

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

OMB No 1545-0047  
**2016**  
**Open to Public Inspection**

### A For the 2016 calendar year, or tax year beginning 07-01-2016, and ending 06-30-2017

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

**C** Name of organization  
LORETTO HOSPITAL

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite  
645 S CENTRAL AVENUE

City or town, state or province, country, and ZIP or foreign postal code  
CHICAGO, IL 60644

**D** Employer identification number  
36-2200248

**E** Telephone number  
(773) 854-5267

**G** Gross receipts \$ 64,102,920

**F** Name and address of principal officer  
KENNETH MCGHEE  
645 S CENTRAL AVENUE  
CHICAGO, IL 60644

**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 LORETTOHOSPITAL ORG

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

**L** Year of formation 1939

**M** State of legal domicile IL

### Part I Summary

**1** Briefly describe the organization's mission or most significant activities  
LORETTO HOSPITAL IS A COMMUNITY BASED ORGANIZATION FOCUSED TO PROVIDE QUALITY PATIENT CENTERED CARE AND PROMOTE WELLNESS AND EDUCATION

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

|  |     |
|--|-----|
| <b>3</b> Number of voting members of the governing body (Part VI, line 1a)             | 6   |
| <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) | 4   |
| <b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a)  | 711 |
| <b>6</b> Total number of volunteers (estimate if necessary)                            | 6   |
| <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12         | 0   |
| <b>7b</b> Net unrelated business taxable income from Form 990-T, line 34               | 0   |

|   | Prior Year | Current Year |
|---|------------|--------------|
| <b>8</b> Contributions and grants (Part VIII, line 1h)                                      | 2,262,217  | 303,691      |
| <b>9</b> Program service revenue (Part VIII, line 2g)                                       | 63,067,790 | 63,067,790   |
| <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d )                    | 28,411     | 6,964        |
| <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)          | 1,226,281  | 724,475      |
| <b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 66,584,699 | 64,102,920   |
| <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3 )                 | 0          | 0            |
| <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)                     | 0          | 0            |
| <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 34,032,024 | 33,931,141   |
| <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)                    | 0          | 0            |
| <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0                      |            |              |
| <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                      | 30,532,761 | 36,155,655   |
| <b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)          | 64,564,785 | 70,086,796   |
| <b>19</b> Revenue less expenses Subtract line 18 from line 12                               | 2,019,914  | -5,983,876   |

|   | Beginning of Current Year | End of Year |
|---|---------------------------|-------------|
| <b>20</b> Total assets (Part X, line 16)                            | 51,160,106                | 47,968,786  |
| <b>21</b> Total liabilities (Part X, line 26)                       | 12,597,479                | 14,456,345  |
| <b>22</b> Net assets or fund balances Subtract line 21 from line 20 | 38,562,627                | 33,512,441  |

### 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: 2019-05-15  
KENNETH MCGHEE CHIEF FINANCIAL OFFICER  
Type or print name and title

**Paid Preparer Use Only**  
Print/Type preparer's name: Nicole Bencik  
Preparer's signature: Nicole Bencik  
Date:  
Check  if self-employed PTIN: P00756195  
Firm's name: CROWE LLP Firm's EIN: 35-0921680  
Firm's address: 225 West Wacker Drive Suite 2600 Chicago, IL 606061224 Phone no: (312) 899-7000

**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

LORETTO HOSPITAL IS A NOT-FOR-PROFIT COMMUNITY BASED ORGANIZATION, WHICH PARTNERS WITH ITS PHYSICIANS, EMPLOYEES, AND COMMUNITY IT SERVES TO PROVIDE QUALITY PATIENT CENTERED CARE AND PROMOTES WELLNESS AND EDUCATION

**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 \$ 59,600,662 including grants of \$ 0 ) (Revenue \$ 63,564,594 )  
See Additional Data

**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 ▶ 59,600,662

**Part IV Checklist of Required Schedules**

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

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

|            |  | Yes | No |
|------------|--|-----|----|
| <b>20a</b> | Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> . . . . .   | Yes | No |
| <b>b</b>   | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   | Yes |    |
| <b>21</b>  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .   |     | No |
| <b>22</b>  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .   |     | No |
| <b>23</b>  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .  | Yes |    |
| <b>24a</b> | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .                            |     | No |
| <b>b</b>   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .  |     |    |
| <b>c</b>   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .   |     |    |
| <b>d</b>   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .  |     |    |
| <b>25a</b> | <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b><br>Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .  |     | No |
| <b>b</b>   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .                                       |     | No |
| <b>26</b>  | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .                                 |     | No |
| <b>27</b>  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . . |     | No |
| <b>28</b>  | 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)   |     |    |
| <b>a</b>   | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .   | Yes |    |
| <b>b</b>   | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .  |     | No |
| <b>c</b>   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .  |     | No |
| <b>29</b>  | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .  |     | No |
| <b>30</b>  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .  |     | No |
| <b>31</b>  | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .  |     | No |
| <b>32</b>  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .  |     | No |
| <b>33</b>  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .  |     | No |
| <b>34</b>  | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .  | Yes |    |
| <b>35a</b> | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  |     | No |
| <b>b</b>   | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .   |     |    |
| <b>36</b>  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .   |     | No |
| <b>37</b>  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>   |     | No |
| <b>38</b>  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .  | 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 . . . . .

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, solicitations, and charitable trusts.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (6), 1b (4), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed IL
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.
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. Kenneth McGhee 645 S Central Ave Chicago, IL 60644 (773) 626-4300

**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)<br>Name and Title   | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |         | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) Edward Hogan<br>Board Member/Chairman                           | 1 0<br>.....   | X   |                       | X       |              |                              |         | 0  | 0   | 0   |
| (2) Kimberly Lightford<br>Vice Chairman                             | 1 0<br>.....   | X   |                       | X       |              |                              |         | 0  | 0   | 0   |
| (3) Michelle Colins<br>Secretary/Treasurer                          | 1 0<br>.....   | X   |                       | X       |              |                              |         | 0  | 0   | 0   |
| (4) Dr Sonia Mehta<br>Board Member/CEO/CMO/Physician - Partial Year | 40 0<br>.....  | X   |                       | X       |              |                              | 626,347 | 0  | 24,000  |   |
| (5) James Montgomery Sr<br>Board Member                             | 1 0<br>.....   | X   |                       |         |              |                              |         | 0  | 0   | 0   |
| (6) Myosore Bhagavan MD<br>President of Medical Staff               | 1 0<br>.....   | X   |                       |         |              |                              |         | 0  | 0   | 0   |
| (7) Syed Haque<br>CIO   | 40 0<br>.....  |   |                       | X       |              |                              | 86,281  | 0  | 10,188  |   |
| (8) Kenneth McGhee<br>CFO   | 40 0<br>.....  |   |                       | X       |              |                              | 240,679 | 0  | 15,950  |   |
| (9) James Renneker<br>CNO   | 40 0<br>.....  |   |                       | X       |              |                              | 232,496 | 0  | 30,616  |   |
| (10) Melinda Malecki JD<br>General Counsel/Risk Management          | 40 0<br>.....  |   |                       | X       |              |                              | 162,874 | 0  | 28,722  |   |
| (11) Tilak Joshi MD<br>Physician                                    | 40 0<br>.....  |   |                       |         |              | X                            | 230,006 | 0  | 16,101  |   |
| (12) Joy M Soriano<br>RN  | 40 0<br>.....  |   |                       |         |              | X                            | 134,117 | 0  | 23,555  |   |
| (13) Divya Jain<br>Pharmacist                                       | 40 0<br>.....  |   |                       |         |              | X                            | 120,508 | 0  | 22,883  |   |
| (14) Daphne Sam<br>Pharmacist                                       | 40 0<br>.....  |   |                       |         |              | X                            | 111,029 | 0  | 18,629  |   |
| (15) Naeil Elhaj<br>Pharmacist                                      | 40 0<br>.....  |   |                       |         |              | X                            | 109,841 | 0  | 19,359  |   |
| (16) Suresh Krishnan<br>Former CIO                                  | 40 0<br>.....  |   |                       |         |              | X                            | 114,272 | 0  | 23,531  |   |



**Part VIII Statement of Revenue**

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

|   |   | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under sections<br>512-514 |
|---|---|----------------------|--|---|--|
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b> | <b>1a</b> Federated campaigns . . . . .   | <b>1a</b>            | 0  |   |  |
|   | <b>b</b> Membership dues . . . . .  | <b>1b</b>            | 0  |   |  |
|   | <b>c</b> Fundraising events . . . . .   | <b>1c</b>            | 0  |   |  |
|   | <b>d</b> Related organizations . . . . .  | <b>1d</b>            | 0  |   |  |
|   | <b>e</b> Government grants (contributions)  | <b>1e</b>            | 303,450  |   |  |
|   | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above | <b>1f</b>            | 241  |   |  |
|   | <b>g</b> Noncash contributions included in lines 1a-1f \$ _____                         |                      |  |   |  |
|   | <b>h Total.</b> Add lines 1a-1f . . . . .   |                      | 303,691  |   |  |

| <b>Program Service Revenue</b>             |                               |  | Business Code |            |            |   |   |
|--|-------------------------------|--|---------------|------------|------------|---|---|
|  | <b>2a</b> Net Patient Revenue |  | 622000        | 63,067,790 | 63,067,790 | 0 | 0 |
| <b>b</b> _____                             |                               |  |               | 0          | 0          |   |   |
| <b>c</b> _____                             |                               |  |               | 0          | 0          |   |   |
| <b>d</b> _____                             |                               |  |               | 0          | 0          |   |   |
| <b>e</b> _____                             |                               |  |               | 0          | 0          |   |   |
| <b>f</b> All other program service revenue |                               |  |               | 0          | 0          | 0 | 0 |
| <b>g Total.</b> Add lines 2a-2f . . . . .  |                               |  | 63,067,790    |            |            |   |   |

