



**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☐ ☒**1** Briefly describe the organization's mission

THE MISSION OF THE CORPORATION IS TO NURTURE THE HEALING MINISTRY OF THE CHURCH, SUPPORTED BY EDUCATION AND RESEARCH FIDELITY TO THE GOSPEL URGES THE CORPORATION TO EMPHASIZE HUMAN DIGNITY AND SOCIAL JUSTICE AS IT CREATES HEALTHIER COMMUNITIES THE CORPORATION, SPONSORED BY A LAY-RELIGIOUS PARTNERSHIP, CALLS OTHER CATHOLIC SPONSORS AND SYSTEMS TO UNITE TO ENSURE THE FUTURE OF CATHOLIC HEALTH CARE TO FULFILL THIS MISSION, THE CORPORATION, AS A VALUES-BASED ORGANIZATION, WILL ASSURE THE INTEGRITY OF THE MINISTRY IN BOTH CURRENT AND DEVELOPING ORGANIZATIONS AND ACTIVITIES, RESEARCH AND DEVELOP NEW MINISTRIES THAT INTEGRATE HEALTH, EDUCATION, PASTORAL, AND SOCIAL SERVICES, PROMOTE LEADERSHIP DEVELOPMENT AND FORMATION FOR MINISTRY THROUGHOUT THE ENTIRE ORGANIZATION, ADVOCATE FOR SYSTEMIC CHANGES WITH SPECIFIC CONCERN FOR PERSONS WHO ARE POOR, ALIENATED, AND UNDERSERVED, AND STEWARD RESOURCES BY GENERAL OVERSIGHT OF THE ENTIRE ORGANIZATION

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

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

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

If "Yes," describe these changes on Schedule O

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

<b>4a</b>	(Code ) (Expenses \$ 43,962,175 including grants of \$ 4,623,732 ) (Revenue \$ 57,095,635 )
	See Additional Data

<b>4b</b>	(Code ) (Expenses \$ 19,076,321 including grants of \$ 4,359,337 ) (Revenue \$ 53,830,782 )
	See Additional Data

<b>4c</b>	(Code ) (Expenses \$ 5,175,229 including grants of \$ 481,306 ) (Revenue \$ 5,943,353 )
	See Additional Data

(Code ) (Expenses \$ 114,556,683 including grants of \$ 7,118,917 ) (Revenue \$ 87,907,140 )
--

<b>4d</b>	Other program services (Describe in Schedule O )
	(Expenses \$ 114,556,683 including grants of \$ 7,118,917 ) (Revenue \$ 87,907,140 )

<b>4e</b>	<b>Total program service expenses</b> ▶ 182,770,408
-----------	---

**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)? If "Yes," complete Schedule A	<b>1</b> Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<b>2</b> Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<b>3</b>	No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	<b>4</b> Yes	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	<b>5</b>	No
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	<b>6</b>	No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<b>8</b>	No
<b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	<b>9</b>	No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	<b>10</b> Yes	
<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? If "Yes," complete Schedule D, Part VI	<b>11a</b> Yes	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	<b>11b</b> Yes	
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	<b>11c</b>	No
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	<b>11d</b> Yes	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<b>11e</b> Yes	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	<b>11f</b> Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<b>12a</b>	No
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	<b>12b</b> Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	No
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	<b>14b</b>	No
<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? If "Yes," complete Schedule F, Parts II and IV	<b>15</b>	No
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	<b>16</b>	No
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	<b>17</b>	No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	<b>18</b>	No
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	<b>19</b>	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> . . . . .	<b>20a</b> Yes	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<b>20b</b> Yes	
<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> . . . . .	<b>21</b> Yes	
<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> . . . . .	<b>22</b> Yes	
<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> . . . . .	<b>23</b> 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> . . . . .	<b>24a</b>	No
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>	
<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>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>	
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25a</b>	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> . . . . .	<b>25b</b>	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> . . . . .	<b>26</b>	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> . . . . .	<b>27</b>	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> . . . . .	<b>28a</b>	No
<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> . . . . .	<b>28b</b>	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> . . . . .	<b>28c</b>	No
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b>	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> . . . . .	<b>30</b>	No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>	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> . . . . .	<b>32</b>	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> . . . . .	<b>33</b>	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> . . . . .	<b>34</b> Yes	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b> Yes	
<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>35b</b> Yes	
<b>36 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> . . . . .	<b>36</b>	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>	<b>37</b>	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 . . . . .	<b>38</b> Yes	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	5	
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	1,333	
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	Yes	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
<b>b</b>	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		No
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>a</b>	Gross income from members or shareholders.	11a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
<b>c</b>	Enter the amount of reserves on hand.	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response or note to any line in this Part VI. ☒**Section A. Governing Body and Management**

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b> 14		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b> 9		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<b>2</b>		No
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	<b>3</b>		No
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		No
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		No
<b>6</b> Did the organization have members or stockholders?	<b>6</b>	Yes	
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<b>7a</b>	Yes	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>	Yes	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body?	<b>8a</b>	Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	Yes	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	<b>9</b>		No

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

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

**Section C. Disclosure**

<b>17</b> List the States with which a copy of this Form 990 is required to be filed:►	
<b>18</b> Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
<b>19</b> 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.	
<b>20</b> State the name, address, and telephone number of the person who possesses the organization's books and records. ►Jeanette Wojtalewicz 12809 West Dodge Road Omaha, NE 68154 (402) 343-4671	

Part VII

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LARRY BUTLER TREASURER	1 0 ..... 11 0	X		X				0	0	0
(2) FR JAMES CLIFTON SJ SECRETARY	1 0 ..... 11 0	X		X				0	0	0
(3) RICHARD HERINK MD BOARD CHAIR	1 0 ..... 12 0	X		X				0	0	0
(4) CLIFF ROBERTSON MD Board Member/CEO CHI Health	1 0 ..... 59 0	X		X				0	1,824,639	167,740
(5) SR Maryanne Stevens RSM VICE CHAIR	1 0 ..... 11 0	X		X				0	0	0
(6) NATHANIEL BRACKETT MD BOARD MEMBER	1 0 ..... 59 0	X						0	0	0
(7) GREGORY HEIDRICK MD Board Member	1 0 ..... 12 0	X						0	0	0
(8) Sister Nadine Heimann Board Member	1 0 ..... 11 0	X						0	0	0
(9) SUSANNE L HRUZA MD BOARD MEMBER	1 0 ..... 11 0	X						0	0	0
(10) ROBERT LANIK BOARD MEMBER	11 0 ..... 21 0	X						0	241,288	0
(11) AMY L MCGAHA md BOARD MEMBER	1 0 ..... 59 0	X						0	273,125	16,154
(12) MICHAEL ROWAN FACHE Board member/CHI EVP & COO	1 0 ..... 59 0	X						0	4,009,034	33,938
(13) BARRY SANDSTROM Board Member	1 0 ..... 12 0	X						0	0	0
(14) Bill T Yates Board Member	1 0 ..... 11 0	X						0	0	0
(15) Anthony Jones Board Member	1 0 ..... 59 0	X						0	0	0
(16) Thomas Murray PHD Board Member	1 0 ..... 11 0	X						0	0	0
(17) MICHAEL SCHNIEDERS PRESIDENT GSH	55 0 ..... 5 0			X				0	596,646	34,392

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JEANETTE WOJTALEWICZ	1 0 .....59 0			X				0	962,229	81,520
CFO, CHI HEALTH										
(19) NICKI L BOHL	45 0 .....2 0					X		170,383	0	21,369
DIRECTOR PHARMACY										
(20) RANDALL DE FREECE	0 0 .....45 0					X		181,601	0	23,683
Director-Foundation										
(21) DAVID HUEBNER MD	60 0 .....2 0					X		243,957	0	0
PRESIDENT MEDICAL STAFF										
(22) JACQUELINE D LIESS	45 0 .....2 0					X		162,521	3,078	21,864
NURSE PRACTITIONER										
(23) CAROL WAHL	60 0 .....2 0					X		277,497	0	22,589
VP PATIENT SERVICES										
(24) DENNIS EDWARDS	0 0 .....60 0						X	0	385,882	32,805
VP MEDICAL AFFAIRS										
(25) LISA WEBB	5 0 .....55 0						X	0	264,058	35,481
VP of Finance										

<b>1b Sub-Total</b> . . . . .	▶			
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .	▶			
<b>d Total (add lines 1b and 1c)</b> . . . . .	▶	1,035,959	8,559,979	491,535

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 47

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
WPS TRICARE FOR LIFE	PHYSICIANS SERVICES SUPPORT	1,539,248
PO BOX 7928 MADISON, WI 537077928		
RODGERS HELICOPTER SERVICES	AIR CARE FLIGHT SERVICES	1,295,925
4965 AIRPORT ROAD KEARNEY, NE 688473372		
KEARNEY PHYSICIAN MANAGEMENT GROUP LLC	PHYSICIAN SERVICES	737,065
3219 CENTRAL AVENUE Kearney, NE 68847		
Renal Care Group of Midwest	Patient Services	669,975
1007 N EMPORIA WICHITA, KS 67214		
Lifeserve Blood Center	Patient Services	649,201
431 E LOCUST ST DES MOINES, IA 50309		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 47



