX 9804<br>GRAND ISLAND, NE 68802<br>72-1546196 | LAUNDRY | NE | na | Related | 256,166 | 3,371,484 | | No | 0 | | No | 100 % |
| Heartland Oncology LLC<br><br>2337 E Crawford St<br>SALINA, KS 67401<br>46-4265403 | ONCOLOGY | KS | SCH | Related | -457,809 | 1,985,911 | | No | 0 | | No | 51 % |
| HIGHLINE IMAGING LLC<br><br>PO BOX 184<br>BRUSH PRAIRIE, WA 98606<br>20-0460005 | DIAGNOSTIC IMAGING | WA | HMC | Related | 65,074 | 1,408,012 | | No | 0 | | No | 80 % |
| LAKESIDE AMBULATORY SURGICAL CENTER LLC<br><br>17031 LAKESIDE HILLS DR<br>OMAHA, NE 68130<br>20-4267902 | AMBUL SURG CTR | NE | ACH | Related | 4,111,597 | 2,474,455 | | No | 0 | | No | 54 % |
| LAKESIDE ENDOSCOPY CENTER LLC<br><br>17001 LAKESIDE HILLS PLZ STE 201<br>OMAHA, NE 68130<br>20-5544496 | ENDOSCOPY SRVC | NE | ACH | Related | 670,348 | 721,021 | | No | 0 | | No | 51 % |
| LINCOLN CK LEASING LLC<br><br>6003 Old Cheney Rd<br>Lincoln, NE 68516<br>26-2496856 | Real Estate | NE | SERMC | Related | 488,450 | 230,998 | | No | 0 | | No | 54 % |
| NEBRASKA SPINE HOSPITAL LLC<br><br>6901 N 72ND ST<br>OMAHA, NE 68122<br>27-0263191 | SPINE HOSPITAL | NE | ACH | Related | 10,386,143 | 19,795,974 | | No | 0 | | No | 51 % |
| NORTH RIVER SURGERY CENTER LLC<br><br>2209 WILDWOOD AVE<br>SHERWOOD, AR 72120<br>71-0799771 | AMBUL SURG CTR | AR | SVIMC | Related | 163,900 | 1,280,229 | | No | 0 | | No | 57 % |
| ORTHOCOLORADO LLC<br><br>11650 WEST 2ND PLACE<br>LAKEWOOD, CO 80255<br>37-1577105 | ORTHO HOSPITAL | CO | THC | Related | 9,902,290 | 2,561,198 | | No | 0 | | No | 60 % |
| PENINSULA RADIATION ONCOLOGY LLC<br><br>314 MLK JR WAY STE 11<br>TACOMA, WA 98405<br>87-0808610 | HEALTHCARE SRVC | WA | FHS | Related | 343,465 | 2,173,284 | | No | 0 | | No | 60 % |
| Penrad Imaging<br><br>1390 Kelly Johnson Blvd<br>COLORADO SPRINGS, CO 80920<br>84-1072619 | Medical Imaging | CO | CHIC | Related | 1,160,221 | 2,168,695 | | No | 0 | | No | 70 % |
| PMC HOSPITAL LLC<br><br>3100 MAIN ST STE 500<br>HOUSTON, TX 77002<br>27-3280598 | HOSPITAL | TX | SL CDC-PMC | Related | 5,287,747 | 67,411,280 | | No | 0 | Yes | | 51 % |
| PRAIRIE HEALTH VENTURES LLC<br><br>421 S 9TH ST STE 102<br>LINCOLN, NE 68508<br>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) Disproprtionate 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<br><br>188 INVERNESS DRIVE WEST 500<br>ENGLEWOOD, CO 80112<br>62-1488737 | SURGERY CENTER | CO | CHIC | Related | -155,230 | 107,312 | | No | 0 | | No | 51 % |
| Saint JOSEPH - PAML LLC<br><br>200 ABRAHAM FLEXNER WAY<br>LOUISVILLE, KY 40202<br>45-2116736 | MGMT SVCS | KY | SJHS | Related | 57,681 | 589,808 | | No | 0 | Yes | | 63 % |
| SAINT JOSEPH - SCA HOLDINGS LLC<br><br>1451 Harrodsburg RD<br>LEXINGTON, KY 40503<br>45-3801157 | OP SURGERY | DE | SJHS | Related | 0 | 0 | | No | 0 | Yes | | 51 % |
| SAINT JOSEPH-ANC HOME CARE SERVICES<br><br>1700 EDISON DR<br>MILFORD, OH 45150<br>26-3330545 | HOME HEALTH | KY | JHSMH | Related | 5,517,685 | 7,112,135 | | No | 0 | | No | 100 % |
| SCA Premier Surgery Center of Louisville LLC<br><br>200 Abraham Flexner Way<br>LOUISVILLE, KY 40202<br>72-1386840 | SURGERY CENTER | KY | JHSMH | Related | -177,796 | 2,205,015 | | No | 0 | | No | 51 % |