|   |   |   |               |            |   |         |        |   |
|---|---|---|---------------|------------|---|---------|--------|---|
| <b>Other Revenue</b>  | <b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .   |   |               | 6,964      | 0 | 0       | 6,964  |   |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds . . . . .   |   |               | 0          | 0 | 0       | 0      |   |
|   | <b>5</b> Royalties . . . . .  |   |               | 0          | 0 | 0       | 0      |   |
|   | <b>6a</b> Gross rents   | (i) Real  | (ii) Personal |            |   |         |        |   |
|   |   | 24,674  | 0             |            |   |         |        |   |
|   |   | <b>b</b> Less rental expenses                                   | 0             | 0          |   |         |        |   |
|   |   | <b>c</b> Rental income or (loss)                                | 24,674        | 0          |   |         |        |   |
|   | <b>d</b> Net rental income or (loss) . . . . .  |   |               | 24,674     | 0 | 0       | 24,674 |   |
|   | <b>7a</b> Gross amount from sales of assets other than inventory  | (i) Securities  | (ii) Other    |            |   |         |        |   |
|   |   | 0   | 0             |            |   |         |        |   |
|   |   | <b>b</b> Less cost or other basis and sales expenses            | 0             | 0          |   |         |        |   |
|   |   | <b>c</b> Gain or (loss)   | 0             | 0          |   |         |        |   |
|   | <b>d</b> Net gain or (loss) . . . . .   |   |               |            |   |         |        |   |
|   | <b>8a</b> Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c) See Part IV, line 18 . . . . . | <b>a</b>  |               |            |   |         |        |   |
|   |   | <b>b</b> Less direct expenses . . . . .                         | <b>b</b>      | 0          |   |         |        |   |
|   |   | <b>c</b> Net income or (loss) from fundraising events . . . . . |               |            | 0 | 0       | 0      | 0 |
|   | <b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .  | <b>a</b>  |               |            |   |         |        |   |
|   |   | <b>b</b> Less direct expenses . . . . .                         | <b>b</b>      | 0          |   |         |        |   |
|   |   | <b>c</b> Net income or (loss) from gaming activities . . . . .  |               |            | 0 | 0       | 0      | 0 |
|   | <b>10a</b> Gross sales of inventory, less returns and allowances . . . . .  | <b>a</b>  |               |            |   |         |        |   |
| <b>b</b> Less cost of goods sold . . . . .                      |   | <b>b</b>  | 0             |            |   |         |        |   |
| <b>c</b> Net income or (loss) from sales of inventory . . . . . |   |   |               | 0          | 0 | 0       | 0      |   |
| Miscellaneous Revenue   |   | Business Code   |               |            |   |         |        |   |
| <b>11a</b> Cafeteria  |   | 624200  | 202,997       |            |   | 202,997 |        |   |
| <b>b</b> Medical Student Preceptorship                          |   | 611430  | 70,918        | 70,918     |   |         |        |   |
| <b>c</b> _____  |   |   |               |            |   |         |        |   |
| <b>d</b> All other revenue . . . . .                            |   |   | 425,886       | 425,886    | 0 | 0       |        |   |
| <b>e Total.</b> Add lines 11a-11d . . . . .                     |   |   | 699,801       |            |   |         |        |   |
| <b>12 Total revenue.</b> See Instructions . . . . .             |   |   | 64,102,920    | 63,564,594 | 0 | 234,635 |        |   |

**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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.  | 0                     | 0                               |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.   | 0                     | 0                               |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.   | 0                     | 0                               |  |                             |
| <b>4</b> Benefits paid to or for members.   | 0                     | 0                               |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees.  | 1,458,423             | 364,606                         | 1,093,817                              | 0                           |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).   | 0                     |                                 | 0                                      | 0                           |
| <b>7</b> Other salaries and wages.  | 27,571,387            | 24,814,248                      | 2,757,139                              | 0                           |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).  | 79,865                | 79,865                          | 0                                      | 0                           |
| <b>9</b> Other employee benefits.   | 1,914,588             | 1,723,129                       | 191,459                                | 0                           |
| <b>10</b> Payroll taxes.  | 2,906,878             | 2,325,502                       | 581,376                                | 0                           |
| <b>11</b> Fees for services (non-employees)   |                       |                                 |  |                             |
| <b>a</b> Management.  | 0                     | 0                               | 0                                      | 0                           |
| <b>b</b> Legal.   | 397,051               | 0                               | 397,051                                | 0                           |
| <b>c</b> Accounting.  | 34,495                | 0                               | 34,495                                 | 0                           |
| <b>d</b> Lobbying.  | 100,000               | 0                               | 100,000                                | 0                           |
| <b>e</b> Professional fundraising services. See Part IV, line 17.   |                       |                                 |  |                             |
| <b>f</b> Investment management fees.  | 0                     | 0                               | 0                                      | 0                           |
| <b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).  | 4,883,659             | 3,906,927                       | 976,732                                | 0                           |
| <b>12</b> Advertising and promotion.  | 107,085               | 53,543                          | 53,542                                 | 0                           |
| <b>13</b> Office expenses.  | 2,789,906             | 2,231,925                       | 557,981                                | 0                           |
| <b>14</b> Information technology.   | 0                     | 0                               | 0                                      | 0                           |
| <b>15</b> Royalties.  | 0                     | 0                               | 0                                      | 0                           |
| <b>16</b> Occupancy.  | 1,094,949             | 1,040,202                       | 54,747                                 | 0                           |
| <b>17</b> Travel.   | 56,010                | 56,010                          | 0                                      | 0                           |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.   | 0                     | 0                               | 0                                      | 0                           |
| <b>19</b> Conferences, conventions, and meetings.   | 0                     | 0                               | 0                                      | 0                           |
| <b>20</b> Interest.   | 0                     | 0                               | 0                                      | 0                           |
| <b>21</b> Payments to affiliates.   | 0                     | 0                               | 0                                      | 0                           |
| <b>22</b> Depreciation, depletion, and amortization.  | 2,411,265             | 2,411,265                       | 0                                      | 0                           |
| <b>23</b> Insurance.  | 3,409,962             | 681,992                         | 2,727,970                              | 0                           |
| <b>24</b> 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.)                                       |                       |                                 |  |                             |
| <b>a</b> PROVIDER ASSESSMENT  | 7,426,529             | 7,426,529                       |  | 0                           |
| <b>b</b> Provision for Bad Debt   | 5,485,792             | 5,211,502                       | 274,290                                | 0                           |
| <b>c</b> Physician Fees   | 3,569,001             | 3,569,001                       |  | 0                           |
| <b>d</b> Pharmaceuticals  | 962,277               | 962,277                         |  | 0                           |
| <b>e</b> All other expenses   | 3,427,674             | 2,742,139                       | 685,535                                | 0                           |
| <b>25</b> Total functional expenses. Add lines 1 through 24e.   | 70,086,796            | 59,600,662                      | 10,486,134                             | 0                           |
| <b>26</b> 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). |                       |                                 |  |                             |

**Part X Balance Sheet**

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

|  |   | (A)<br>Beginning of year |            | (B)<br>End of year |
|--|---|--------------------------|------------|--------------------|
| <b>Assets</b>  | <b>1</b> Cash—non-interest-bearing . . . . .  | 342,552                  | <b>1</b>   | 1,174,250          |
|  | <b>2</b> Savings and temporary cash investments . . . . .   | 309,626                  | <b>2</b>   | 360,453            |
|  | <b>3</b> Pledges and grants receivable, net . . . . .   | 2,157,081                | <b>3</b>   | 425,000            |
|  | <b>4</b> Accounts receivable, net . . . . .   | 6,366,891                | <b>4</b>   | 5,094,575          |
|  | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L   | 0                        | <b>5</b>   | 0                  |
|  | <b>6</b> 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 |                          | <b>6</b>   | 0                  |
|  | <b>7</b> Notes and loans receivable, net . . . . .  |                          | <b>7</b>   | 0                  |
|  | <b>8</b> Inventories for sale or use . . . . .  | 423,952                  | <b>8</b>   | 479,348            |
|  | <b>9</b> Prepaid expenses and deferred charges . . . . .  | 1,093,757                | <b>9</b>   | 815,978            |
|  | <b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D  | 52,136,283               |            |                    |
|  | <b>b</b> Less accumulated depreciation  | 26,740,290               |            |                    |
|  |   | 24,352,498               | <b>10c</b> | 25,395,993         |
|  | <b>11</b> Investments—publicly traded securities . . . . .  |                          | <b>11</b>  |                    |
|  | <b>12</b> Investments—other securities See Part IV, line 11 . . . . .   | 752,499                  | <b>12</b>  | 752,464            |
|  | <b>13</b> Investments—program-related See Part IV, line 11 . . . . .  | 12,330,226               | <b>13</b>  | 11,032,663         |
|  | <b>14</b> Intangible assets . . . . .   |                          | <b>14</b>  |                    |
| <b>15</b> Other assets See Part IV, line 11 . . . . .                                | 3,031,024   | <b>15</b>                | 2,438,062  |                    |
| <b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . . | 51,160,106  | <b>16</b>                | 47,968,786 |                    |
| <b>Liabilities</b>   | <b>17</b> Accounts payable and accrued expenses . . . . .   | 11,569,097               | <b>17</b>  | 12,415,947         |
|  | <b>18</b> Grants payable . . . . .  |                          | <b>18</b>  | 0                  |
|  | <b>19</b> Deferred revenue . . . . .  |                          | <b>19</b>  | 0                  |
|  | <b>20</b> Tax-exempt bond liabilities . . . . .   |                          | <b>20</b>  | 0                  |
|  | <b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D  |                          | <b>21</b>  | 0                  |
|  | <b>22</b> 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 . . . . .   |                          | <b>22</b>  | 0                  |
|  | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .  |                          | <b>23</b>  | 0                  |
|  | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .  |                          | <b>24</b>  |                    |
|  | <b>25</b> 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  | 1,028,382                | <b>25</b>  | 2,040,398          |
|  | <b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .   | 12,597,479               | <b>26</b>  | 14,456,345         |
| <b>Net Assets or Fund Balances</b>   | <b>27</b> <b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b><br>Unrestricted net assets  | 38,126,412               | <b>27</b>  | 33,326,226         |
|  | <b>28</b> Temporarily restricted net assets . . . . .   | 436,215                  | <b>28</b>  | 186,215            |
|  | <b>29</b> Permanently restricted net assets   |                          | <b>29</b>  |                    |
|  | <b>30</b> <b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b><br>Capital stock or trust principal, or current funds . . . . .  |                          | <b>30</b>  |                    |
|  | <b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .   |                          | <b>31</b>  |                    |
|  | <b>32</b> Retained earnings, endowment, accumulated income, or other funds  |                          | <b>32</b>  |                    |
|  | <b>33</b> Total net assets or fund balances . . . . .   | 38,562,627               | <b>33</b>  | 33,512,441         |
|  | <b>34</b> Total liabilities and net assets/fund balances . . . . .  | 51,160,106               | <b>34</b>  | 47,968,786         |