**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☒

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<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>	2,318,760				
	<b>e</b> Government grants (contributions)	<b>1e</b>	109,858				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	117,133				
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____ 0						
	<b>h Total.</b> Add lines 1a-1f . . . . .		2,545,751				
<b>Program Service Revenue</b>			<b>Business Code</b>				
	<b>2a</b> Patient Services		900099	203,531,199	203,531,199	0	0
	<b>b</b> Equity changes of unconsolidated orgs		900099	1,228,576	1,228,576	0	0
	<b>c</b> Services Sold		900099	1,319,336	0	145,701	1,173,635
	<b>d</b> _____			0	0	0	0
	<b>e</b> _____			0	0	0	0
	<b>f</b> All other program service revenue			17,135	17,135	0	0
	<b>g Total.</b> Add lines 2a-2f . . . . .		206,096,246				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			6,624,012	0	19,529	6,604,483
	<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				
		1,815,134	0				
		<b>b</b> Less rental expenses	0	0			
		<b>c</b> Rental income or (loss)	1,815,134	0			
	<b>d</b> Net rental income or (loss) . . . . .			1,815,134	0	0	1,815,134
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		10,971,306	0				
		<b>b</b> Less cost or other basis and sales expenses	0	46,962			
		<b>c</b> Gain or (loss)	10,971,306	-46,962			
	<b>d</b> Net gain or (loss) . . . . .			10,924,344	0	0	10,924,344
	<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>	0				
		<b>b</b> Less direct expenses . . . . .	0				
		<b>c</b> Net income or (loss) from fundraising events . . . . .		0		0	0
	<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>	0				
		<b>b</b> Less direct expenses . . . . .	0				
		<b>c</b> Net income or (loss) from gaming activities . . . . .		0		0	0
	<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>	0				
<b>b</b> Less cost of goods sold . . . . .		0					
<b>c</b> Net income or (loss) from sales of inventory . . . . .			0		0	0	
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11a</b>			0	0			
<b>b</b> Cafeteria	722100	425,763	0	0	425,763		
<b>c</b> Child Care	624410	243,701	0	0	243,701		
<b>d</b> All other revenue . . . . .		826,289	0	42,450	783,839		
<b>e Total.</b> Add lines 11a-11d . . . . .			1,495,753				
<b>12 Total revenue.</b> See Instructions . . . . .			229,501,240	204,776,910	207,680	21,970,899	

**Part IX Statement of Functional Expenses**

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

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

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	1,100,551	1,100,551		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.	15,482,741	15,482,741		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
<b>4</b> Benefits paid to or for members.				
<b>5</b> Compensation of current officers, directors, trustees, and key employees.				
<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).				
<b>7</b> Other salaries and wages.	45,542,177	40,987,959	4,554,218	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	2,465,512	2,218,961	246,551	
<b>9</b> Other employee benefits.	9,161,843	8,245,659	916,184	
<b>10</b> Payroll taxes.	3,248,523	2,923,671	324,852	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.				
<b>b</b> Legal.	5,426		5,426	
<b>c</b> Accounting.				
<b>d</b> Lobbying.	10,729		10,729	
<b>e</b> Professional fundraising services. See Part IV, line 17.				
<b>f</b> Investment management fees.				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	35,963,599	32,367,239	3,596,360	0
<b>12</b> Advertising and promotion.				
<b>13</b> Office expenses.	3,854,800	3,469,320	385,480	
<b>14</b> Information technology.	188,557	169,701	18,856	
<b>15</b> Royalties.				
<b>16</b> Occupancy.	4,845,907	4,361,316	484,591	
<b>17</b> Travel.	109,389	98,450	10,939	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.	24,418	21,976	2,442	
<b>20</b> Interest.	406,755	406,755		
<b>21</b> Payments to affiliates.				
<b>22</b> Depreciation, depletion, and amortization.	8,933,419	8,040,077	893,342	
<b>23</b> Insurance.	666,188	599,569	66,619	
<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> Unrelated Business Taxes.	27,000		27,000	
<b>b</b> Bad debts.	10,347,203	10,347,203		
<b>c</b> Intercompany Allocations.	24,317,052	21,885,347	2,431,705	
<b>d</b> Medical Supplies.	29,303,913	26,373,522	2,930,391	
<b>e</b> All other expenses.	4,067,483	3,670,391	397,092	0
<b>25</b> Total functional expenses. Add lines 1 through 24e.	200,073,185	182,770,408	17,302,777	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) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .		-1,201,797	<b>1</b>	254,867
	<b>2</b>	Savings and temporary cash investments . . . . .		92,126,743	<b>2</b>	87,915,317
	<b>3</b>	Pledges and grants receivable, net . . . . .		0	<b>3</b>	0
	<b>4</b>	Accounts receivable, net . . . . .		35,713,327	<b>4</b>	32,971,270
	<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 . . . . .		538,350	<b>7</b>	427,536
	<b>8</b>	Inventories for sale or use . . . . .		7,121,368	<b>8</b>	7,178,020
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		600,651	<b>9</b>	402,275
	<b>10a</b>	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D.	<b>10a</b>	247,120,285		
	<b>b</b>	Less: accumulated depreciation	<b>10b</b>	145,162,997		
				106,698,356	<b>10c</b>	101,957,288
	<b>11</b>	Investments—publicly traded securities . . . . .		0	<b>11</b>	0
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .		212,220,356	<b>12</b>	277,429,737
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .		0	<b>13</b>	
	<b>14</b>	Intangible assets . . . . .		2,301,156	<b>14</b>	2,301,156
<b>15</b>	Other assets. See Part IV, line 11 . . . . .		30,850,852	<b>15</b>	31,022,151	
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		486,969,362	<b>16</b>	541,859,617	
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		15,324,846	<b>17</b>	12,339,325
	<b>18</b>	Grants payable . . . . .		0	<b>18</b>	0
	<b>19</b>	Deferred revenue . . . . .		3,746,493	<b>19</b>	3,741,341
	<b>20</b>	Tax-exempt bond liabilities . . . . .		0	<b>20</b>	0
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D.		0	<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>	
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .		0	<b>23</b>	0
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .		0	<b>24</b>	0
	<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.		66,522,172	<b>25</b>	85,853,612
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		85,593,511	<b>26</b>	101,934,278
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
	<b>27</b>	Unrestricted net assets		401,375,851	<b>27</b>	439,925,339
	<b>28</b>	Temporarily restricted net assets . . . . .		0	<b>28</b>	0
	<b>29</b>	Permanently restricted net assets		0	<b>29</b>	0
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>					
	<b>30</b>	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>	<b>Total net assets or fund balances</b> . . . . .		401,375,851	<b>33</b>	439,925,339	
<b>34</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .		486,969,362	<b>34</b>	541,859,617	

**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>	229,501,240
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	200,073,185
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	29,428,055
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	401,375,851
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	9,125,034
<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>	-3,601
<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>	439,925,339

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

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

# Additional Data

**Software ID:** 16000421  
**Software Version:** 2016v3.0  
**EIN:** 47-0379755  
**Name:** Good Samaritan Hospital

Form 990 (2016)

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

CHI Health Good Samaritan is verified by the American College of Surgeons (ACS) as a Level II Trauma Center. Verification by the ACS demonstrates that Good Samaritan has met stringent criteria reflecting commitment, excellence and assurance of high quality care for all trauma patients. Good Samaritan is one of only a handful of hospitals in the nation that operates both a ground and air ambulance service as part of our trauma program and in support of the other medical specialties offered by our facility. Our ground ambulance service provides emergency Advanced Life Support response to Buffalo County and surrounding communities as well as long distance basic, advanced and critical care transportation of patients from one facility to another throughout Nebraska. Good Samaritan AirCare, our organization's air ambulance service, provides both inter-facility and scene response for critically ill and injured patients throughout central Nebraska and northern Kansas. Good Samaritan is proud of its long-standing relationship with Rodgers Helicopter Services, LLC in providing our air ambulance operation to this region for more than three decades. In addition, trauma prevention efforts in Kearney and surrounding communities help boost public awareness through many forums including bike rodeos, classes promoting responsible decision-making -- seat belt use and drinking and driving, car seat safety and numerous other programs.

**Form 990, Part III, Line 4b:**

Good Samaritan Hospital HAS STRIVED TO IMPROVE THE HEALTH STATUS OF CHILDREN, TEENS, ADULTS, SENIOR CITIZENS, FRIENDS AND NEIGHBORS IN THIS RURAL COMMUNITY Good Samaritan Hospital IS PROUD TO OFFER HEALTHCARE SERVICES CLOSE TO HOME WITHIN THE COMMUNITY Good Samaritan Hospital PROVIDES A VARIETY OF DIAGNOSTIC SERVICES TO THE COMMUNITY, SUCH AS CT SCANS, MRI AND NUCLEAR MEDICINE IN ADDITION TO GENERAL RADIOLOGY, MAMMOGRAPHY, SURGICAL RADIOGRAPHY AND ULTRASOUND

---

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

At Good Samaritan, we believe that having a baby is a magical, spiritual experience. Last year almost 1,100 lives began in our Family Birth Center. We offer advanced medical services and technologies in a family-focused environment. Our patients feel at home in our remodeled, private rooms where they can labor, deliver and continue their postpartum care. For those babies requiring extra care and support, Good Samaritan is proud of our region's most advanced Neonatal Intensive Care Unit. Each of our nine private rooms offers the best growth and development possible in a womb-like, environmentally controlled setting. We are proud to accommodate premature and sick babies in surrounding areas with our AirCare helicopter and ground ambulance transport services.

---

<b>SCHEDULE A</b> (Form 990 or 990-EZ)	<b>Public Charity Status and Public Support</b> 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 <a href="http://www.irs.gov/form990">www.irs.gov/form990</a> .	OMB No 1545-0047 <b>2016</b> <b>Open to Public Inspection</b>
Department of the Treasury Internal Revenue Service Name of the organization Good Samaritan Hospital		Employer identification number 47-0379755

**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 **section 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 (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 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 Public support.</b> Subtract line 5 from line 4						
Section B. Total Support						
Calendar year (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 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions)					<b>12</b>	
<b>13 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 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 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 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 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 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 (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 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a)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 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<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>	

**19a 33 1/3% support tests—2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

**b 33 1/3% support tests—2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 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? <i>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.</i>	<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)? <i>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).</i>	<b>2</b>	
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	<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)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>	<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? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>	<b>3c</b>	
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	<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? <i>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.</i>	<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)? <i>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.</i>	<b>4c</b>	
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>	<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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	<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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	<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))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<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)? <i>If "Yes," answer line 10b below.</i>	<b>10a</b>	
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	<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>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**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>		
<b>1</b>		
<b>2</b>		

**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>		
<b>1</b>		

**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>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**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 line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI 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>		
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

**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) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2016</b>	<b>(iii) Distributable 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).