| ST FRANCIS LAND COMPANY<br><br>5390 N ACADEMY BLVD STE 300<br>COLORADO SPRINGS, CO 80918<br>26-3134100 | REAL ESTATE | CO | CHIC | Related | -82,977 | 14,572,659 | | No | 0 | | No | 51 % |
| ST FRANCIS MEDICAL CENTER ASSOCIATES<br><br>1717 SOUTH J ST<br>TACOMA, WA 98405<br>91-1352698 | MED OFFICE | WA | FHS | Related | 265,442 | 1,984,098 | | No | 0 | | No | 61 % |
| ST LUKE'S DIAGNOSTIC CATH LAB LLP<br><br>6624 FANNIN ST STE 800<br>HOUSTON, TX 77030<br>71-0959365 | DIAGNOSTICS | TX | SLHS HOLDINGS | Related | 611,532 | 1,117,217 | | No | 0 | | No | 57 % |
| ST LUKE'S LAKESIDE HOSPITAL LLC<br><br>6624 FANNIN STE 2505<br>HOUSTON, TX 77030<br>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<br><br>6624 FANNIN STE 800<br>HOUSTON, TX 77030<br>46-2795726 | DIAGNOSTICS | TX | SLHSH | Related | -76,879 | 1,171,971 | | No | 0 | Yes | | 51 % |
| Superior Medical Imaging LLC<br><br>5000 North 26th ST<br>LINCOLN, NE 68521<br>26-2884555 | OP Diagnostics | NE | SERMC | Related | 9,528 | 402,804 | | No | 0 | Yes | | 51 % |
| SURGERY CENTER OF LEXINGTON LLC<br><br>200 ABRAHAM FLEXNER WAY<br>LOUISVILLE, KY 40202<br>62-1179539 | SURGERY CENTER | KY | SJHS | Related | 187,315 | 2,777,419 | | No | 0 | Yes | | 51 % |
| SURGERY CENTER OF LOUISVILLE LLC<br><br>200 Abraham Flexner Way<br>LOUISVILLE, KY 40202<br>62-1179537 | SURGERY CENTER | KY | JHSMH | Related | 11,207 | 803,899 | | No | 0 | Yes | | 51 % |

## Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

| (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 |
| 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 | |

**Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust**

| (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 |
| (16)<br>CONSOLIDATED HEALTH SERVICES<br>1700 EDISON DR<br>MILFORD, OH 45150<br>31-1378212 | HOME HEALTH | OH | CHI | C Corporation | 247,400 | 51,845,030 | 100 % | Yes | |
| (1) Des Moines Medical Center Inc<br>1111 6TH AVE<br>Des Moines, IA 50314<br>42-0837382 | Real Estate | IA | CHI-IA Corp | C Corporation | 71,628 | 1,151,078 | 93 % | Yes | |
| (2) Diversified Health Resources Inc<br>100 MEDICAL DRIVE<br>LAKE JACKSON, TX 77566<br>76-0222679 | Health Care | TX | BRHS | C Corporation | 0 | 0 | 100 % | Yes | |
| (3) East Texas Clinical Services Inc<br>2801 Via Fortuna 500<br>Austin, TX 78746<br>45-4736213 | Healthcare | TX | MHSET | C Corporation | 0 | 16,782 | 100 % | Yes | |
| (4) First Initiatives Insurance LTD<br>PO BOX 10073 APO<br>Georgetown, GRAND CAYMAN KY11001<br>CJ<br>98-0203038 | Insurance | CJ | CHI | C Corporation | 0 | 0 | 100 % | Yes | |
| (5) Franciscan Services Inc<br>198 INVERNESS DRIVE WEST<br>Englewood, CO 80112<br>23-2487967 | Healthcare | CO | CHI | C Corporation | 318,497 | 11,891,645 | 100 % | Yes | |
| (6) Good Samaritan Outreach Services<br>PO Box 1990<br>Kearney, NE 68848<br>47-0659440 | Medical Clinic | NE | CHI Nebraska | C Corporation | 0 | 0 | 100 % | Yes | |
| (7) HarvestPlains Health of Iowa<br>32129 Weyerhaeuser Way S STE 201<br>FEDERAL WAY, WA 98001<br>47-3451750 | Insurance | WA | QCHPS | C Corporation | 2,182 | 3,002,182 | 100 % | Yes | |
| (8) Health Systems Enterprises Inc<br>1700 EDISON DR<br>MILFORD, OH 45150<br>47-0664558 | MGMT | NE | GSH | C Corporation | 84,269 | 1,115,210 | 100 % | Yes | |