**Part XI Reconciliation of Net Assets**

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

|           |   |           |            |
|-----------|---|-----------|------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)   | <b>1</b>  | 64,102,920 |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)  | <b>2</b>  | 70,086,796 |
| <b>3</b>  | Revenue less expenses Subtract line 2 from line 1   | <b>3</b>  | -5,983,876 |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | <b>4</b>  | 38,562,627 |
| <b>5</b>  | Net unrealized gains (losses) on investments  | <b>5</b>  |            |
| <b>6</b>  | Donated services and use of facilities  | <b>6</b>  |            |
| <b>7</b>  | Investment expenses   | <b>7</b>  |            |
| <b>8</b>  | Prior period adjustments  | <b>8</b>  |            |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)  | <b>9</b>  | 933,690    |
| <b>10</b> | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 33,512,441 |

**Part XII Financial Statements and Reporting**

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

|   | Yes | No |
|---|-----|----|
| <p><b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br/>                     If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>   |     |    |
| <p><b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?<br/>                     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</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p> |     | No |
| <p><b>b</b> Were the organization's financial statements audited by an independent accountant?<br/>                     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</p> <p><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>                 | Yes |    |
| <p><b>c</b> 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?<br/>                     If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>   | Yes |    |
| <p><b>3a</b> 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?</p>   |     | No |
| <p><b>b</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</p>  |     |    |

## Additional Data

**Software ID:** 16000421  
**Software Version:** 2016v3.0  
**EIN:** 36-2200248  
**Name:** LORETTO HOSPITAL

Form 990 (2016)

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### **Form 990, Part III, Line 4a:**

LORETTO IS A 187 BED NOT-FOR-PROFIT FACILITY STAFFED AND COMMUNITY FOCUSED HEALTHCARE PROVIDER WITH AN INTERDISCIPLINARY TEAM OF SOME OF THE FINEST DOCTORS, SPECIALIST AND NURSING IN CHICAGO WHICH SERVES OVER 33,000 PATIENTS EACH YEAR IN THE CHICAGO'S AUSTIN AND SURROUNDING COMMUNITIES WITH OUR MEDICAL AND ANCILLARY SERVICES UNDER ONE ROOF, WE MAKE QUALITY HEALTH CARE MORE CONVENIENT AND ACCESSIBLE OUR MEDICAL SERVICES ARE AMBULATORY CARE CLINIC, EMERGENCY MEDICINE, MEDICAL/SURGERY & CRITICAL CARE, ADDICTIONS AND COMPULSIVE BEHAVIOR, DIAGNOSTIC IMAGING, PHYSICAL THERAPY AND REHABILITATION, MENTAL HEALTH, CRISIS INTERVENTION, AND OTHER CLINICAL PROGRAMS

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**SCHEDULE A**  
**(Form 990 or 990EZ)**

**Public Charity Status and Public Support**

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

**2016**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
LORETTO HOSPITAL

Employer identification number

36-2200248

**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 12, 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III )
- 11  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12  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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
  - f Enter the number of supported organizations \_\_\_\_\_
  - g Provide the following information about the supported organization(s) \_\_\_\_\_

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|--|---|----|---|---|
|                                    |          |  | Yes   | No |   |   |
|                                    |          |  |   |    |   |   |
| <b>Total</b>                       |          |  |   |    |   |   |

**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, 8, or 9 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<br>(or fiscal year beginning in) ▶ |   | (a)2012 | (b)2013 | (c)2014 | (d)2015 | (e)2016 | (f)Total |
|--|---|---------|---------|---------|---------|---------|----------|
| <b>1</b>   | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")  |         |         |         |         |         |          |
| <b>2</b>   | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |         |         |         |         |         |          |
| <b>3</b>   | The value of services or facilities furnished by a governmental unit to the organization without charge   |         |         |         |         |         |          |
| <b>4</b>   | <b>Total.</b> Add lines 1 through 3   |         |         |         |         |         |          |
| <b>5</b>   | 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) |         |         |         |         |         |          |
| <b>6</b>   | <b>Public support.</b> Subtract line 5 from line 4  |         |         |         |         |         |          |

**Section B. Total Support**

| Calendar year<br>(or fiscal year beginning in) ▶ |  | (a)2012 | (b)2013 | (c)2014 | (d)2015 | (e)2016   | (f)Total |
|--|--|---------|---------|---------|---------|-----------|----------|
| <b>7</b>   | Amounts from line 4  |         |         |         |         |           |          |
| <b>8</b>   | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources   |         |         |         |         |           |          |
| <b>9</b>   | Net income from unrelated business activities, whether or not the business is regularly carried on   |         |         |         |         |           |          |
| <b>10</b>  | Other income (Do not include gain or loss from the sale of capital assets (Explain in Part VI))  |         |         |         |         |           |          |
| <b>11</b>  | <b>Total support.</b> Add lines 7 through 10   |         |         |         |         |           |          |
| <b>12</b>  | Gross receipts from related activities, etc. (see instructions)  |         |         |         |         | <b>12</b> |          |
| <b>13</b>  | <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/> |         |         |         |         |           |          |

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

|            |   |           |  |
|------------|---|-----------|--|
| <b>14</b>  | Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))  | <b>14</b> |  |
| <b>15</b>  | Public support percentage for 2015 Schedule A, Part II, line 14   | <b>15</b> |  |
| <b>16a</b> | <b>33 1/3% support test—2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>   |           |  |
| <b>b</b>   | <b>33 1/3% support test—2015.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>  |           |  |
| <b>17a</b> | <b>10%-facts-and-circumstances test—2016.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>      |           |  |
| <b>b</b>   | <b>10%-facts-and-circumstances test—2015.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> |           |  |
| <b>18</b>  | <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>  |           |  |

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year<br>(or fiscal year beginning in) ► |  | (a)2012 | (b)2013 | (c)2014 | (d)2015 | (e)2016 | (f)Total |
|--|--|---------|---------|---------|---------|---------|----------|
| <b>1</b>   | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")  |         |         |         |         |         |          |
| <b>2</b>   | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |         |         |         |         |         |          |
| <b>3</b>   | Gross receipts from activities that are not an unrelated trade or business under section 513   |         |         |         |         |         |          |
| <b>4</b>   | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |         |         |         |         |         |          |
| <b>5</b>   | The value of services or facilities furnished by a governmental unit to the organization without charge  |         |         |         |         |         |          |
| <b>6</b>   | <b>Total.</b> Add lines 1 through 5  |         |         |         |         |         |          |
| <b>7a</b>  | Amounts included on lines 1, 2, and 3 received from disqualified persons   |         |         |         |         |         |          |
| <b>b</b>   | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year           |         |         |         |         |         |          |
| <b>c</b>   | Add lines 7a and 7b  |         |         |         |         |         |          |
| <b>8</b>   | <b>Public support.</b> (Subtract line 7c from line 6.)   |         |         |         |         |         |          |

**Section B. Total Support**

| Calendar year<br>(or fiscal year beginning in) ► |   | (a)2012 | (b)2013 | (c)2014 | (d)2015 | (e)2016 | (f)Total |
|--|---|---------|---------|---------|---------|---------|----------|
| <b>9</b>   | Amounts from line 6   |         |         |         |         |         |          |
| <b>10a</b>                                       | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  |         |         |         |         |         |          |
| <b>b</b>   | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975   |         |         |         |         |         |          |
| <b>c</b>   | Add lines 10a and 10b   |         |         |         |         |         |          |
| <b>11</b>  | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on   |         |         |         |         |         |          |
| <b>12</b>  | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)   |         |         |         |         |         |          |
| <b>13</b>  | <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)   |         |         |         |         |         |          |
| <b>14</b>  | <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <span style="float: right;">► <input type="checkbox"/></span> |         |         |         |         |         |          |

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

|           |  |           |  |
|-----------|--|-----------|--|
| <b>15</b> | Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) | <b>15</b> |  |
| <b>16</b> | Public support percentage from 2015 Schedule A, Part III, line 15                      | <b>16</b> |  |

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

|            |  |           |  |
|------------|--|-----------|--|
| <b>17</b>  | Investment income percentage for <b>2016</b> (line 10c, column (f) divided by line 13, column (f))   | <b>17</b> |  |
| <b>18</b>  | Investment income percentage from <b>2015</b> Schedule A, Part III, line 17  | <b>18</b> |  |
| <b>19a</b> | <b>33 1/3% support tests—2016.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <span style="float: right;">► <input type="checkbox"/></span>          |           |  |
| <b>b</b>   | <b>33 1/3% support tests—2015.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <span style="float: right;">► <input type="checkbox"/></span> |           |  |
| <b>20</b>  | <b>Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <span style="float: right;">► <input type="checkbox"/></span>  |           |  |

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

|            |   | Yes | No |
|------------|---|-----|----|
| <b>1</b>   | Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.  |     |    |
|            | <b>1</b>  |     |    |
| <b>2</b>   | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).   |     |    |
|            | <b>2</b>  |     |    |
| <b>3a</b>  | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.   |     |    |
|            | <b>3a</b>   |     |    |
| <b>b</b>   | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.   |     |    |
|            | <b>3b</b>   |     |    |
| <b>c</b>   | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.  |     |    |
|            | <b>3c</b>   |     |    |
| <b>4a</b>  | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.   |     |    |
|            | <b>4a</b>   |     |    |
| <b>b</b>   | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.  |     |    |
|            | <b>4b</b>   |     |    |
| <b>c</b>   | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.   |     |    |
|            | <b>4c</b>   |     |    |
| <b>5a</b>  | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document). |     |    |
|            | <b>5a</b>   |     |    |
| <b>b</b>   | <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?  |     |    |
|            | <b>5b</b>   |     |    |
| <b>c</b>   | <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?   |     |    |
|            | <b>5c</b>   |     |    |
| <b>6</b>   | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .   |     |    |
|            | <b>6</b>  |     |    |
| <b>7</b>   | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).  |     |    |
|            | <b>7</b>  |     |    |
| <b>8</b>   | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).   |     |    |
|            | <b>8</b>  |     |    |
| <b>9a</b>  | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .  |     |    |
|            | <b>9a</b>   |     |    |
| <b>b</b>   | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .   |     |    |
|            | <b>9b</b>   |     |    |
| <b>c</b>   | Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .  |     |    |
|            | <b>9c</b>   |     |    |
| <b>10a</b> | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.   |     |    |
|            | <b>10a</b>  |     |    |
| <b>b</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.)  |     |    |
|            | <b>10b</b>  |     |    |