<b>Facts And Circumstances Test</b>

**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 Good Samaritan Hospital	Employer identification number 47-0379755
---	--

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

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

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

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

<b>1</b>	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$
<b>2</b>	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$
<b>3</b>	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$
<b>4</b>	Did the filing organization file <b>Form 1120-POL</b> for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>5</b>	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 1i below, provide in Part IV a detailed description of the lobbying activity

		(a)	(b)
		Yes	No
		Amount	
<b>1</b>	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of		
<b>a</b>	Volunteers?		No
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No
<b>c</b>	Media advertisements?		No
<b>d</b>	Mailings to members, legislators, or the public?		No
<b>e</b>	Publications, or published or broadcast statements?		No
<b>f</b>	Grants to other organizations for lobbying purposes?	Yes	10,729
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body?		No
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No
<b>i</b>	Other activities?		No
<b>j</b>	Total. Add lines 1c through 1i		10,729
<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	LINE 11F THE PORTION OF ORGANIZATION DUES THAT ARE RELATED TO LOBBYING ARE AS FOLLOWS, NEBRASKA HOSPITAL ASSOCIATION \$7,139, CATHOLIC HEALTH ASSOCIATION \$1,597 AND AMERICAN HOSPITAL ASSOCIATION \$1,996
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	LINE 11F THE PORTION OF ORGANIZATION DUES THAT ARE RELATED TO LOBBYING ARE AS FOLLOWS, NEBRASKA HOSPITAL ASSOCIATION \$7,139, CATHOLIC HEALTH ASSOCIATION \$1,597 AND AMERICAN HOSPITAL ASSOCIATION \$1,996

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493129015988	
<div>SCHEDULE D (Form 990)</div> <div>Department of the Treasury Internal Revenue Service</div>		<div>Supplemental Financial Statements</div> <div>► 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.</div> <div>Information about Schedule D (Form 990) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>.</div>			<div>OMB No 1545-0047</div> <div>2016</div> <div>Open to Public Inspection</div>
Name of the organization Good Samaritan Hospital				Employer identification number 47-0379755	
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.					
		(a) Donor advised funds		(b) Funds and other accounts	
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>					
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>					
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.					
1 Purpose(s) of conservation easements held by the organization (check all that apply) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or education) <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space</div>					
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year					
				Held at the End of the Year	
a Total number of conservation easements				2a	
b Total acreage restricted by conservation easements				2b	
c Number of conservation easements on a certified historic structure included in (a)				2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register				2d	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►					
4 Number of states where property subject to conservation easement is located ►					
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>					
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►					
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$					
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>					
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements					
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.					
1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items					
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items					
(i) Revenue included on Form 990, Part VIII, line 1				► \$	
(ii) Assets included in Form 990, Part X				► \$	
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items					
a Revenue included on Form 990, Part VIII, line 1				► \$	
b Assets included in Form 990, Part X				► \$	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					
			Cat No 52283D Schedule D (Form 990) 2016		

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

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

☐

Part V

Endowment Funds. Complete if the organization answered "Yes" 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
1a Beginning of year balance . . . . .	1,752,166	1,707,795	1,671,408	1,471,607	1,363,348
b Contributions . . . . .	5,586	50,000			4,112
c Net investment earnings, gains, and losses	15,456	8,580	48,959	208,770	119,393
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .	15,611	14,209	12,572	8,969	15,246
f Administrative expenses . . . . .					
g End of year balance . . . . .	1,757,597	1,752,166	1,707,795	1,671,408	1,471,607

2

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

a

Board designated or quasi-endowment ▶ 72 06 %

b

Permanent endowment ▶ 27 94 %

c

Temporarily restricted endowment ▶ 0 %

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

3a

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

(i) unrelated organizations . . . . .

(ii) related organizations . . . . .

b

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

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

4

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

Part VI

Land, Buildings, and Equipment.  
Complete if the organization answered 'Yes' 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
1a Land . . . . .		7,917,997		7,917,997
b Buildings		97,527,975	41,050,067	56,477,908
c Leasehold improvements		0	0	0
d Equipment . . . . .		129,613,448	98,743,214	30,870,234
e Other . . . . .		12,060,865	5,369,716	6,691,149
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				101,957,288

Schedule D (Form 990) 2016

Part VII

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

(a) Description of security or category (including name of security)	(b)Book value	(c)Method of valuation Cost or end-of-year market value
(1)Financial derivatives . . . . .		
(2)Closely-held equity interests . . . . .		
(3)Other _____ (A) CHI OIP		
(B) CHI OIP	277,429,737	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12 ) ▶	277,429,737	

Part VIII

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 ) ▶		

Part IX

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

(a) Description	(b) Book value
(1) Intercompany Recievables	
(2) Investments in Unconsolidated Orgs - Controlling Interest	
(3) Deferred Income Plan	
(4) Deferred Income Plan	
(5) Intercompany Receivables	
(6) Investment in Unconsolidated Organization	
(7) Deferred Income Plan	995,533
(8) Intercompany Receivable	26,369,444
(9) Investment in Unconsolidated Organization	3,657,174
Total. (Column (b) must equal Form 990, Part X, col (B) line 15 ) . . . . . ▶	31,022,151

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	
Intercompany Payable	65,836,796
Unclaimed Property	27,330
CHI Debt Program	7,227,045
Deferred Gain on Sale	10,503,485
Other Current Liabilites	1,505,130
Other Long Term Liabilities	253,926
Accrued Contingent Liabilities	499,900
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶	85,853,612

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	

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

Return Reference	Explanation

## Additional Data

**Software ID:** 16000421  
**Software Version:** 2016v3.0  
**EIN:** 47-0379755  
**Name:** Good Samaritan Hospital

### Form 990, Schedule D, Part IX, - Other Assets

(a) Description	(b) Book value
(1) Intercompany Receivables	
(2) Investments in Unconsolidated Orgs - Controlling Interest	
(3) Deferred Income Plan	
(4) Deferred Income Plan	
(5) Intercompany Receivables	
(6) Investment in Unconsolidated Organization	
(7) Deferred Income Plan	995,533
(8) Intercompany Receivable	26,369,444
(9) Investment in Unconsolidated Organization	3,657,174

### Supplemental Information

Return Reference	Explanation
Schedule D, Part V, Line 4 Intended uses of endowment funds	The Foundation's endowment funds are used to provide financial support for hospital programs that enhance the health of the Kearney community and surrounding areas



## Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	GOOD SAMARITAN HOSPITAL's financial information is included in the consolidated audited financial statements of Catholic Health Initiatives (CHI), a related organization CHI's FIN 48 (ASC 740) footnote for the year ended June 30, 2017, reads as follows "CHI is a tax-exempt Colorado corporation and has been granted an exemption from federal income tax under Section 501(c)(3) of the Internal Revenue Code CHI owns certain taxable subsidiaries and engages in certain activities that are unrelated to its exempt purpose and therefore subject to income tax Management reviews its tax positions annually and has determined that there are no material uncertain tax positions that require recognition in the accompanying consolidated financial statements "

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493129015988

SCHEDULE H  
(Form 990)

Hospitals

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Good Samaritan Hospital

► 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

47-0379755

Part I

Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a Yes	
b If "Yes," was it a written policy?	1b Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year		
<input checked="" type="checkbox"/> Applied uniformly to all hospital facilities		
<input type="checkbox"/> Applied uniformly to most hospital facilities		
<input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care	3a Yes	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other 30000 %		
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b Yes	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other %		
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4 Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b Yes	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	No
6a Did the organization prepare a community benefit report during the tax year?	6a Yes	
b If "Yes," did the organization make it available to the public?	6b Yes	
Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H		

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)		2,221	6,725,412		6,725,412	3 54 %
b Medicaid (from Worksheet 3, column a)		3,446	17,274,482	11,132,051	6,142,431	3 24 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			1,380,448	1,380,448	0	0 %
d Total Financial Assistance and Means-Tested Government Programs	0	5,667	25,380,342	12,512,499	12,867,843	6 78 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	23	23,310	786,485	22,819	763,666	0 40 %
f Health professions education (from Worksheet 5)	11	386	671,942	0	671,942	0 35 %
g Subsidized health services (from Worksheet 6)	0	0	0	0	0	0 %
h Research (from Worksheet 7)	1	0	14,278	1,999	12,279	0 01 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	10	165	327,172	16,243	310,929	0 16 %
j Total. Other Benefits	45	23,861	1,799,877	41,061	1,758,816	0 93 %
k Total. Add lines 7d and 7j	45	29,528	27,180,219	12,553,560	14,626,659	7 71 %

**Part II 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
<b>1</b> Physical improvements and housing					0	0 %
<b>2</b> Economic development					0	0 %
<b>3</b> Community support	2		4,349		4,349	0 %
<b>4</b> Environmental improvements	1		341		341	0 %
<b>5</b> Leadership development and training for community members					0	0 %
<b>6</b> Coalition building					0	0 %
<b>7</b> Community health improvement advocacy					0	0 %
<b>8</b> Workforce development	3	331	64,758		64,758	0 03 %
<b>9</b> Other					0	0 %
<b>10 Total</b>	6	331	69,448	0	69,448	0 04 %

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

**Section A. Bad Debt Expense**

		Yes	No
<b>1</b> Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	<b>1</b>	Yes	
<b>2</b> Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	<b>2</b>	10,347,203	
<b>3</b> 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.	<b>3</b>	0	
<b>4</b> 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**

<b>5</b> Enter total revenue received from Medicare (including DSH and IME).	<b>5</b>	54,164,593
<b>6</b> Enter Medicare allowable costs of care relating to payments on line 5.	<b>6</b>	73,377,900
<b>7</b> Subtract line 6 from line 5. This is the surplus (or shortfall).	<b>7</b>	-19,213,307
<b>8</b> 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.		