| (9)<br>Healthcare MGMT Services Organization INC<br>1149 MARKET ST<br>Tacoma, WA 98402<br>91-1865474 | Health Org | WA | FHS | C Corporation | 0 | 0 | 100 % | Yes | |
| (10) HeartlandPlains Health<br>198 INVERNESS DRIVE WEST<br>Englewood, CO 80112<br>46-4368223 | Insurance | NE | PHPSI | C Corporation | 1,755,860 | 3,679,133 | 100 % | Yes | |
| (11) Highline Medical Group<br>15811 AMBUAN Blvd SW STE A<br>Burien, WA 98166<br>91-1407026 | Medical Services | WA | HMC | C Corporation | 0 | 0 | 100 % | Yes | |
| (12) Medquest<br>1301 15TH AVENUE WEST<br>Williston, ND 58801<br>45-0392137 | Sale of DME | ND | MMC Williston | C Corporation | 677,839 | 1,583,325 | 100 % | Yes | |
| (13)<br>Memorial CV Service Line Management Company LLC<br>1201 W Frank Ave<br>Lufkin, TX 75904<br>46-3622849 | Heath Care | TX | MHSET | C Corporation | 0 | 0 | 100 % | Yes | |
| (14) Mercy Park Apartments LTD<br>1111 6th AVE<br>Des Moines, IA 50314<br>42-1202422 | Housing | IA | CHI-IA Corp | C Corporation | 1,888,173 | 2,376,812 | 100 % | Yes | |

## Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

| (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 |
| (31) Mercy Services Corp<br>2700 STEWART PARKWAY<br>Roseburg, OR 97471<br>93-0824308 | Retail Sales | OR | MMC | C Corporation | 2,502,051 | 1,446,108 | 100 % | Yes | |
| (1) MHI Clinical Services<br>1201 W Frank Ave<br>Lufkin, TX 75904<br>46-1967952 | Healthcare | TX | MHSET | C Corporation | 10,063,699 | 1,339,619 | 100 % | Yes | |
| (2) Mountain Management Services Inc<br>6028 Shallowford Rd<br>Chattanooga, TN 37421<br>62-1570739 | MGMT SVC ORG | TN | MHCS | C Corporation | 31,344,101 | 6,237,932 | 100 % | Yes | |
| (3) Nazareth Assurance Company<br>PO BOX 10073 APO<br>Georgetown,GRAND CAYMAN<br>KY11001<br>CJ<br>03-0304831 | Insurance | CJ | CHI | C Corporation | 0 | 0 | 100 % | Yes | |
| (4)<br>PATIENT TRANSPORT SERVICES INC<br>1700 EDISON DR<br>MILFORD, OH 45150<br>31-1100798 | HOME HEALTH | OH | ANC | C Corporation | 9,010,987 | 6,688,783 | 100 % | Yes | |
| (5) PhysicianHealth System Network<br>1149 MARKET ST<br>Tacoma, WA 98402<br>91-1746721 | Health Org | WA | FHS | C Corporation | 0 | 0 | 100 % | Yes | |
| (6) QCA Health Plan Inc<br>12615 Chenal Parkway STE 300<br>Little Rock, AR 72211<br>71-0794605 | Insurance | AR | QCHI | C Corporation | 104,106,960 | 86,204,029 | 100 % | Yes | |
| (7) QualChoice Advantage<br>32129 WEYERHAEUSER WAY S STE 201<br>FEDERAL WAY, WA 98001<br>47-3433912 | Insurance | WA | QCPS | C Corporation | 2,767 | 3,502,767 | 100 % | Yes | |
| (8)<br>QualChoice Health Plan Services Inc (fka CollabHealth Plan Services Inc)<br>198 INVERNESS DRIVE WEST<br>Englewood, CO 80112<br>46-1224037 | Admin Services | CO | QCHI | C Corporation | 17,917,443 | 64,152,898 | 100 % | Yes | |
| (9)<br>QualChoice Health Inc (fka CollabHealth Managed Solutions Inc)<br>198 INVERNESS DRIVE WEST<br>Englewood, CO 80112<br>46-1222808 | Holding Co | CO | CHI | C Corporation | 2,010,400 | -2,237,656 | 100 % | Yes | |
| (10) QualChoice Holdings Inc<br>12615 Chenal Parkway STE 300<br>Little Rock, AR 72211<br>27-4075520 | Holding Co | AR | PHPS | C Corporation | 0 | 10,190 | 100 % | Yes | |