**Part IV Supporting Organizations** (continued)

|           |   | Yes | No |
|-----------|---|-----|----|
| <b>11</b> | Has the organization accepted a gift or contribution from any of the following persons?   |     |    |
| <b>a</b>  | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? |     |    |
| <b>b</b>  | A family member of a person described in (a) above?   |     |    |
| <b>c</b>  | A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>   |     |    |

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

|          |  | Yes | No |
|----------|--|-----|----|
| <b>1</b> | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? |     |    |
| <b>2</b> | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>  |     |    |
| <b>3</b> | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>  |     |    |

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

|          |  |  |  |
|----------|--|--|--|
| <b>1</b> | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)   |  |  |
| <b>a</b> | <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.   |  |  |
| <b>b</b> | <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.  |  |  |
| <b>c</b> | <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).  |  |  |
| <b>2</b> | Activities Test <b>Answer (a) and (b) below.</b>   |  |  |
| <b>a</b> | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> |  |  |
| <b>b</b> | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>  |  |  |
| <b>3</b> | Parent of Supported Organizations <b>Answer (a) and (b) below.</b>   |  |  |
| <b>a</b> | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>  |  |  |
| <b>b</b> | Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>  |  |  |

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

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

**Section A - Adjusted Net Income**

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

**Section B - Minimum Asset Amount**

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

**Section C - Distributable Amount**

|   |          | Current Year |
|---|----------|--------------|
| <b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)  | <b>1</b> |              |
| <b>2</b> Enter 85% of line 1  | <b>2</b> |              |
| <b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)   | <b>3</b> |              |
| <b>4</b> Enter greater of line 2 or line 3  | <b>4</b> |              |
| <b>5</b> Income tax imposed in prior year   | <b>5</b> |              |
| <b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)  | <b>6</b> |              |
| <b>7</b> <input type="checkbox"/> 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)**

| <b>Section D - Distributions</b>  | <b>Current Year</b> |
|---|---------------------|
| <b>1</b> Amounts paid to supported organizations to accomplish exempt purposes  |                     |
| <b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity    |                     |
| <b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations  |                     |
| <b>4</b> Amounts paid to acquire exempt-use assets  |                     |
| <b>5</b> Qualified set-aside amounts (prior IRS approval required)  |                     |
| <b>6</b> Other distributions (describe in Part VI) See instructions   |                     |
| <b>7 Total annual distributions.</b> Add lines 1 through 6  |                     |
| <b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions |                     |
| <b>9</b> Distributable amount for 2016 from Section C, line 6   |                     |
| <b>10</b> Line 8 amount divided by Line 9 amount  |                     |

| <b>Section E - Distribution Allocations (see instructions)</b>   | <b>(i)<br/>Excess Distributions</b> | <b>(ii)<br/>Underdistributions<br/>Pre-2016</b> | <b>(iii)<br/>Distributable<br/>Amount for 2016</b> |
|--|-------------------------------------|---|--|
| <b>1</b> Distributable amount for 2016 from Section C, line 6  |                                     |   |  |
| <b>2</b> Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)   |                                     |   |  |
| <b>3</b> Excess distributions carryover, if any, to 2016   |                                     |   |  |
| <b>a</b>   |                                     |   |  |
| <b>b</b>   |                                     |   |  |
| <b>c</b> From 2013. . . . .  |                                     |   |  |
| <b>d</b> From 2014. . . . .  |                                     |   |  |
| <b>e</b> From 2015. . . . .  |                                     |   |  |
| <b>f Total</b> of lines 3a through e   |                                     |   |  |
| <b>g</b> Applied to underdistributions of prior years  |                                     |   |  |
| <b>h</b> Applied to 2016 distributable amount  |                                     |   |  |
| <b>i</b> Carryover from 2011 not applied (see instructions)  |                                     |   |  |
| <b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f   |                                     |   |  |
| <b>4</b> Distributions for 2016 from Section D, line 7   |                                     |   |  |
| <b>a</b> Applied to underdistributions of prior years  |                                     |   |  |
| <b>b</b> Applied to 2016 distributable amount  |                                     |   |  |
| <b>c</b> Remainder Subtract lines 4a and 4b from 4   |                                     |   |  |
| <b>5</b> Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) |                                     |   |  |
| <b>6</b> Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)                        |                                     |   |  |
| <b>7 Excess distributions carryover to 2017.</b> Add lines 3j and 4c   |                                     |   |  |
| <b>8</b> Breakdown of line 7   |                                     |   |  |
| <b>a</b>   |                                     |   |  |
| <b>b</b> Excess from 2013. . . . .   |                                     |   |  |
| <b>c</b> Excess from 2014. . . . .   |                                     |   |  |
| <b>d</b> Excess from 2015. . . . .   |                                     |   |  |
| <b>e</b> Excess from 2016. . . . .   |                                     |   |  |

**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**

**SCHEDULE C**  
(Form 990 or 990-EZ)  
  
Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

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

OMB No 1545-0047

**2016**

**Open to Public Inspection**

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

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

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

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

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

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

|  |  |
|--|--|
| Name of the organization<br>LORETTO HOSPITAL | Employer identification number<br>36-2200248 |
|--|--|

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

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

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

|   |   |    |  |
|---|---|----|--|
| 1 Enter the amount of any excise tax incurred by the organization under section 4955      | ▶ | \$ | _____  |
| 2 Enter the amount of any excise tax incurred by organization managers under section 4955 | ▶ | \$ | _____  |
| 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?   |   |    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4a Was a correction made?   |   |    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b If "Yes," describe in Part IV   |   |    |  |

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

|   |   |    |  |
|---|---|----|--|
| 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities                          | ▶ | \$ | _____  |
| 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities | ▶ | \$ | _____  |
| 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b                                    | ▶ | \$ | _____  |
| 4 Did the filing organization file Form 1120-POL for this year?   |   |    | <input type="checkbox"/> Yes <input type="checkbox"/> No |

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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

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

**Limits on Lobbying Expenditures**  
(The term "expenditures" means amounts paid or incurred.)

**(a)** Filing organization's totals      **(b)** Affiliated group totals

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount Enter the amount from the following table in both columns

| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is:                |
|---|---|
| Not over \$500,000                              | 20% of the amount on line 1e                      |
| Over \$500,000 but not over \$1,000,000         | \$100,000 plus 15% of the excess over \$500,000   |
| Over \$1,000,000 but not over \$1,500,000       | \$175,000 plus 10% of the excess over \$1,000,000 |
| Over \$1,500,000 but not over \$17,000,000      | \$225,000 plus 5% of the excess over \$1,500,000  |
| Over \$17,000,000                               | \$1,000,000                                       |

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a If zero or less, enter -0-
- i** Subtract line 1f from line 1c If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  Yes  No

**4-Year Averaging Period Under section 501(h)**

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

**Lobbying Expenditures During 4-Year Averaging Period**

| Calendar year (or fiscal year beginning in)                      | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) Total |
|--|----------|----------|----------|----------|-----------|
| <b>2a</b> Lobbying nontaxable amount                             |          |          |          |          |           |
| <b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))    |          |          |          |          |           |
| <b>c</b> Total lobbying expenditures                             |          |          |          |          |           |
| <b>d</b> Grassroots nontaxable amount                            |          |          |          |          |           |
| <b>e</b> Grassroots ceiling amount (150% of line 2d, column (e)) |          |          |          |          |           |
| <b>f</b> Grassroots lobbying expenditures                        |          |          |          |          |           |

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

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

|   | (a) |    | (b)     |
|---|-----|----|---------|
|   | Yes | No | Amount  |
| <b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of |     |    |         |
| <b>a</b> Volunteers?  |     | No |         |
| <b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?   |     | No |         |
| <b>c</b> Media advertisements?  |     | No |         |
| <b>d</b> Mailings to members, legislators, or the public?   |     | No |         |
| <b>e</b> Publications, or published or broadcast statements?  |     | No |         |
| <b>f</b> Grants to other organizations for lobbying purposes?   |     | No |         |
| <b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?  |     | No |         |
| <b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  |     | No |         |
| <b>i</b> Other activities?  | Yes |    | 100,000 |
| <b>j</b> Total. Add lines 1c through 1i   |     |    | 100,000 |
| <b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?   |     | No |         |
| <b>b</b> If "Yes," enter the amount of any tax incurred under section 4912  |     |    |         |
| <b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912   |     |    |         |
| <b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?   |     |    |         |

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

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

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

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

**Part IV Supplemental Information**

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

| Return Reference  | Explanation  |
|---|--|
| Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY | THE HOSPITAL HIRES AN OUTSIDE CONSULTING GROUP TO LOBBY ON THEIR BEHALF FOR A VARIETY OF PROGRAMS FOCUSED ON ADVOCACY AND REPRESENTATION |
| Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY | THE HOSPITAL HIRES AN OUTSIDE CONSULTING GROUP TO LOBBY ON THEIR BEHALF FOR A VARIETY OF PROGRAMS FOCUSED ON ADVOCACY AND REPRESENTATION |

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2016

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization: LORETTO HOSPITAL; Employer identification number: 36-2200248

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for values, 5-6 for Yes/No questions.

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

Form with multiple sections: 1 Purpose(s) of conservation easements; 2 Complete lines 2a through 2d; 3-6 Monitoring and enforcement questions; 9 Description of reporting.

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.

Form with 2 main questions: 1a/b Revenue and Assets included; 2 Revenue and Assets received or held for financial gain.

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- |  | Amount |
|--|--------|
| <b>c</b> Beginning balance             |        |
| <b>d</b> Additions during the year     |        |
| <b>e</b> Distributions during the year |        |
| <b>f</b> Ending balance                |        |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . .

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

|   | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance . . . . .                     |                  |                |                    |                      |                     |
| <b>b</b> Contributions . . . . .                                  |                  |                |                    |                      |                     |
| <b>c</b> Net investment earnings, gains, and losses               |                  |                |                    |                      |                     |
| <b>d</b> Grants or scholarships . . . . .                         |                  |                |                    |                      |                     |
| <b>e</b> Other expenditures for facilities and programs . . . . . |                  |                |                    |                      |                     |
| <b>f</b> Administrative expenses . . . . .                        |                  |                |                    |                      |                     |
| <b>g</b> End of year balance . . . . .                            |                  |                |                    |                      |                     |

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
  - b** Permanent endowment ▶
  - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- |  |            |           |
|--|------------|-----------|
| <b>(i)</b> unrelated organizations . . . . .   | <b>Yes</b> | <b>No</b> |
| <b>3a(i)</b>   |            |           |
| <b>(ii)</b> related organizations . . . . .  | <b>Yes</b> | <b>No</b> |
| <b>3a(ii)</b>  |            |           |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>Yes</b> | <b>No</b> |
| <b>3b</b>  |            |           |
- 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' on 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 |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land . . . . .  |                                      | 429,028                         |                              | 429,028        |
| <b>b</b> Buildings  |                                      | 38,070,460                      | 18,663,418                   | 19,407,042     |
| <b>c</b> Leasehold improvements   |                                      |                                 |                              |                |
| <b>d</b> Equipment . . . . .  |                                      | 13,501,460                      | 7,960,799                    | 5,540,661      |
| <b>e</b> Other . . . . .  |                                      | 135,335                         | 116,073                      | 19,262         |
| <b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) . . . ▶ |                                      |                                 |                              | 25,395,993     |

**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<br>(including name of security)  | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|--|----------------|---|
| (1) Financial derivatives . . . . .                                      |                |   |
| (2) Closely-held equity interests . . . . .                              |                |   |
| (3) Other _____  |                |   |
| (A)  |                |   |
| (B)  |                |   |
| (C)  |                |   |
| (D)  |                |   |
| (E)  |                |   |
| (F)  |                |   |
| (G)  |                |   |
| (H)  |                |   |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12 ) |                |   |

**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<br>Cost or end-of-year market value |
|--|----------------|---|
| (1) WESTSIDE INSURANCE   | 9,064,830      | C   |
| (2) Merrill Lynch  | 1,661,124      | C   |
| (3) LH Foundation  | 306,709        | C   |
| (3)  |                |   |
| (4)  |                |   |
| (5)  |                |   |
| (6)  |                |   |
| (7)  |                |   |
| (8)  |                |   |
| (9)  |                |   |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13 ) | 11,032,663     |   |

**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 |
|--|----------------|
| (1) LH Insurance Recoveries  | 2,438,062      |
| (1)  |                |
| (2)  |                |
| (3)  |                |
| (4)  |                |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15 ) | 2,438,062      |

**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 |
|--|----------------|
| (1) Federal income taxes   | 0              |
| Line of Credit   | 1,012,016      |
| Asset Retirement Obligation  | 1,028,382      |
| (3)  |                |
| (4)  |                |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 ) | 2,040,398      |

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.

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

**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.

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

**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 |
|---------------------------|-------------|
| See Additional Data Table |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |



## Additional Data

**Software ID:** 16000421  
**Software Version:** 2016v3.0  
**EIN:** 36-2200248  
**Name:** LORETTO HOSPITAL

## Supplemental Information

| Return Reference                                     | Explanation  |
|--|--|
| Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote | <p>The Hospital and the Foundation are not-for-profit corporations as described in Section 501(c)(3) of the Internal Revenue Code (the Code) and are exempt from federal income taxes on related income pursuant to Section 501(a) of the Code. Westside does not consider itself to be engaged in a United States trade or business and therefore, is not considered subject to United States income taxes. If Westside should be considered to be engaged in a United States trade or business, it could be subject to federal income tax, federal alternative minimum tax, and branch profits tax. Under the Cayman Islands Tax Concessions Law, the Governor in Cabinet issued an undertaking to Westside on November 11, 2014 exempting it from all local income, profit, or capital gains taxes. The undertaking has been issued for a period of 20 years and, at the present time, no such taxes are levied in the Cayman Islands. Accordingly, no provisions for taxes are made in these financials. Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by Loretto Hospital. A tax position is recognized as a benefit only if it is "more likely than not" that the tax position would be sustained in a tax examination, with a tax examination being presumed to occur. The amount recognized is the largest amount of tax benefit that is greater than 50% likely of being realized on examination. For tax positions not meeting the "more likely than not" test, no tax benefit is recorded. Loretto Hospital does not expect the total amount of unrecognized tax benefits to significantly change in the next 12 months. Due to its tax-exempt status, Loretto Hospital is not generally subject to U.S. federal income tax or state income tax. Loretto Hospital is subject to routine audits by taxing jurisdictions, however, there are currently no audits for any tax periods. Interest and / or penalties related to income tax matters are recognized in income tax expense. No amounts were accrued for interest and penalties at June 30, 2017 or 2016. Management believes it is no longer subject to income tax examinations for the years prior to June 30, 2014.</p> |

**SCHEDULE F  
(Form 990)**  
  
Department of the Treasury  
Internal Revenue Service

# Statement of Activities Outside the United States

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

▶ **Attach to Form 990. ▶ See separate instructions.**

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

OMB No 1545-0047

# 2016

**Open to Public  
Inspection**

Name of the organization  
LORETTO HOSPITAL

**Employer identification number**  
  
36-2200248

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

**3** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

| (a) Region  | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for and investments in region |
|---|-------------------------------------|--|---|--|--|
| ( 1) Central America and the Caribbean            | 0                                   | 0  | Investments,Book Value  |  | 6,702,729  |
| ( 2)  |                                     |  |   |  |  |
| ( 3)  |                                     |  |   |  |  |
| ( 4)  |                                     |  |   |  |  |
| ( 5)  |                                     |  |   |  |  |
| <b>3a</b> Sub-total                               | 0                                   | 0  |   |  | 6,702,729  |
| <b>b</b> Total from continuation sheets to Part I | 0                                   | 0  |   |  | 0  |
| <b>c Totals</b> (add lines 3a and 3b)             | 0                                   | 0  |   |  | 6,702,729  |

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

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

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

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

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

**Part IV Foreign Forms**

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A)*  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713)*  Yes  No

## Additional Data

**Software ID:** 16000421  
**Software Version:** 2016v3.0  
**EIN:** 36-2200248  
**Name:** LORETTO HOSPITAL

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### **Part V** Supplemental Information

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

**SCHEDULE H (Form 990)**  
 Department of the Treasury  
 Internal Revenue Service  
**Name of the organization**  
 LORETTO HOSPITAL

**Hospitals**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**  
 ▶ **Attach to Form 990.**  
 ▶ **Information about Schedule H (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**Employer identification number**  
 36-2200248

OMB No 1545-0047  
**2016**  
**Open to Public Inspection**

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

|   | Yes           | No |
|---|---------------|----|
| <b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a   | <b>1a</b> Yes |    |
| <b>b</b> If "Yes," was it a written policy?   | <b>1b</b> Yes |    |
| <b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year<br><input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities<br><input type="checkbox"/> Generally tailored to individual hospital facilities |               |    |
| <b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year  |               |    |
| <b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care<br><input checked="" type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %   | <b>3a</b> Yes |    |
| <b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care<br><input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other _____ 60000 %                   | <b>3b</b> Yes |    |
| <b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care   |               |    |
| <b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?   | <b>4</b> Yes  |    |
| <b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?   | <b>5a</b> Yes |    |
| <b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?   | <b>5b</b> Yes |    |
| <b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?   | <b>5c</b>     | No |
| <b>6a</b> Did the organization prepare a community benefit report during the tax year?  | <b>6a</b> Yes |    |
| <b>b</b> If "Yes," did the organization make it available to the public?  | <b>6b</b> Yes |    |

**7 Financial Assistance and Certain Other Community Benefits at Cost**

| <b>Financial Assistance and Means-Tested Government Programs</b>                                   | <b>(a) Number of activities or programs (optional)</b> | <b>(b) Persons served (optional)</b> | <b>(c) Total community benefit expense</b> | <b>(d) Direct offsetting revenue</b> | <b>(e) Net community benefit expense</b> | <b>(f) Percent of total expense</b> |
|--|--|--------------------------------------|--|--------------------------------------|--|-------------------------------------|
| <b>a</b> Financial Assistance at cost (from Worksheet 1)   |  |                                      | 8,154,378                                  | 0                                    | 8,154,378                                | 12.62 %                             |
| <b>b</b> Medicaid (from Worksheet 3, column a)   |  |                                      | 10,918,323                                 | 4,958,471                            | 5,959,852                                | 9.23 %                              |
| <b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)              |  |                                      | 11,434,096                                 | 6,590,707                            | 4,843,389                                | 7.50 %                              |
| <b>d Total</b> Financial Assistance and Means-Tested Government Programs                           | 0  | 0                                    | 30,506,797                                 | 11,549,178                           | 18,957,619                               | 29.35 %                             |
| <b>Other Benefits</b>  |  |                                      |  |                                      |  |                                     |
| <b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) |  |                                      | 0  | 0                                    | 0  | 0.00 %                              |
| <b>f</b> Health professions education (from Worksheet 5)   |  |                                      | 120,194                                    | 0                                    | 120,194                                  | 0.19 %                              |
| <b>g</b> Subsidized health services (from Worksheet 6)   |  |                                      |  |                                      | 0  | 0.00 %                              |
| <b>h</b> Research (from Worksheet 7)   |  |                                      |  |                                      | 0  | 0.00 %                              |
| <b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)                   |  |                                      |  |                                      | 0  | 0.00 %                              |
| <b>j Total.</b> Other Benefits   | 0  | 0                                    | 120,194                                    | 0                                    | 120,194                                  | 0.19 %                              |
| <b>k Total.</b> Add lines 7d and 7j  | 0  | 0                                    | 30,626,991                                 | 11,549,178                           | 19,077,813                               | 29.53 %                             |

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

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

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

|   |   | Yes | No |
|---|---|-----|----|
| 1 | Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?   | Yes |    |
| 2 | Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.   |     |    |
| 3 | Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit. |     |    |
| 4 | Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.   |     |    |

**Section B. Medicare**

|   |   |   |           |
|---|---|---|-----------|
| 5 | Enter total revenue received from Medicare (including DSH and IME).   | 5 | 8,349,912 |
| 6 | Enter Medicare allowable costs of care relating to payments on line 5.  | 6 | 7,214,688 |
| 7 | Subtract line 6 from line 5. This is the surplus (or shortfall).  | 7 | 1,135,224 |
| 8 | Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:<br><input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other |   |           |