☐ Cost accounting system

☒ Cost to charge ratio

☐ Other

**Section C. Collection Practices**

<b>9a</b> Did the organization have a written debt collection policy during the tax year?	<b>9a</b>	Yes	
<b>b</b> 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.	<b>9b</b>	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 %
<b>1</b> KEARNEY AMBULATORY SURGICAL CENTER	SURGERY	24 62 %	0 %	75 38 %
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				
<b>6</b>				
<b>7</b>				
<b>8</b>				
<b>9</b>				
<b>10</b>				
<b>11</b>				
<b>12</b>				
<b>13</b>				

**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?

**2**

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)

A

**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):** \_\_\_\_\_

		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 . . . . . 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 20 <u>15</u>		
<b>5</b>	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	<b>5</b>	Yes
<b>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>	Yes
<b>7</b>	Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	<b>7</b>	Yes
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>www.chihealth.com/chna</u>		
<b>b</b>	<input type="checkbox"/> Other website (list url) _____		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input checked="" type="checkbox"/> Other (describe in Section C) _____		
<b>8</b>	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	<b>8</b>	Yes
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>16</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url) _____	<b>10</b>	No
<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>	Yes
<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)

A

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? If "Yes," indicate the eligibility criteria explained in the FAP	<b>13</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 300.0 % and FPG family income limit for eligibility for discounted care of 300.0 %		
<b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b> <input type="checkbox"/> Asset level		
<b>d</b> <input checked="" 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 type="checkbox"/> Residency		
<b>h</b> <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>14</b> Explained the basis for calculating amounts charged to patients?	<b>14</b> Yes	
<b>15</b> Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	<b>15</b> 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? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	<b>16</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>http://www.chihealth.com/financial-assistance</u>		
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>http://www.chihealth.com/financial-assistance</u>		
<b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>http://www.chihealth.com/financial-assistance</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**

A

**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? . . . . .	<b>17</b>	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			
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <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 <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C) <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? . . . . .	<b>19</b>		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <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 <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)			
<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)			
<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 <b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications <b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations <b>e</b> <input type="checkbox"/> Other (describe in Section C) <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? . . . . .	<b>21</b>	Yes	
If "No," indicate why			
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <b>d</b> <input type="checkbox"/> Other (describe in Section C)			

**Part V Facility Information** *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

A

**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>22</b>		
<b>23</b>		No
<b>24</b>		No



**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.

[illegible]

**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)
<b>1</b>	
<b>2</b>	
<b>3</b>	
<b>4</b>	
<b>5</b>	
<b>6</b>	
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	

**Part VI Supplemental Information**

Provide the following information

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

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of Community Health	<p>* Health professional education- - Supports the education of medical students by providing specialty specific physician-supervised rotations in conjunction with medical schools. Other students from various programs and colleges are provided educational experiences at Good Samaritan hospital. APRNs, RNs, LPNs, psych students, master's level counseling students, and recreational therapists are provided a broad range of educational experiences from field experiences to internships. - Administration and student onboarding costs for nursing preceptorships and clinicals - Clinical pastoral education - Scholarships for healthcare education - Academic affiliation with Creighton University and its Health Professions Programs, including the School of Medicine, College of Arts &amp; Sciences, School of Dentistry, School of Pharmacy and Health Professions, College of Nursing. - Physician residency and fellowship programs training more than 250 residents and fellows annually. * Research - unfunded staff support of the National Cancer Institute Community Oncology Research Program (N-CORP). * Financial and in-kind contributions- - Corporate sponsorships - Tanzania health ministry-CHI Health is a ministry partner with the Machame Lutheran Hospital in Tanzania which provides full service health care in a desperately impoverished area of the country including a full service hospital, pharmacy, hospice outreach, clinics, Clinical Officer School, and the recently established School of Nursing. - Staff service on health related board and coalitions. - Participation in and funding of maternal health, breastfeeding, substance abuse, cancer, diabetes and other community health coalitions. - Participation in and sponsorship of mental health coalitions including Kim Foundation, Community Alliance Foundation, Voices for Children and Project Harmony. - Employee costs of coordinating community events not sponsored by CHI Health (Race for the Cure, Relay for Life, Lydia House diaper drive, Food Bank of the Heartland food drive, Blood drives, etc.). - In-kind staff time organizing the donation of items to the Siena Francis House. - In-kind donations (staff time, space, etc.) supporting grants for Behavioral Health, Telepsych, Violence Prevention, and Community Link. - Purchased bike helmets for a local community event around bike safety education. - Buffalo County Community Partners (BCCP)- in-kind space provided to this health coalition that is a county-wide effort to address the leading health issues in the county. - Project Search-high school transition program that assists students with disabilities with a connection to employment. Good Samaritan hosts the program on-site at no cost to the program. - Family Advocacy Network (FAN)-in-kind office space for this organization that connects all agencies and the family to provide an experienced, multidisciplinary response to abuse and sexual assault. - HelpCare Clinic-in-kind space for this organization that exists to provide medical care, free of cost, to persons who have no insurance and do not qualify for Medicaid or Medicare but income falls below 200% of the Federal Poverty Level. Some of the services offered here are outpatient primary medical care, preventive medical services, noncritical acute care, and behavioral services. * Community building activities - - Healthcare Career Exploration Camp-day camp funded by CHI Health for students grades 10-12 to give them the opportunity to explore a variety of healthcare professions. - Hosted a summer honors program healthcare career exploration day for 9 high school students to learn about different healthcare professions. - Presentations to high school students about healthcare careers. - Community and economic development including support of local Chambers of Commerce. - Strategic planning, facilitation and consulting services for community. CHI Health IS GOVERNED BY A BOARD OF DIRECTORS PRIMARILY COMPRISED OF VOLUNTEER MEMBERS OF OUR LOCAL COMMUNITY WHO ARE LEADERS IN THE FIELDS OF BUSINESS, HEALTHCARE, ACCOUNTING AND MEDICINE AND UNDERSTAND THEIR ROLE IN PROVIDING STRONG CORPORATE GOVERNANCE. CHI Health HOSPITALS HAVE FULL-TIME EMERGENCY DEPARTMENTS THAT ARE OPEN TO THE PUBLIC AND PROVIDE MEDICAL SCREENING EXAMINATIONS AND STABILIZING TREATMENT WITHIN THE CAPABILITIES AND CAPACITIES OF THE HOSPITALS REGARDLESS OF BUT NOT LIMITED TO THE PATIENT'S RACE, COLOR, SEX, AGE, AND/ OR ABILITY TO PAY. THE HOSPITALS ARE IN COMPLIANCE WITH THE FEDERAL EMTALA REGULATIONS. IN ADDITION, TOGETHER WITH UNRELATED HOSPITALS IN THE AREA, WORK CLOSELY WITH LOCAL FIRE AND RESCUE DEPARTMENTS TO ENSURE THAT AMBULANCES TAKE PATIENTS TO THE APPROPRIATE HOSPITAL. THIS IS GENERALLY THE HOSPITAL THAT IS CLOSEST GEOGRAPHICALLY WITH EXCEPTIONS BASED ON PATIENT PREFERENCE, PATIENT'S PHYSICIAN PREFERENCE, AND CAPACITY OR THE AVAILABILITY OF SPECIALIZED FACILITIES OR PROGRAMS RELATED TO THE PATIENT'S CONDITION. FINALLY, CHI Health HOSPITALS MAINTAIN DETAILED PROCEDURES REGARDING WHEN A</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of Community Health	ND UNDER WHAT CIRCUMSTANCES A PATIENT CAN BE TRANSFERRED UNDER THIS POLICY, NO PATIENT WI LL BE TRANSFERRED BASED ON RACE, CREED, RELIGION OR ABILITY TO PAY

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part I, Line 3c Determining Eligibility for Free or Discounted Care	<p>Unless eligible for Presumptive Financial Assistance, the following eligibility criteria must be met in order for a patient to qualify for Financial Assistance</p> <ul style="list-style-type: none"><li>* The patient must have a minimum account balance of thirty-five dollars (\$35.00) with the CHI Hospital Organization. Multiple account balances may be combined to reach this amount. Patients/Guarantors with balances below thirty-five dollars (\$35) may contact a financial counselor to make monthly installment payment arrangements.</li><li>* The patient's Family Income must be at or below 300% of the FPG.</li><li>* The patient must comply with Patient Cooperation Standards as described [in the FAP].</li><li>* The patient must submit a completed Financial Assistance application. For patients and Guarantors who are unable to provide required documentation, a Hospital Facility may grant Presumptive Financial Assistance based on information obtained from other resources. In particular, presumptive eligibility may be determined on the basis of individual life circumstances that may include:</li></ul> <ul style="list-style-type: none"><li>* Recipient of state-funded prescription programs,</li><li>* Homeless or one who received care from a homeless clinic,</li><li>* Participation in Women, Infants and Children programs (WIC),</li><li>* Food stamp eligibility,</li><li>* Subsidized school lunch program eligibility,</li><li>* Eligibility for other state or local assistance programs (e.g., Medicaid spend-down),</li><li>* Low income/subsidized housing is provided as a valid address, or</li><li>* Patient is deceased with no known estate.</li></ul>

990 Schedule H, Supplemental Information	
Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Bad Debt Expense excluded from financial assistance calculation	10347203

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance	A cost accounting system was not used to compute amounts in the table, rather costs in the table were computed using Worksheet 2 to compute the cost-to-charge ratio. The cost-to-charge ratio covers all patient segments.