| (11)<br>QualChoice Life and Health Insurance Company Inc<br>12615 Chenal Parkway STE 300<br>Little Rock, AR 72211<br>71-0386640 | Insurance | AR | QCH | C Corporation | 19,949,469 | 19,444,633 | 100 % | Yes | |
| (12) QualChoice of Nebraska<br>2401 S 73rd St<br>Omaha, NE 68124<br>81-0738827 | Insurance | NE | QCH | C Corporation | 0 | 0 | 100 % | Yes | |
| (13) RiverLink Health<br>198 INVERNESS DRIVE WEST<br>Englewood, CO 80112<br>46-4380824 | Insurance | OH | PHPS | C Corporation | 2,069,874 | 3,679,879 | 100 % | Yes | |
| (14) RiverLink Health of Kentucky Inc<br>198 INVERNESS DRIVE WEST<br>Englewood, CO 80112<br>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<br>380 SUMMIT AVE<br>STEUBENVILLE, OH 43952<br>34-1832654 | Pharmacy | OH | THS | C Corporation | 1,104,611 | 2,024,431 | 100 % | Yes | |
| (1) Saint Clare's Primary Care Inc<br>66 FORD RD<br>Denville, NJ 07834<br>22-2441202 | Billing Services | NJ | SCCC | C Corporation | 499,042 | 1,183,247 | 100 % | Yes | |
| (2) SAMARITAN FAMILY CARE INC<br>40 W FOURTH ST STE 1700<br>Dayton, OH 45402<br>31-1299450 | Healthcare | OH | SHP | C Corporation | 0 | 0 | 100 % | Yes | |
| (3) SJH Services Corporation<br>198 INVERNESS DRIVE WEST<br>Englewood, CO 80112<br>23-2307408 | Healthcare | CO | FSI | C Corporation | 2,007,370 | 2,441,286 | 100 % | Yes | |
| SJL PHYSICIAN MANAGEMENT<br>(4) SERVICES INC<br>424 LEWIS HARGETT CR STE 160<br>Lexington, KY 40503<br>27-0164198 | Mgmt | KY | SJHS | C Corporation | 41 | 0 | 100 % | Yes | |
| (5) SLMT Parking Inc<br>6624 Fannin STE 800<br>Houston, TX 77030<br>76-0637140 | Parking | TX | SLHS | C Corporation | 3,345,698 | 205,200 | 100 % | Yes | |
| (6) SoundPath Health Inc<br>32129 Weyerhaeuser Way S STE 201<br>Federal Way, WA 98001<br>42-1720801 | Insurance | WA | PHPS | C Corporation | 138,106,211 | 32,840,909 | 100 % | Yes | |
| (7) St Alexius Health Services Inc<br>900 East Broadway Avenue<br>Bismarck, ND 58501<br>45-0402812 | Healthcare | ND | SAMC | C Corporation | 0 | 0 | 100 % | Yes | |
| (8) St Anthony Development Company<br>1415 Southgate<br>Pendleton, OR 97801<br>93-1216943 | Athletic Club | OR | SAH | C Corporation | 1,541,465 | 2,192,287 | 100 % | Yes | |
| (9) St Joseph Development Company Inc<br>1717 SOUTH J ST<br>Tacoma, WA 98405<br>91-1480569 | Rental | WA | FSI | C Corporation | 3,758,845 | 12,828,493 | 100 % | Yes | |
| ST JOSEPH OFFICE PARK<br>(10) ASSOCIATION<br>1401 HARRODSBURG RD BLDG B70<br>Lexington, KY 40504<br>61-1079899 | Mgmt | KY | SJHS | C Corporation | 200,108 | 1,137,660 | 85 % | Yes | |
| St Luke's 6620 Main Condominium<br>(11) Association<br>6624 Fannin STE 1100<br>Houston, TX 77030<br>30-0355517 | Condo Assoc | TX | SLPC | C Corporation | 0 | 0 | 100 % | Yes | |
| (12)<br>St Luke's Anesthesiology Associates<br>6624 Fannin STE 1100<br>Houston, TX 77030<br>46-1517163 | Medical Clinic | TX | CHI-SLH | C Corporation | 0 | 0 | 100 % | Yes | |
| (13)<br>St Luke's Episcopal Hospital Physician Hospital Organization Inc<br>6720 Bertner MC4-262<br>Houston, TX 77030<br>76-0377932 | PHO | TX | CHI-SLH | C Corporation | 0 | 0 | 60 % | Yes | |
| (14)<br>St Luke's Health System Holdings Inc<br>6624 Fannin STE 800<br>Houston, TX 77030<br>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 Building 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 | |