**Section C. Collection Practices**

|    |  |    |     |
|----|--|----|-----|
| 9a | Did the organization have a written debt collection policy during the tax year?  | 9a | Yes |
| 9b | If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI. | 9b | Yes |

**Part IV Management Companies and Joint Ventures**

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

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

**Part V Facility Information****Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

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

**1**

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

|                           | Licensed hospital | General medical & surgical | Children's hospital | Teaching hospital | Critical access hospital | Research facility | ER-24 hours | ER-other | Other (Describe) | Facility reporting group |
|---------------------------|-------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|------------------|--------------------------|
| See Additional Data Table |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
|                           |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
|                           |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
|                           |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
|                           |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
|                           |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
|                           |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
|                           |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
|                           |                   |                            |                     |                   |                          |                   |             |          |                  |                          |

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
 LORETTO HOSPITAL

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

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

|  |  | Yes        | No  |
|--|--|------------|-----|
| <b>Community Health Needs Assessment</b> |  |            |     |
| <b>1</b>                                 | Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .   | <b>1</b>   | No  |
| <b>2</b>                                 | Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .  | <b>2</b>   | No  |
| <b>3</b>                                 | During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . .<br>If "Yes," indicate what the CHNA report describes (check all that apply)   | <b>3</b>   | Yes |
| <b>a</b>                                 | <input checked="" type="checkbox"/> A definition of the community served by the hospital facility  |            |     |
| <b>b</b>                                 | <input checked="" type="checkbox"/> Demographics of the community  |            |     |
| <b>c</b>                                 | <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community  |            |     |
| <b>d</b>                                 | <input checked="" type="checkbox"/> How data was obtained  |            |     |
| <b>e</b>                                 | <input checked="" type="checkbox"/> The significant health needs of the community  |            |     |
| <b>f</b>                                 | <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups  |            |     |
| <b>g</b>                                 | <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs  |            |     |
| <b>h</b>                                 | <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests   |            |     |
| <b>i</b>                                 | <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)  |            |     |
| <b>j</b>                                 | <input type="checkbox"/> Other (describe in Section C)   |            |     |
| <b>4</b>                                 | Indicate the tax year the hospital facility last conducted a CHNA <u>20 15</u>   |            |     |
| <b>5</b>                                 | In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . . | <b>5</b>   | Yes |
| <b>6 a</b>                               | Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .   | <b>6a</b>  | Yes |
| <b>b</b>                                 | Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .  | <b>6b</b>  | No  |
| <b>7</b>                                 | Did the hospital facility make its CHNA report widely available to the public? . . . . .<br>If "Yes," indicate how the CHNA report was made widely available (check all that apply)  | <b>7</b>   | Yes |
| <b>a</b>                                 | <input type="checkbox"/> Hospital facility's website (list url) _____  |            |     |
| <b>b</b>                                 | <input checked="" type="checkbox"/> Other website (list url) <u>https //www lorettohospital org/documents/2015-CHNA-Report-Loretto-Hospital pdf</u>  |            |     |
| <b>c</b>                                 | <input type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility   |            |     |
| <b>d</b>                                 | <input type="checkbox"/> Other (describe in Section C)   |            |     |
| <b>8</b>                                 | Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .  | <b>8</b>   | No  |
| <b>9</b>                                 | Indicate the tax year the hospital facility last adopted an implementation strategy <u>20</u> _____  |            |     |
| <b>10</b>                                | Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .<br>If "Yes" (list url) _____   | <b>10</b>  |     |
| <b>a</b>                                 |  |            |     |
| <b>b</b>                                 | If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .   | <b>10b</b> |     |
| <b>11</b>                                | Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed  |            |     |
| <b>12a</b>                               | Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .  | <b>12a</b> | No  |
| <b>b</b>                                 | If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .   | <b>12b</b> |     |
| <b>c</b>                                 | If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____  |            |     |

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

LORETTO HOSPITAL

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

|           |   | Yes | No |
|-----------|---|-----|----|
|           | Did the hospital facility have in place during the tax year a written financial assistance policy that  |     |    |
| <b>13</b> | Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?<br>If "Yes," indicate the eligibility criteria explained in the FAP  | Yes |    |
| <b>a</b>  | <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>100</u> 0 % and FPG family income limit for eligibility for discounted care of <u>600</u> 0 %  |     |    |
| <b>b</b>  | <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)   |     |    |
| <b>c</b>  | <input checked="" type="checkbox"/> Asset level   |     |    |
| <b>d</b>  | <input type="checkbox"/> Medical indigency  |     |    |
| <b>e</b>  | <input checked="" type="checkbox"/> Insurance status  |     |    |
| <b>f</b>  | <input checked="" type="checkbox"/> Underinsurance discount   |     |    |
| <b>g</b>  | <input checked="" type="checkbox"/> Residency   |     |    |
| <b>h</b>  | <input type="checkbox"/> Other (describe in Section C)  |     |    |
| <b>14</b> | Explained the basis for calculating amounts charged to patients? . . . . .  | Yes |    |
| <b>15</b> | Explained the method for applying for financial assistance? . . . . .<br>If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)   | Yes |    |
| <b>a</b>  | <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application  |     |    |
| <b>b</b>  | <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application  |     |    |
| <b>c</b>  | <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process  |     |    |
| <b>d</b>  | <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications   |     |    |
| <b>e</b>  | <input type="checkbox"/> Other (describe in Section C)  |     |    |
| <b>16</b> | Was widely publicized within the community served by the hospital facility? . . . . .<br>If "Yes," indicate how the hospital facility publicized the policy (check all that apply)  | Yes |    |
| <b>a</b>  | <input checked="" type="checkbox"/> The FAP was widely available on a website (list url)<br><u>www.lorettohospital.org</u>  |     |    |
| <b>b</b>  | <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url)<br><u>www.lorettohospital.org</u>   |     |    |
| <b>c</b>  | <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url)<br><u>www.lorettohospital.org</u>  |     |    |
| <b>d</b>  | <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)  |     |    |
| <b>e</b>  | <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)   |     |    |
| <b>f</b>  | <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)  |     |    |
| <b>g</b>  | <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention |     |    |
| <b>h</b>  | <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP   |     |    |
| <b>i</b>  | <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations   |     |    |
| <b>j</b>  | <input type="checkbox"/> Other (describe in Section C)  |     |    |

**Part V Facility Information** (continued)

**Billing and Collections**

LORETTO HOSPITAL

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

|           |  | Yes | No |
|-----------|--|-----|----|
| <b>17</b> | Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment? . . . . .   | Yes |    |
| <b>18</b> | Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP<br><b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)<br><b>b</b> <input type="checkbox"/> Selling an individual's debt to another party<br><b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP<br><b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process<br><b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)<br><b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted |     |    |
| <b>19</b> | Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . .<br>If "Yes," check all actions in which the hospital facility or a third party engaged<br><b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)<br><b>b</b> <input type="checkbox"/> Selling an individual's debt to another party<br><b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP<br><b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process<br><b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)  |     | No |
| <b>20</b> | Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)<br><b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs<br><b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process<br><b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications<br><b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations<br><b>e</b> <input type="checkbox"/> Other (describe in Section C)<br><b>f</b> <input type="checkbox"/> None of these efforts were made              |     |    |

**Policy Relating to Emergency Medical Care**

|           |  |     |  |
|-----------|--|-----|--|
| <b>21</b> | Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . .<br>If "No," indicate why<br><b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions<br><b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing<br><b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)<br><b>d</b> <input type="checkbox"/> Other (describe in Section C) | Yes |  |
|-----------|--|-----|--|

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

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

LORETTO HOSPITAL

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

- 22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care
- a**  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
  - b**  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
  - c**  The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
  - d**  The hospital facility used a prospective Medicare or Medicaid method

**23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .

If "Yes," explain in Section C

**24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .

If "Yes," explain in Section C

|           | Yes | No |
|-----------|-----|----|
| <b>23</b> |     | No |
| <b>24</b> |     | No |



**Part V** Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 0

| Name and address | Type of Facility (describe) |
|------------------|-----------------------------|
| 1                |                             |
| 2                |                             |
| 3                |                             |
| 4                |                             |
| 5                |                             |
| 6                |                             |
| 7                |                             |
| 8                |                             |
| 9                |                             |
| 10               |                             |

**Part VI Supplemental Information**

Provide the following information

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

**990 Schedule H, Supplemental Information**

| Form and Line Reference  | Explanation            |
|--|------------------------|
| Schedule H, Part I, Line 6a<br>Community benefit report prepared by related organization | The Loretto Foundation |
| Schedule H, Part I, Line 7g<br>Subsidized Health Services                                | N/A                    |

**990 Schedule H, Supplemental Information**

| Form and Line Reference  | Explanation  |
|--|--|
| Schedule H, Part I, Line 7 Bad Debt Expense excluded from financial assistance calculation | 5485792  |
| Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance      | THE COSTING METHODOLOGY USED TO CALCULATE THE AMOUNTS REPORTED VARY ACCORDING TO THE INFORMATION REQUESTED AND THE MOST ACCURATE MEANS OF GATHERING THE REQUIRED INFORMATION THE IRS PROVIDED AN INSTRUCTIONAL WORKSHEET THAT WAS USED TO CALCULATE A COST TO CHARGE RATIO USING THE INFORMATION FROM THE ORGANIZATION'S GENERAL LEDGER AND COST REPORT THE RATIO WAS USED IN CONJUNCTION WITH THE IRS WORKSHEET TO CALCULATE THE COST OF CHARITY CARE PROVIDED AND TO CALCULATE UNREIMBURSED MEDICAID AMOUNTS |

**990 Schedule H, Supplemental Information**

| Form and Line Reference   | Explanation   |
|---|---|
| Schedule H, Part II Community Building Activities                                   | N/A   |
| Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount | Data about the major payor sources is analyzed to establish an appropriate allowance for uncollectible receivables and provision for bad debt. For receivables associated with services provided to patients who have third-party coverage, contractually due amounts are analyzed and compared to actual cash overtime to enhance the quality of the estimate of the allowance for uncollectible accounts and the provision of bad debt. An estimate of the difference between contracted rates and amounts actually collected, after all reasonable collection efforts have been exhausted, is charged to the provision for patient bad debts and credited to the allowance for estimated uncollectible accounts. |