**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part II Community Building Activities	<p>CHI Health has a history of centralized community benefit investments, as well as hospital specific investments that address community health needs which include support of local health coalitions, investments in partnerships and programs that address top community health needs, participation in local committees and boards tied to top health needs, and investments in many other ways as described in other areas of the Schedule H narrative Below are specific examples of work that falls within the definition of community building activities These activities are critical in helping build social, health, and economic opportunities in our community that ultimately drive health status and quality of life for our residents *</p> <p>Workforce development-the following activities work to strengthen the community's capacity to promote the health and well-being of our residents by driving entry into healthcare careers - Healthcare career exploration camp-day camp funded by CHI Health for students grades 10-12 to give them the opportunity to explore a variety of healthcare professions - Presentations to high school students about healthcare careers - Healthcare career exploration day for 600 high school students at the Kearney Armory *</p> <p>Community and economic development including support of local Chambers of Commerce * Strategic planning and consulting services for community partners to build capacity to address health and social needs of the community</p>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	Costing methodology for amounts reported on line 2 is determined using the organization's cost/charge ratio of 35 34% When discounts are extended to self-pay patients, these patient account discounts are recorded as a reduction in revenue, not as bad debt expense

## 990 Schedule H, Supplemental Information

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

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote	<p>Good Samaritan Hospital does not issue separate company audited financial statements. However, the organization is included in the consolidated financial statements of Catholic Health Initiatives. The consolidated footnote reads as follows: The provision for bad debts is based upon management's assessment of historical and expected net collections, taking into consideration historical business and economic conditions, trends in health care coverage, and other collection indicators. Management routinely assesses the adequacy of the allowances for uncollectible accounts based upon historical write-off experience by payor category. The results of these reviews are used to modify, as necessary, the provision for bad debts and to establish appropriate allowances for uncollectible net patient accounts receivable. After satisfaction of amounts due from insurance, CHI follows established guidelines for placing certain patient balances with collection agencies, subject to the terms of certain restrictions on collection efforts as determined by each facility. The provision for bad debts is presented in the consolidated statement of operations as a deduction from patient services revenues (net of contractual allowances and discounts) since CHI accepts and treats all patients without regard to the ability to pay.</p>

# 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
<p>Schedule H, Part III, Line 8 Community benefit &amp; methodology for determining medicare costs</p>	<p>USING ESSENTIALLY THE SAME MEDICARE COST REPORT PRINCIPLES AS TO THE ALLOCATION OF GENERAL SERVICES COSTS AND "APPORTIONMENT" METHODS, THE "CHI WORKBOOK" CALCULATES A PAYERS' GROSS ALLOWABLE COSTS BY SERVICE (SO AS TO FACILITATE A CORRESPONDING COMPARISON BETWEEN GROSS ALLOWABLE COSTS AND ULTIMATE PAYMENTS RECEIVED) THE TERM "GROSS ALLOWABLE COSTS" MEANS COSTS BEFORE ANY DEDUCTIBLES OR CO-INSURANCE ARE SUBTRACTED GOOD SAMARITAN HOSPITAL'S ULTIMATE REIMBURSEMENT WILL BE REDUCED BY ANY APPLICABLE COPAYMENT/ DEDUCTIBLE WHERE MEDICARE IS THE SECONDARY INSURER, AMOUNTS DUE FROM THE INSURED'S PRIMARY PAYER WERE NOT SUBTRACTED FROM MEDICARE ALLOWABLE COSTS BECAUSE THE AMOUNTS ARE TYPICALLY IMMATERIAL ALTHOUGH NOT PRESENTED ON THE MEDICARE COST REPORT, IN ORDER TO FACILITATE A MORE ACCURATE UNDERSTANDING OF THE "TRUE" COST OF SERVICES (FOR "SHORTFALL" PURPOSES) THE CHI WORKBOOK ALLOWS A HEALTH CARE FACILITY NOT TO OFFSET COSTS THAT MEDICARE CONSIDERS TO BE NON-ALLOWABLE, BUT FOR WHICH THE FACILITY CAN LEGITIMATELY ARGUE ARE RELATED TO THE CARE OF THE FACILITY'S PATIENTS IN ADDITION, ALTHOUGH NOT REPORTABLE ON THE MEDICARE COST REPORT, THE CHI WORKBOOK INCLUDES THE COST OF SERVICES THAT ARE PAID VIA A SET FEE-SCHEDULE RATHER THAN BEING REIMBURSED BASED ON COSTS (E G OUTPATIENT CLINICAL LABORATORY) FINALLY, THE CHI WORKBOOK ALLOWS A FACILITY TO INCLUDE OTHER HEALTH CARE SERVICES PERFORMED BY A SEPARATE FACILITY (SUCH AS A PHYSICIAN PRACTICE) THAT ARE MAINTAINED ON SEPARATE BOOKS AND RECORDS (AS OPPOSED TO THE MAIN FACILITY'S BOOKS AND RECORDS WHICH HAS ITS COSTS OF SERVICE INCLUDED WITHIN A COST REPORT) TRUE COSTS OF MEDICARE COMPUTED USING THIS METHODOLOGY TOTAL MEDICARE REVENUE \$ 54,164,593 TOTAL MEDICARE COSTS \$ 73,377,900 SURPLUS OF SHORTFALL \$ 19,213,307 GOOD SAMARITAN HOSPITAL BELIEVES THAT EXCLUDING MEDICARE LOSSES FROM COMMUNITY BENEFIT MAKES THE OVERALL COMMUNITY BENEFIT REPORT MORE CREDIBLE FOR THESE REASONS UNLIKE SUBSIDIZED AREAS SUCH AS BURN UNITS OR BEHAVIORAL-HEALTH SERVICES, MEDICARE IS NOT A DIFFERENTIATING FEATURE OF TAX-EXEMPT HEALTH CARE ORGANIZATIONS IN FACT, FOR-PROFIT HOSPITALS FOCUS ON ATTRACTING PATIENTS WITH MEDICARE COVERAGE, ESPECIALLY IN THE CASE OF WELL-PAID SERVICES THAT INCLUDE CARDIAC AND ORTHOPEDICS SIGNIFICANT EFFORT AND RESOURCES ARE DEVOTED TO ENSURING THAT HOSPITALS ARE REIMBURSED APPROPRIATELY BY THE MEDICARE PROGRAM THE MEDICARE PAYMENT ADVISORY COMMISSION (MEDPAC), AN INDEPENDENT CONGRESSIONAL AGENCY, CAREFULLY STUDIES MEDICARE PAYMENT AND THE ACCESS TO CARE THAT MEDICARE BENEFICIARIES RECEIVE THE COMMISSION RECOMMENDS PAYMENT ADJUSTMENTS TO CONGRESS ACCORDINGLY THOUGH MEDICARE LOSSES ARE NOT INCLUDED BY CATHOLIC HOSPITALS AS COMMUNITY BENEFIT, THE CATHOLIC HEALTH ASSOCIATION GUIDELINES ALLOW HOSPITALS TO COUNT AS COMMUNITY BENEFIT SOME PROGRAMS THAT SPECIFICALLY SERVE THE MEDICARE POPULATION FOR INSTANCE, IF HOSPITALS OPERATE PROGRAMS FOR PATIENTS WITH MEDICARE BENEFITS THAT RESPOND TO IDENTIFIED COMMUNITY NEEDS, GENERATE LOSSES FOR THE HOSPITAL, AND MEET OTHER CRITERIA, THESE PROGRAMS CAN BE INCLUDED IN THE CHA FRAMEWORK IN CATEGORY C AS "SUBSIDIZED HEALTH SERVICES " MEDICARE LOSSES ARE DIFFERENT FROM MEDICAID LOSSES, WHICH ARE COUNTED IN THE CHA COMMUNITY BENEFIT FRAMEWORK, BECAUSE MEDICAID REIMBURSEMENTS GENERALLY DO NOT RECEIVE THE LEVEL OF ATTENTION PAID TO MEDICARE REIMBURSEMENT MEDICAID PAYMENT IS LARGELY DRIVEN BY WHAT STATES CAN AFFORD TO PAY, AND IS TYPICALLY SUBSTANTIALLY LESS THAN WHAT MEDICARE PAYS</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part III, Line 9b Collection practices for patients eligible for financial assistance	<p>The organization's billing and collections policy applies to all individuals presenting for emergency or other medically necessary care. The policy contains provisions for collecting amounts due from those patients who the organization knows to qualify for financial assistance either through the traditional financial assistance application process or through presumptive eligibility processes. Before engaging in extraordinary collection actions (ECAs) to obtain payment for EMCare, Hospital Facilities must make reasonable efforts through its billing and collections processes, pursuant to Treas. Reg. Â§1.501(r)-6(c), to determine whether an individual is eligible for Financial Assistance. In no event will an ECA be initiated prior to 120 days from the date the Facility provides the first post-discharge billing statement (i.e., during the Notification Period) unless all reasonable efforts have been made. Hospital Facilities will not refer accounts for collection where the patient has initially applied for Financial Assistance, and the Hospital Facility has not yet made reasonable efforts with respect to the account. For patients and Guarantors who are unable to provide required documentation, a Hospital Facility may grant Presumptive Financial Assistance based on information obtained from other resources. Patients who qualify for Medicaid are presumed to qualify for full charity write off. Any charges for days or services written off (excluding Medicaid denials related to timeliness of billing, insufficient medical record documentation, missing invoices, authorization, or eligibility issues) as a result of a Medicaid are booked as charity. Some Medicaid plans offer coverage for a limited or restricted list of services. If a patient is eligible for Medicaid, any charges for days or services not covered by the patient's coverage may be written off to charity without a completed application. This does not include any Share of Cost (SOC) or other patient cost-sharing amounts such as deductibles or copayments, as such costs are determined by the state to be an amount that the patient must pay before the patient is eligible for Medicaid. Health and Human Services (HSS) uses the term "Spend Down" instead of Share of Cost. All collection activities conducted by the Facility, a Designated Supplier, or its third-party collection agents will be in conformance with all federal and state laws governing debt collection practices. All third-party agreements governing collection and recovery activities must include a provision requiring compliance with the hospital facilities' financial assistance and billing and collections policy and indemnification for failures as a result of its noncompliance. This includes, but is not limited to, agreements between third parties who subsequently sell or refer debt of the Hospital Facility.</p>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16a FAP website	A - GOOD SAMARITAN HOSPITAL Line 16a URL <a href="http://www.chihealth.com/financial-assistance">http //www chihealth com/financial-assistance,</a>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16b FAP Application website	A - GOOD SAMARITAN HOSPITAL Line 16b URL <a href="http://www.chihealth.com/financial-assistance">http //www chihealth com/financial-assistance,</a>



## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16c FAP plain language summary website	A - GOOD SAMARITAN HOSPITAL Line 16c URL <a href="http://www.chihealth.com/financial-assistance">http //www chihealth com/financial-assistance,</a>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	<p>The process of identifying the community health needs in Buffalo County was accomplished by using data and community input from processes led by Buffalo County Community Partners (BCCP) including GSH/RYPHC. This process included:</p> <ul style="list-style-type: none"><li>* A quantitative data review and analysis of health needs of the community, including information on disease prevalence, health indicators, health equity, and mortality. Indicators were based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), along with other benchmarks such as Healthy People 2020 (HP2020).</li><li>* The data were reviewed by the GSH/RYPHC CBAT including review of previous data to analyze trends and comparison to like counties and other benchmarks (e.g., HP2020) to help prioritize significant health issues.</li><li>* The GSH/RYPHC Community Board Vice Chairman presented to the GSH integrated leadership team for validation of community health needs.</li><li>* The GSH/RYPHC CBAT presented the findings to BCCP's Planning and Measurement Committee (PMC) and the GSH Community Board for input and validation.</li></ul> <p>Data sources included local, state and national data. As part of BCCP's ongoing assessment and planning process, primary data are collected regularly including the Youth Risk and Protective Factor Survey and Adult Behavioral Risk Factor Survey. The most recent available data was reviewed in addition to the following data sources:</p> <ul style="list-style-type: none"><li>* 2014 Youth Risk and Protective Factor Survey</li><li>* 2014 Youth Risk Factor Survey</li><li>* Adult Behavioral Risk Factor Survey</li><li>* County health rankings</li><li>* U.S. Census Bureau</li><li>* Center for Disease Control and Prevention</li><li>* National Center for Health Statistics</li><li>* Community Commons</li><li>* National Cancer Institute, State Cancer Profiles</li><li>* Nebraska Department of Health and Human Services</li></ul>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part VI, Line 3 Patient education of eligibility for assistance	<p>Notification about the availability of Financial Assistance from CHI Hospital Organizations shall be disseminated by various means, which may include, but not be limited to</p> <ul style="list-style-type: none"><li>* Conspicuous publication of notices in patient bills,</li><li>* Notices posted in emergency rooms, urgent care centers, admitting/registration departments, business offices, and at other public places as a Hospital Facility may elect, and</li><li>* Publication of a summary of this Policy on the Hospital Facility's website, <a href="http://www.catholichealth.net">www.catholichealth.net</a>, and at other places within the communities served by the Hospital Facility as it may elect</li></ul> <p>Such notices and summary information shall include a contact number and shall be provided in English, Spanish, and other primary languages spoken by the population served by an individual Hospital Facility, as applicable</p> <p>Referral of patients for Financial Assistance may be made by any member of the CHI Hospital Organization non-medical or medical staff, including physicians, nurses, financial counselors, social workers, case managers, chaplains, and religious sponsors</p> <p>A request for assistance may be made by the patient or a family member, close friend, or associate of the patient, subject to applicable privacy laws</p> <p>In addition, Hospital registration clerks are trained to provide consultation to those who have no insurance or potentially inadequate insurance concerning their financial options including application for Medicaid and for assistance under the Financial Assistance Policy</p> <p>Counselors assist Medicare eligible patients in enrollment by providing referrals to the appropriate government agencies</p> <p>Once it is determined that the patient does not qualify for any third party funding, the patient is verbally notified about the existence of Financial Assistance Application and additional screening takes place by a Hospital employee to determine if the patient is eligible for charity service prior to discharge</p> <p>Upon registration (and once all EMTALA requirements are met), patients who are identified as uninsured (and not covered by Medicare or Medicaid) are provided with a packet of information that addresses the Financial Assistance Policy, the plain language summary of that policy, and an application for assistance</p> <p>Hospital registration clerks read the organization's medical assistance policy to those who appear to be incapable of reading, and provide translators for non-English-speaking individuals</p> <p>Patients that have been discharged prior to charity screening, such as emergency room patients, receive a written notification of possible eligibility for services</p> <p>If the patient is determined not to be eligible for government assistance, he/she may notify the hospital that they seek charity assistance</p> <p>The appropriate charity form is sent to the patient/guarantor for completion and then returned to the hospital for evaluation and qualification</p> <p>Once determination of eligibility is made, the patient is sent a notice informing him/her if they qualify for full, partial, or no charity care services</p> <p>Hospital Facilities must make reasonable efforts through its billing and collections processes, pursuant to Treas Reg Â§1.501(r)-6(c), to determine whether any individual is eligible for Financial Assistance</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community information	<p>For the purpose of the CHNA and future implementation strategy, GSH and RYBHC consider its primary community to be Buffalo County, Nebraska This was determined by an interdisciplinary team from the Hospital [Community Benefit Action Team (CBAT)] and aligns with a shared definition agreed upon with community partners including the local public health entity, Buffalo County Community Partners (BCCP)</p> <p>Total Population 2014 48,224 Percent below 18 years of age 23 3% Percent 65 and older 12 9% Percent Female 50 3% Percent Black or African American 1 1% Percent American Indian and Alaskan Native 0 5% Percent Asian 1 6% Percent Native Hawaiian/Other Pacific Islander 0 1% Percent Hispanic Population 8 6% Percent Non-Hispanic White 87 5% Median Household Income \$52,562 Persons in Poverty 12 5% Children in Poverty 15% Unemployment Rate 2 7% Percent population w/HS Diploma 85% Percent population w/associate and/or bachelors 73% Percent of Population under 65 without insurance 12% Percent of Uninsured Children under 19 years 5%</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	<p>The organization's hospital facility(ies) promote health for the benefit of the community. Medical staff privileges in the hospital are available to all qualified physicians in the area, consistent with the size and nature of its facilities. The organization's hospital facility(ies) have an open medical staff. Its board of trustees is composed of prominent citizens in the community. Excess funds are generally applied to expansion and replacement of existing facilities and equipment, amortization of indebtedness, improvement in patient care, and medical training, education, and research. The facility(ies) treat persons paying their bills with the aid of public programs like Medicare and Medicaid. All patients presenting at the hospital for emergency and other medically necessary care are treated regardless of their ability to pay for such treatment. CHI Health has a history of centralized community benefit and hospital specific community benefit investments to address community health needs of the particular service area. Examples of how CHI Health furthers its exempt purpose by promoting the health of the community include:</p> <ul style="list-style-type: none"> <li>* Financial Assistance and Unpaid costs of Medicaid</li> <li>* Community health improvement services- Community education, classes and programs (CPR, car seat safety checks, community behavioral health support and education, diabetes, cancer, physical activity and healthy eating and cooking)</li> <li>- AirCare-staff presented safety in-services to rural communities and participated in health fairs to advance the knowledge of the community</li> <li>- Support groups (cancer, bereavement, youth, etc.)</li> <li>- Community health fairs and screenings</li> <li>- School based healthcare services</li> <li>- Parish Nursing Program and Faith Community Health Network-the CHI Health Faith Community Health Network partners with congregations of all faiths to build capacity and support the growth of Health Ministries which promote health, healing and wholeness in the communities served</li> <li>- Healthy Families-this program is a free, 8-week health and nutrition program for families with a child between the ages of 4-18 who has been identified in the top 85th percentile of their weight. This program invites the whole family to participate in learning about physical activity, eating healthy, and setting realistic goals as a family</li> <li>- 5-4-3-2-1Go!-this program is an evidence-based healthy kids countdown message which CHI health supports through technical assistance and resources for parents and schools to teach kids to learn and practice every day to be healthy and active</li> <li>- Childcare-CHI Health provided funding to increase capacity of Nebraska Extension Nutrition &amp; Physical Activity Self-Assessment in Child Care (NAP SACC) program to provide training and technical assistance for child care programs in Douglas, Sarpy and Cass Counties in Nebraska</li> <li>- Breastfeeding-planned and funded the Beyond Best Practices: Creating a Supportive Environment for Breastfeeding Parents conference for clinic and hospital professionals (nurses, medical assistants, dietitians, health coaches/navigators and providers), as well as community based health care workers (WIC dietitians, WIC clinicians, and community and federally qualified health center clinic members). Additionally, provided funding to the Nebraska Breastfeeding Coalition to plan and implement a Certified Lactation Counselor Training for 75 individuals, and an IBCLC Exam Prep course for 25 individuals, as well as to develop a breastfeeding toolkit for worksites and clinics to support promotion of breastfeeding in these spaces</li> <li>- Provided counseling and assistance in enrolling individuals in means tested insurance programs to improve access to care</li> <li>- Project Search-high school transition program that assists students with disabilities with a connection to employment</li> <li>- Richard Young Behavioral Health Center- provided enhanced access to individuals by offering free initial assessments by licensed mental health professionals</li> <li>- Teen Net-teen parenting program which includes prenatal and parenting resources for teens, funding through Good Samaritan Hospital and Kearney Public Schools</li> <li>- Injury Prevention Programs-Trauma department supports community education programs and initiatives, see below some examples</li> <li>-- Child passenger safety inspection stations to properly fit car seats in vehicles and donations of car seats for those that qualify</li> <li>-- Distribution of pack and plays and/or safety gates to families without safe sleep options and safety equipment for their infant or toddler</li> <li>-- Safety programs which presented advice on everything from bike safety, to water safety, fire safety, ATV safety, farm safety and much more</li> <li>-- Fall prevention educational events</li> <li>- Subsidized low income, non-patient outpatient dialysis treatments in the community to give them the care that they require</li> <li>- Provide support to health coalitions and investments in social and environmental improvement strategies. These are programs, activities and part</li> </ul>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	nerships that improve the health of persons in the community by addressing the determinant s of health, which includes the social, economic and physical environment

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	<p>The organization is affiliated with Catholic Health Initiatives (CHI) CHI, a nonprofit, faith-based health system formed in 1996 through the consolidation of four Catholic health systems, expresses its mission each day by creating and nurturing healthy communities in the hundreds of sites across the nation where we provide care One of the nation's largest nonprofit health systems, Englewood, Colorado-based CHI serves as the Parent company of the system It operates in 17 states and comprises 101 hospitals, including 4 academic health centers and major teaching hospitals as well as 29 critical-access facilities, community health-services organizations, accredited nursing colleges, home-health agencies, living communities, and other facilities and services that span the inpatient and outpatient continuum of care In fiscal year 2017, CHI provided more than \$1.2 billion in financial assistance and community benefit - a more than 10% increase over the previous year -- for programs and services for the poor, free clinics, education and research Financial assistance and community benefit totaled more than \$2.1 billion with the inclusion of the unpaid costs of Medicare The health system, which generated operating revenues of \$15.5 billion in fiscal year 2017, has total assets of approximately \$21.9 billion CHI provides strategic planning and management services as well as centralized "share services" for the MBOs The provision of centralized management and shared services including areas such as accounting, human resources, payroll and supply chain provides economies of scale and purchasing power to the MBOs The cost savings achieved through CHI's centralization enable MBOS to dedicate additional resources to high-quality health care and community outreach services to the most vulnerable members of our society - State of Nebraska-provided funds to support pilot program Double-Up Food Bucks to address food insecurity and access to healthy foods through provision of additional funding for SNAP participants to purchase fresh fruits and vegetables at participating vendors and farmer's markets Kearney - Buffalo County Community Health Partners-provided financial support and leadership to this health coalition that is a county-wide effort to address the leading health issues in the county - Be Well Buffalo County Coalition-provided funds to support the establishment of Be Well coalition to advocate for a healthy community culture through infrastructure, education and programs to support healthy choices</p>