## 990 Schedule H, Supplemental Information

| Form and Line Reference  | Explanation   |
|--|---|
| Schedule H, Part III, Line 3 Bad Debt Expense Methodology                    | THE METHODOLOGY USED IN DETERMING BAD DEBT IS BASED ON A HISTORICAL PERCENTAGE COST OF PAYMENTS RECEIVED AGAINST WHAT IS BILLED CREATING A PERCENTAGE VARIANCE ON NET RECEIVABLES |
| Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote | The Note related to Bad Debt and Accounts receivable is located on page 4   |

**990 Schedule H, Supplemental Information**

| Form and Line Reference   | Explanation   |
|---|---|
| Schedule H, Part III, Line 8<br>Community benefit & methodology<br>for determining medicare costs       | THE SOURCE USED IN CALCULATING MEDICARE ALLOWABLE COST OF CARE COMES FROM THE ANNUAL MEDICARE COST REPORT   |
| Schedule H, Part III, Line 9b<br>Collection practices for patients<br>eligible for financial assistance | WHILE MEETING THE CRITERIA FOF FINANCIAL ASSISTANCE, LORETTO CANNOT SEND STATEMENT OR PURSUE FOR COLLECTIONS HOWEVER, IF THE PATIENT DOESN'T QUALIFY OR HAS FINANCIAL ASSISTANCE WITH A REMAINING BALANCE, LORETTO CAN SEND BILLING STATEMENTS AND PURSUE COLLECTIONS |

## 990 Schedule H, Supplemental Information

| Form and Line Reference   | Explanation  |
|---|--|
| Schedule H, Part V, Section B, Line 16a FAP website             | - LORETTO HOSPITAL Line 16a URL www lorettohospital org, |
| Schedule H, Part V, Section B, Line 16b FAP Application website | - LORETTO HOSPITAL Line 16b URL www lorettohospital org, |

**990 Schedule H, Supplemental Information**

| Form and Line Reference  | Explanation   |
|--|---|
| Schedule H, Part V, Section B, Line 16c FAP plain language summary website | - LORETTO HOSPITAL Line 16c URL <a href="http://www.lorettohospital.org">www.lorettohospital.org</a> ,  |
| Schedule H, Part VI, Line 2 Needs assessment                               | <p>A Community Health Needs Assessment provides information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status. This Community Health Needs Assessment will serve as a tool toward reaching three basic goals: To improve residents' health status, increase their life spans, and elevate their overall quality of life. A healthy community is not only one where its residents suffer little from physical and mental illness, but also one where its residents enjoy a high quality of life. To reduce the health disparities among residents. By gathering demographic information along with health status and behavior data, it will be possible to identify population segments that are most at-risk for various diseases and injuries. Intervention plans aimed at targeting these individuals may then be developed to combat some of the socio-economic factors which have historically had a negative impact on residents' health. To increase accessibility to preventive services for all community residents. More accessible preventive services will prove beneficial in accomplishing the first goal (improving health status, increasing life spans, and elevating the quality of life), as well as lowering the costs associated with caring for late-stage diseases resulting from a lack of preventive care. In the absence of a formal Community Health Needs Assessment during the tax year, the hospital used various sources to engage the needs of the community. We hosted several events such as Breast Screening and Treatment, American Heart Association, and Men's Health Fair. In addition, the hospital did monthly analysis of the patients seen in the hospital.</p> |

**990 Schedule H, Supplemental Information**

| Form and Line Reference   | Explanation  |
|---|--|
| Schedule H, Part VI, Line 3 Patient education of eligibility for assistance | EVERY PATIENT IS PROVIDED A BROCHURE AND DOCUMENT UPON DOCTOR VISIT, UPON ADMITTING, AND DISCHARGE IN ADDITION, THE POLICY IS POSTED IN THE WAITING ROOMS, ADMITTING, ONLINE AND AVAILABLE UPON REQUEST  |
| Schedule H, Part VI, Line 4 Community information                           | LORETTO HOSPITAL IS AN ILLINOIS SAFETY-NET HOSPITAL ILLINOIS' 36 SAFETY-NET HOSPITALS CARE FOR THE STATE'S MOST VULNERABLE CITIZENS, ARE A MAJOR SOURCE OF MEDICAL CARE FOR LOW-INCOME, UNINSURED AND VULNERABLE POPULATIONS IN THE STATE OF ILLINOIS, AND TREAT A DISPROPORTIONATE SHARE OF MEDICAID PATIENTS LORETTO SERVES THE Austin Community of Chicago, specifically in Cook County Loretto Hospital geographically serves patients in the south and west side of Chicago We serve many patients that are indigent, under-served, under-insured, uninsured, and/or neglected While a majority of patients are Caucasian, Latino, Middle Eastern, and African American, many cultures are also represented throughout the south and west side of Chicago, and Loretto takes the stance of providing health care regardless of race, religion, and ability to pay |

**990 Schedule H, Supplemental Information**

| Form and Line Reference  | Explanation  |
|--|--|
| Schedule H, Part VI, Line 5<br>Promotion of community health         | A MAJORITY OF LORETTO HOSPITAL'S GOVERNING BODY IS COMPRISED OF PERSONS WHO RESIDE IN THE ORGANIZATION'S PRIMARY SERVICE AREA AND WHO ARE NEITHER EMPLOYEES NOR INDEPENDENT CONTRACTORS OF THE ORGANIZATION, NOR FAMILY MEMBERS THEREOF LORETTO HOSPITAL EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY Loretto is dedicated to promoting the health and wellbeing of all the people in the communities we serve Our mission is guided by the values compassion, collaboration, quality, stewardship, integrity, accountability and respect Loretto also has extended its services beyond hospital walls and into the neighborhood where people live and work |
| Schedule H, Part VI, Line 7 State filing of community benefit report | IL   |

**Additional Data****Software ID:** 16000421**Software Version:** 2016v3.0**EIN:** 36-2200248**Name:** LORETTO HOSPITAL**Form 990 Schedule H, Part V Section A. Hospital Facilities**

| <b>Section A. Hospital Facilities</b>   |  | Licensed hospital | General medical & surgical | Children's hospital | Teaching hospital | Critical access hospital | Research facility | ER-24 hours | ER-other | Other (Describe) | Facility reporting group |
|---|--|-------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|------------------|--------------------------|
| (list in order of size from largest to smallest—see instructions)<br>How many hospital facilities did the organization operate during the tax year?<br><b>1</b> |  |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
| Name, address, primary website address, and state license number  |  |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
| 1   | LORETTO HOSPITAL<br>645 S CENTRAL AVE<br>CHICAGO, IL 60644<br>WWW LORETTOHOSPITAL.ORG<br>HF109508 id#0001289 | X                 | X                          |                     |                   |                          |                   | X           |          |                  |                          |

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

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

| Form and Line Reference                                | Explanation   |
|--|---|
| Schedule H, Part V, Section B, Line 5<br>Facility , 1  | Facility , 1 - Loretto Hospital Qualitative input was obtained through telephone surveys and key informant interviews The sample design for the telephone survey was configured to obtain a representative sample of participants to match the geographic distribution and demographic characteristics of the population residing in the primary and secondary service area of the hospital To solicit input from key stakeholders who have a broad interest in the health of the community, an Online Key Informant Survey was also implemented as part of this process A list of recommended participants was provided by Metropolitan Chicago Healthcare Council, this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall 37 individuals participated in Key Informant Survey including community and business leaders, physicians, public health experts, social service representatives and other health providers   |
| Schedule H, Part V, Section B, Line 6a<br>Facility , 1 | Facility , 1 - Loretto Hospital The 2015 CHNA was facilitated by the Metropolitan Chicago Healthcare Council (MCHC) on behalf of participating member hospitals and health systems These hospitals and health systems include Alexian Brothers Health System/Amita Health (Alexian Brothers Behavioral Health Hospital, Alexian Brothers Medical Center, St Alexius Medical Center), Amita Health (Adventist Bolingbrook Hospital, Adventist GlenOaks Hospital, Adventist Hinsdale Hospital, Adventist LaGrange Memorial Hospital), Edward-Elmhurst Healthcare (Edward Hospital & Health Services, Elmhurst Memorial Hospital), Franciscan Alliance (Franciscan St James Health), Ingalls Health System (Ingalls Memorial Hospital), Little Company of Mary Hospital and Health Care Centers, Loretto Hospital, Northwest Community Healthcare (Northwest Community Hospital, Northwestern Memorial Hospital), Northwestern Medicine (Central DuPage Hospital, Northwestern Lake Forest Hospital), Palos Community Hospital, Rush System for Health (Rush Oak Park Hospital, Rush University Medical Center), Saint Anthony Hospital, St Bernard Hospital and Health Care Center, Swedish Covenant Hospital, Thorek Memorial Hospital, and the University of Chicago Medicine |

**Schedule J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

OMB No 1545-0047

**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.**

**2015**  
**Open to Public Inspection**

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

|  |  |
|--|--|
| Name of the organization<br>LORETTO HOSPITAL | Employer identification number<br>36-2200248 |
|--|--|

**Part I Questions Regarding Compensation**

|   | Yes  | No   |  |  |  |  |   |  |  |  |
|---|--|--|--|--|--|--|---|--|--|--|
| <p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table> | <input type="checkbox"/> First-class or charter travel                   | <input type="checkbox"/> Housing allowance or residence for personal use | <input type="checkbox"/> Travel for companions               | <input type="checkbox"/> Payments for business use of personal residence | <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   | <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |  |  |
| <input type="checkbox"/> First-class or charter travel  | <input type="checkbox"/> Housing allowance or residence for personal use |  |  |  |  |  |   |  |  |  |
| <input type="checkbox"/> Travel for companions  | <input type="checkbox"/> Payments for business use of personal residence |  |  |  |  |  |   |  |  |  |
| <input type="checkbox"/> Tax indemnification and gross-up payments  | <input type="checkbox"/> Health or social club dues or initiation fees   |  |  |  |  |  |   |  |  |  |
| <input type="checkbox"/> Discretionary spending account   | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |  |  |  |  |  |   |  |  |  |
| <p><b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</p>   | <b>1b</b>  |  |  |  |  |  |   |  |  |  |
| <p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>  | <b>2</b>   |  |  |  |  |  |   |  |  |  |
| <p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>  | <input type="checkbox"/> Compensation committee                          | <input type="checkbox"/> Written employment contract                     | <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    | <input type="checkbox"/> Form 990 of other organizations           | <input type="checkbox"/> Approval by the board or compensation committee |   |  |  |  |
| <input type="checkbox"/> Compensation committee   | <input type="checkbox"/> Written employment contract                     |  |  |  |  |  |   |  |  |  |
| <input type="checkbox"/> Independent compensation consultant  | <input type="checkbox"/> Compensation survey or study                    |  |  |  |  |  |   |  |  |  |
| <input type="checkbox"/> Form 990 of other organizations  | <input type="checkbox"/> Approval by the board or compensation committee |  |  |  |  |  |   |  |  |  |
| <p><b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</p>   |  |  |  |  |  |  |   |  |  |  |
| <p><b>a</b> Receive a severance payment or change-of-control payment?</p>   | <b>4a</b>  | No   |  |  |  |  |   |  |  |  |
| <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>   | <b>4b</b>  | No   |  |  |  |  |   |  |  |  |
| <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?<br/>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>  | <b>4c</b>  | No   |  |  |  |  |   |  |  |  |
| <p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p>  |  |  |  |  |  |  |   |  |  |  |
| <p><b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p>  |  |  |  |  |  |  |   |  |  |  |
| <p><b>a</b> The organization?</p>   | <b>5a</b>  | No   |  |  |  |  |   |  |  |  |
| <p><b>b</b> Any related organization?<br/>If "Yes," on line 5a or 5b, describe in Part III.</p>   | <b>5b</b>  | No   |  |  |  |  |   |  |  |  |
| <p><b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p>  |  |  |  |  |  |  |   |  |  |  |
| <p><b>a</b> The organization?</p>   | <b>6a</b>  | No   |  |  |  |  |   |  |  |  |
| <p><b>b</b> Any related organization?<br/>If "Yes," on line 6a or 6b, describe in Part III.</p>   | <b>6b</b>  | No   |  |  |  |  |   |  |  |  |
| <p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>   | <b>7</b>   | No   |  |  |  |  |   |  |  |  |
| <p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>  | <b>8</b>   | No   |  |  |  |  |   |  |  |  |
| <p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>  | <b>9</b>   |  |  |  |  |  |   |  |  |  |

**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 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|--|
|  |      | Base (i) compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |  |
| 1 Dr Sonia Mehta<br>Board Member/CEO/CMO/Physician<br>- Partial Year | (i)  | 626,347  | 0                                   | 0                                   | 24,000   | 0                       | 650,347                         | 0  |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0  |
| 2 Kenneth McGhee<br>CFO  | (i)  | 240,679  | 0                                   | 0                                   | 9,200  | 6,750                   | 256,629                         | 0  |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0  |
| 3 James Renneker<br>CNO  | (i)  | 232,496  | 0                                   | 0                                   | 24,000   | 6,616                   | 263,112                         | 0  |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0  |
| 4 Melinda Malecki JD<br>General Counsel/Risk Management              | (i)  | 162,874  | 0                                   | 0                                   | 20,583   | 8,139                   | 191,596                         | 0  |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0  |
| 5 Tilak Joshi MD<br>Physician  | (i)  | 230,006  | 0                                   | 0                                   | 16,101   | 0                       | 246,107                         | 0  |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0  |
| 6 Joy M Sonano<br>RN   | (i)  | 134,117  | 0                                   | 0                                   | 8,452  | 15,103                  | 157,672                         | 0  |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0  |
| 7 Suresh Krishnan<br>Former CIO                                      | (i)  | 114,272  | 0                                   | 0                                   | 9,805  | 13,726                  | 137,803                         | 0  |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 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 L**  
(Form 990 or 990-EZ)

**Transactions with Interested Persons**

OMB No 1545-0047

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

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

▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**2016**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
LORETTO HOSPITAL

Employer identification number  
36-2200248

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

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

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

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

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

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

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

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

**Part IV Business Transactions Involving Interested Persons.**

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? |    |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
|                               |   |                           |                                | Yes                                     | No |
| (1) Edward Hogan              | Board Chair   | 394,000                   | Legal Fees                     |   | No |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |

**Part V Supplemental Information**

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

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

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue ServiceName of the organization  
LORETTO HOSPITAL**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2016****Open to Public Inspection**

Employer identification number

36-2200248

**990 Schedule O, Supplemental Information**

| Return Reference  | Explanation   |
|---|---|
| Form 990, Part IV, Line 20b Audited Financials Attached | SECTION 6033(B)(15)(B) REQUIRES A HOSPITAL ORGANIZATION TO SUBMIT A COPY OF THEIR AUDITED FINANCIAL STATEMENTS TO THE IRS AT THE TIME OF ORIGINAL FILING, (MAY 15TH, 2018), THE DRAFT FINANCIALS WERE ATTACHED SINCE THE AUDITED FINANCIALS WERE NOT SIGNED AND ISSUED WE ARE AMENDING THE RETURN AND RE-SUBMITTING WITH THE SIGNED AND FINAL AUDITED FINANCIALS THERE ARE IMMATERIAL DIFFERENCES TO BALANCE SHEET ITEMS, REVENUE AND EXPENSE ITEMS, AND THE FINANCIAL STATEMENT FOOTNOTE |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>   | <b>Explanation</b>   |
|---|--|
| Form 990,<br>Part VI, Line<br>11b Review<br>of form 990<br>by governing<br>body | THE RETURN IS PREPARED AND REVIEWED BY A THIRD PARTY ACCOUNTING FIRM, AND IS REVIEWED BY MANAGEMENT BEFORE FILING WITH THE IRS |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>                                 | <b>Explanation</b>   |
|---|--|
| Form 990, Part VI, Line 12c Conflict of interest policy | THERE IS A CONFLICT OF INTEREST SURVEY ISSUED TO ALL BOARD MEMBERS ON AN ANNUAL BASIS. WHEN A POSSIBLE CONFLICT EXISTS RELATIVE TO ANY MATTER PRESENTED TO THE BOARD OF TRUSTEES, INCLUDING THOSE THAT POSE A THREAT TO PATIENT SAFETY OR ANY COMMITTEE THEREOF FOR CONSIDERATION, THE MEMBERS OF THE BOARD OF TRUSTEES AFFECTED THEREBY SHALL CALL ATTENTION THERE TO, AND SHALL REFRAIN FROM AND BE INELIGIBLE TO CAST A VOTE RELATIVE TO SUCH MATTER. |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>  | <b>Explanation</b>  |
|--|---|
| Form 990, Part VI, Line 15a Process to establish compensation of top management official | THE CEO AND EXECUTIVE MANAGEMENT COMPENSATION IS PRESENTED AND REVIEWED BY THE BOARD COMMITTEE ON AN ANNUAL BASIS RECOMMENDATIONS AND FINDINGS ARE PRESENTED FOR REVIEW AND APPROVAL BY THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES PRIOR TO PRESENTATION TO THE BOARD FOR FINAL APPROVAL |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>  | <b>Explanation</b>  |
|--|---|
| Form 990,<br>Part VI, Line<br>19 Required<br>documents<br>available to<br>the public | Copies of the governing documents, conflict of interest policy, and financial statements are available upon request |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>                                   | <b>Explanation</b>  |
|---|---|
| Form 990, Part VIII, Line 11d Other Miscellaneous Revenue | Miscellaneous Revenue - Total Revenue 425886, Related or Exempt Function Revenue 425886, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>  | <b>Explanation</b>   |
|--|--|
| Form 990, Part XI, Line 9 Other changes in net assets or fund balances | Net Income/Loss from Wholly Owned Subsidiary - 929007, Net Income/Loss from Foundation - 4683, |

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2016**

**Open to Public  
Inspection**

▶ 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](http://www.irs.gov/form990).

Name of the organization  
LORETTO HOSPITAL

**Employer identification number**

36-2200248

**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a)<br>Name, address, and EIN (if applicable) of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |

**Part II Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

| (a)<br>Name, address, and EIN of related organization  | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|--|-------------------------|--|----------------------------|---|----------------------------------|--|----|
|  |                         |  |                            |   |                                  | Yes  | No |
| (1) WESTSIDE INSURANCE COMPANY   | 1ST LAYER INSURANCE     | CJ   |                            |   | LORETTO HOSPITAL                 | Yes  |    |
| (2) LORETTO HOSPITAL FOUNDATION<br>645 SOUTH CENTRAL AVENUE<br>CHICAGO, IL 60644<br>36-4344125 | FUNDRAISING             | IL   | 501(c)(3)                  | 7   | LORETTO HOSPITAL                 | Yes  |    |
|  |                         |  |                            |   |                                  |  |    |
|  |                         |  |                            |   |                                  |  |    |
|  |                         |  |                            |   |                                  |  |    |
|  |                         |  |                            |   |                                  |  |    |
|  |                         |  |                            |   |                                  |  |    |

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

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

**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 |
|--|-----------|----|
| <b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? |           |    |
| <b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .               | <b>1a</b> | No |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .   | <b>1b</b> | No |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .   | <b>1c</b> | No |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .  | <b>1d</b> | No |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .   | <b>1e</b> | No |
| <b>f</b> Dividends from related organization(s) . . . . .  | <b>1f</b> | No |
| <b>g</b> Sale of assets to related organization(s) . . . . .   | <b>1g</b> | No |
| <b>h</b> Purchase of assets from related organization(s) . . . . .   | <b>1h</b> | No |
| <b>i</b> Exchange of assets with related organization(s) . . . . .   | <b>1i</b> | No |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .  | <b>1j</b> | No |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .  | <b>1k</b> | No |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .  | <b>1l</b> | No |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .   | <b>1m</b> | No |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .   | <b>1n</b> | No |
| <b>o</b> Sharing of paid employees with related organization(s) . . . . .  | <b>1o</b> | No |
| <b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .  | <b>1p</b> | No |
| <b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .  | <b>1q</b> | No |
| <b>r</b> Other transfer of cash or property to related organization(s) . . . . .   | <b>1r</b> | No |
| <b>s</b> Other transfer of cash or property from related organization(s) . . . . .   | <b>1s</b> | 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)<br>Name of related organization | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
|                                     |                               |                        |  |
|                                     |                               |                        |  |
|                                     |                               |                        |  |
|                                     |                               |                        |  |
|                                     |                               |                        |  |



**Part VII** **Supplemental Information**

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