990 Schedule H, Supplemental Information	
Form and Line Reference	Explanation
Schedule H, Part VI, Line 7 State filing of community benefit report	NE



**Additional Data**

**Software ID:** 16000421  
**Software Version:** 2016v3.0  
**EIN:** 47-0379755  
**Name:** Good Samaritan Hospital

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

Section A. Hospital Facilities		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) How many hospital facilities did the organization operate during the tax year? <b>2</b>											
Name, address, primary website address, and state license number											
1	GOOD SAMARITAN HOSPITAL 10 EAST 31ST STREET PO BOX 1990 KEARNEY, NE 68848 www.gshs.org 070001	X	X					X		ACUTE HOSPITAL	A
2	RICHARD YOUNG BEHAVIORAL HEALTH CENTER 1755 PRAIRIE VIEW PL KEARNEY, NE 68847 www.gshs.org 070002	X								PSYCHIATRIC HOSPITAL	A

**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 Facility A, 1	Facility A, 1 - GROUP A After the initial data review by the GSH/RYPHCCBAT, findings were presented to the BCCP Planning and Measurement Committee (PMC), the integrated leadership team, and GSH/RYPHC Community Board The data was shared with the broader coalition membership for further community input and validation of the top priority health needs for the community In Buffalo County, there are existing coalitions focused on each of the prioritized community health issues These coalitions meet on a regular basis to plan, implement, and evaluate key strategies to address the prioritized health issues As part of this process, the coalition's review, discuss, and report on the data related to community health indicators Data was shared through a variety of channels to ensure community input, including as part of the coalition work, regular reporting to the BCCP PMC, and reporting to the other leadership groups such as the GSH/RYPHC Community Board This ensures ongoing feedback regarding community health data Both the Community Board and the PMC have members who represent various residents and local agencies including uninsured, low-income and minority groups

**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 6a Facility A, 1	Facility A, 1 - Group A The CHNA was conducted with Good Samaritan Hospital, Good Samaritan LTC, which is a state licensed hospital facility, considered part of GSH, and Good Samaritan/Richard Young Behavioral Health Center (RYBHC), all licensed hospital facilities within the reporting group

**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 6b Facility A, 1	Facility A, 1 - GROUP A In fiscal year 2017, Good Samaritan/Richard Young Behavioral Health Center (RYBHC) conducted a Community Health Needs Assessment (CHNA) in partnership with Buffalo County Community Partners In addition, numerous community partners participated in the CHNA process

**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 7 Facility A, 1	Facility A, 1 - GROUP A The CHNA was presented to Good Samaritan/RYPHC Community Board, BCCP Planning and Measurement Committee (PMC) and the CHI Health Integrated Leadership Team

**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 11 Facility A, 1	Facility A, 1 - GROUP A The new CHNA and corresponding implementation plan was completed in the tax reporting year 2015 The following outlines the current implementation plan priorities and strategies This plan was posted publicly on www.chihealth.com/chna For this plan the hospital prioritized the following health needs Priority Health Need #1 Violence & Injury To address this need the hospital will implement the following strategies in 2016-2018 -Promote and coordinate the use of Second Step social/emotional learning curriculum in Buffalo County schools and community based preschools - BCCP Partner Board has dissolved the UAV Coalition and work has re-directed to be led through HealthyMINDS and Rooted in Relationships coalitions Braided funding and alignment with this NE's newly implemented statewide service plan for juveniles to connect health, human services, corrections, probation and behavioral health services to prevent youth from entering system * Established a paid coordinator to serve as .8FTE for CHI Health Violence Prevention Coalition (HealthyMINDS) * Those attending the Men in Violence Prevention have formed coalition and working on logic model for Mission & Vision Focus will be on emphasizing hope for future and no more violence in BC through community involvement - Training completed for Kindergarten and first grade teachers in early childhood workforce, and Kearney Public Schools for evidence-based Second Step school curriculum in early childhood sites Already planning expansion to full elementary levels in FY18 - Continuing Juvenile Justice Community Comprehensive Plan, which works to address suicide, bullying & detention through implementing Mentoring, Social emotional learning, PhotoVoice to prevent suicide, bullying and detention - Buffalo County Youth Advisory Board (YAB) determined to focus on substance abuse prevention, school engagement and mental health promotion * Formed committees, working on logic model as well as working with schools for environmental scan of existing school programs that address these focus areas to help inform gaps for possible work * Also formed a suicide prevention coalition * Acquired additional grant funding from Kearney Area Community Foundation to SAFE Center to develop community social awareness campaign for violence prevention * Also connect regularly with Friends Mentoring program director and school programming to ensure all work aligns - Picturing Peace project collected pictures from community members on what peace looks like in the community and awarded 12 winners - Seven community organizations came together to form a suicide prevention coalition under BCCP umbrella, look at existing data and shape work in this area Out of a great influx of community involvement in the Suicide prevention coalition, the coalition partnered with UNK to create a Hope and Healing campaign for suicide prevention - Launched community-wide educational campaign "Be More" * BCYAB will

**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 11 Facility A, 1	<p>be active in the HealthyMINDS advisory board YAB will have a new campaign to address self-care and stress reduction - Providing evidence-based programming called Rooted in Relationships (RIR), and team has surveyed parents, conducted an ECH System of Care Assessment and narrowed focus for work - all childcare is high quality, social emotional education from prenatal to age 8, and all Buffalo County children have strong social emotional skills Press releases being sent to recruit additional stakeholders -Promote organizational practices and policies that support violence prevention in Buffalo County, NE - Continuing Well Workplace Initiative educating worksites on social/emotional and trauma-informed approaches in workplace, and trained all new BCCP staff in Trauma-informed Care 101 - Identified employer top priority to prevent violence in the workplace is employee stress levels (Identified high need in Kearney Public Schools) HealthyMINDS Coalition hiring two part-time mental health coaches for two KP schools - BCCP's utilized Well Workplace Survey and will discuss policies as a result of survey in Fy18 - Aligning with Region 3 to champion non-violence policies - SAFE Center (a community-based site to provide support to families and individuals affected by domestic and sexual violence) is also adopting non-violence policies and exploration of how these could be adapted elsewhere taking place in VP Coalition -Provide bike safety education and outreach to grade school children through the Trauma Outreach Department and SafeKids Platte Valley program - CHI Health Good Samaritan continues to provide this service to primary service area (Buffalo County) CHI Health Good Samaritan is exploring how to connect with community partners to align and co-own this work to ensure child safety education and prevention continues for the entire community -Increase reach of child passenger safety seat checks with Trauma Outreach Department and Safe Kids Platte Valley program - CHI Health Good Samaritan continues to provide this service to primary service area (Buffalo County) - CHI Health Good Samaritan is exploring how to connect with community partners to align and co-own this work to ensure child safety education and prevention continues</p>

**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 11 Facility A, 2	<p>Facility A, 2 - Group A Priority Health Need #2 Behavioral Health To address this need the hospital will implement the following strategies in 2016-2018 - Develop a behavioral health (BH) community coalition through Buffalo County Community Partners (BCCP) - Coalition formed - logic model developed and currently selecting data points for long, intermediate, and short-term outcomes All work funded (through braided funding) and tracked in the community-changes model -Support schools in their efforts to increase the knowledge and awareness of behavioral health issues with students - Two school BH Coaches being piloted in two Kearney Public elementary schools to provide teachers tools to support children with behavior issues - NE Children &amp; Families Foundation as well as Buffalo County planned &amp; implemented Pyramid Model in home-based &amp; community-based child care centers with support from grant funding - Suicide prevention work has been prioritized and Suicide Prevention Resource Center providing Effective Messaging Training to Kearney Public Schools, community partners, and Region 3 -Increase mental health crisis stabilization capacity for youth and adults</p> <p>Priority Health Need #3 Access to Care To address this need the hospital will implement the following strategies in 2016-2018 -Support the HelpCare Clinic in providing free primary health care services for the uninsured of Buffalo and Kearney counties - Continue to provide free primary health care services for the uninsured of Buffalo and Kearney counties, as well as established a process and tracking for follow-up of these patients - Hired additional staffing for the HelpCare Clinic, parttime RN and fulltime Community Health Worker (CHW) - Expanded reach of individuals in need by making appointment times during early mornings, days and evenings - Developed a tracking system for HelpCare patients, and implemented electronic medical records and care management tracking software - HelpCare partnered with Walgreens &amp; Community Action Partnership of Mid-NE to host flu immunization clinic for children &amp; adults - hosted 2 clinics w/83 immunizations given to uninsured, 25 vouchers for free immunizations at Walgreens given thru HelpCare</p> <p>Priority Health Need #4 Nutrition, Physical Activity &amp; Weight Status To address this need the hospital will implement the following strategies in 2016-2018 -Support development of Be Well Buffalo County coalition to provide support in creating wellness in worksites and schools - Develop a coordinated system of care for community members with PreDiabetes or Diabetes - Piloting evidence-based Academic Detailing to inform and engage providers in their clinics to make patient referrals to the evidence-based Diabetes Prevention Program (DPP) - Trained DPP lifestyle coaches in motivational interviewing - Hosting Lunch and Learns and attending community-based events to promote DPP - Created a promotional video with 1 physician which has 16 YouTube views and 1,</p>



**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 11 Facility A, 2	689 views on Facebook

**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 11 Facility A, 3	Facility A, 3 - Group A The hospital will not address the following health needs for the following reasons In acknowledging the range of priority health issues that emerged from the CHNA process, CHI Health Good Samaritan and Richard Young Behavioral Health Center prioritized the health issues above in order to most effectively focus resources and meaningfully impact the selected health issues As described in the process above, the hospitals took into consideration existing partnerships, available resources, the hospital's level of expertise, existing initiatives (or lack thereof), potential for impact, and the community's interest in the hospital engaging in that area in order to select the priorities The following identified needs will not be prioritized in this implementation plan for the following reasons High Impact Prevention Services This was not determined as a priority area based on the considerations above and in order to focus and meaningfully impact other areas of need There are many other partners working on this in the community as well as additional efforts through the hospital that are not prioritized as part of this plan Hospital staff and leaders will continue to support these efforts through support and engagement of Buffalo County Community Partners Healthy Homes and Sustainable Communities This was not determined as a priority area based on the considerations above and in order to focus and meaningfully impact on other areas of need There are many other partners working on this in the community Hospital staff and leaders will continue to support these efforts through support and engagement of Buffalo County Community Partners

**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 13 Facility A, 1	Facility A, 1 - Good Samaritan Hospital The patient must have a minimum account balance of thirty-five dollars (\$35 00) with the CHI Hospital Organization Multiple account balances may be combined to reach this amount Patients/Guarantors with balances below thirty-five dollars (\$35) may contact a financial counselor to make monthly installment payment arrangements The patient must submit a completed Financial Assistance application Patient Cooperation Standards - A patient must exhaust all other payment options, including private coverage, federal, state and local medical assistance programs, and other forms of assistance provided by third-parties prior to being approved An applicant for Financial Assistance is responsible for applying to public programs for available coverage He or she is also expected to pursue public or private health insurance payment options for care provided by a CHI Hospital Organization within a Hospital Facility A patient's and, if applicable, any Guarantor's cooperation in applying for applicable programs and identifiable funding sources, including COBRA coverage (a federal law allowing for a time-limited extension of employee healthcare benefits), shall be required If a Hospital Facility determines that COBRA coverage is potentially available, and that a patient is not a Medicare or Medicaid beneficiary, the patient or Guarantor shall provide the Hospital Facility with information necessary to determine the monthly COBRA premium for such patient, and shall cooperate with Hospital Facility staff to determine whether he or she qualifies for Hospital Facility COBRA premium assistance, which may be offered for a limited time to assist in securing insurance coverage A Hospital Facility shall make affirmative efforts to help a patient or patient's Guarantor apply for public and private programs

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Good Samaritan Hospital

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number  
47-0379755

Part I General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Good Samaritan Hospital Foundation 111 w 31st street Kearney, NE 688472916	47-0659443	501(C)(3)	1,100,551		Book		hospital health funds
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶							1
3 Enter total number of other organizations listed in the line 1 table . . . . . ▶							0

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) FINANCIAL ASSISTANCE	2193		15,482,741	FMV	REDUCTION OR WRITE OFF OF PATIENT EXPENSES
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
Schedule I, Part III Financial Assistance	CHI Health RECOGNIZES THE RIGHT TO QUALITY HEALTHCARE REGARDLESS OF AGE, SEX, RACE, RELIGION, NATIONAL ORIGIN, OR ABILITY TO PAY BUSINESS OFFICE STAFF HELPS PATIENTS SEEK LOCAL, STATE, AND FEDERAL REIMBURSEMENT AT NO CHARGE WHEN NO OTHER SOURCE OF PAYMENT IS AVAILABLE FINANCIAL ASSISTANCE IS PROVIDED TO PATIENTS WITH DEMONSTRATED INABILITY TO PAY FOR MEDICALLY NECESSARY SERVICES THESE FUNDS ARE DIRECTLY USED TO OFFSET THE PATIENTS ACCOUNTS RECEIVABLE
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds	MOST DISBURSEMENTS IN FURTHERANCE OF THE ORGANIZATION'S EXEMPT PROGRAMS ARE MADE DIRECTLY IN THE ACTIVE CONDUCT OF THE ACTIVITIES CONSTITUTING THE EXEMPT PURPOSE OR FUNCTION OF THE ORGANIZATION OTHERWISE, DISTRIBUTIONS IN FURTHERANCE OF THE INSTITUTION'S EXEMPT PROGRAMS ARE MADE IN ACCORDANCE WITH PROCEDURES SUBJECT TO CONDITIONS ESTABLISHED BY THE INSTITUTION'S GOVERNING BOARD OR MANAGEMENT DESIGNED TO ENSURE THAT RECIPIENTS OF SUCH DISBURSEMENTS FROM THE ORGANIZATION ARE ADEQUATELY INVESTIGATED AND GRANTED TO QUALIFIED RECIPIENTS

Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

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

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
► Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization Good Samantan Hospital	Employer identification number 47-0379755
--	--

Part I

Questions Regarding Compensation

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

**Part III Supplemental Information**

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

Return Reference	Explanation
Schedule J, Part I, Line 3 Arrangement used to establish the top management official's compensation	Compensation for the top management official was established and paid by Catholic Health Initiatives (CHI), a related organization. CHI used the following to establish the top management official's compensation: (1) Compensation Committee, (2) Independent Compensation Consultant, (3) Written Employment Contracts, (4) Compensation Survey or Study, (5) Approval by the Board or Compensation Committee.
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	DURING THE 2016 CALENDAR YEAR CATHOLIC HEALTH INITIATIVES (CHI), A RELATED ORGANIZATION, MAINTAINED A SUPPLEMENTAL NON-QUALIFIED DEFERRED COMPENSATION PLAN FOR MBO CEOs/PRESIDENTS AND OTHER CHI EMPLOYEES AT THE LEVEL OF SENIOR VICE PRESIDENT AND ABOVE. THE FOLLOWING REPORTABLE INDIVIDUALS WERE ELIGIBLE TO PARTICIPATE IN THAT PLAN: JEANETTE WOJTALEWICZ, CLIFF ROBERTSON, MICHAEL ROWAN, Michael Schnieders, Robert Lanik. DURING 2016, THE FOLLOWING CONTRIBUTIONS WERE MADE BY CHI TO THE DEFERRED COMPENSATION PLAN: JEANETTE WOJTALEWICZ - \$47,128, CLIFF ROBERTSON - \$133,018. DURING 2016, THE FOLLOWING DISTRIBUTIONS WERE MADE BY CHI FROM THE DEFERRED COMPENSATION PLAN: JEANETTE WOJTALEWICZ - \$58,320, CLIFF ROBERTSON - \$163,181, MICHAEL ROWAN - \$244,488, Michael Schnieders - \$34,434, Robert Lanik - \$238,437. DUE TO THE "SUPER" VESTING RULES UNDER THE CHI DEFERRED COMPENSATION PLAN, PARTICIPANTS WHO HAVE MET CERTAIN REQUIREMENTS SUCH AS AGE, YEARS OF SERVICE OR MORE THAN 5 YEARS OF PLAN PARTICIPATION ARE ELIGIBLE TO RECEIVE THEIR 2016 CONTRIBUTIONS IN CASH. THESE CASH PAYOUTS ARE INCLUDED IN THE PARTICIPANT'S REPORTABLE COMPENSATION IN COLUMN (III) OTHER REPORTABLE COMPENSATION ON SCHEDULE J PART II. DURING 2016, THE FOLLOWING CONTRIBUTIONS THAT WOULD HAVE BEEN MADE BY CHI TO THE DEFERRED COMPENSATION PLAN WERE PAID IN CASH: Michael Schnieders - \$20,395, MICHAEL ROWAN - \$338,873.
Schedule J, Part I, Line 7 Non-fixed payments	CATHOLIC HEALTH INITIATIVES (CHI) MAINTAINS A VARIABLE PAY PROGRAM FOR MANAGERS AND ABOVE THAT PUTS A CERTAIN AMOUNT OF COMPENSATION AT RISK. AWARDS OF INCENTIVE COMPENSATION UNDER THE VARIABLE PAY PROGRAM ARE MADE BASED UPON ACHIEVEMENT OF ORGANIZATIONAL OBJECTIVES INCLUDING FINANCIAL OUTCOMES, QUALITY IMPROVEMENT, AND OTHER MEASURES AS DETERMINED ANNUALLY BY THE BOARD OF STEWARDSHIP TRUSTEES. HOWEVER, ELIGIBLE AWARDS PAYABLE UNDER THIS PROGRAM ARE DEPENDENT ON HITTING MINIMUM LEVELS OF OPERATING MARGIN AND CHARITY CARE LEVELS, UNLESS THE HR COMMITTEE OF THE BOARD OF STEWARDSHIP TRUSTEES USES THEIR DISCRETION TO APPROVE AN EXCEPTION.



Additional Data

Software ID: 16000421  
Software Version: 2016v3.0  
EIN: 47-0379755  
Name: Good Samaritan Hospital

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1CLIFF ROBERTSON MD Board Member/CEO CHI Health	(i)	0	0	0	0	0	0	0
	(ii)	829,993	808,133	186,513	148,918	-	-	163,181
						18,822	1,992,379	
1ROBERT LANIK BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	0	0	241,288	0	-	-	238,436
						0	241,288	
2AMY L MCGAHA md BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	272,114	500	511	15,117	-	-	0
						1,037	289,279	
3MICHAEL ROWAN FACHE Board member/CHI EVP & COO	(i)	0	0	0	0	0	0	0
	(ii)	1,345,828	2,064,833	598,373	15,900	-	-	244,488
						18,038	4,042,972	
4MICHAEL SCHNIEDERS PRESIDENT GSH	(i)	0	0	0	0	0	0	0
	(ii)	423,447	98,733	74,466	15,900	-	-	34,434
						18,492	631,038	
5JEANETTE WOJTALEWICZ CFO, CHI HEALTH	(i)	0	0	0	0	0	0	0
	(ii)	521,281	361,604	79,344	63,028	-	-	58,320
						18,492	1,043,749	
6DENNIS EDWARDS VP MEDICAL AFFAIRS	(i)	0	0	0	0	0	0	0
	(ii)	319,414	57,283	9,185	15,900	-	-	0
						16,905	418,687	
7LISA WEBB VP of Finance	(i)	0	0	0	0	0	0	0
	(ii)	220,435	39,995	3,628	18,000	-	-	0
						17,481	299,539	
8NICKI L BOHL DIRECTOR PHARMACY	(i)	145,073	17,314	7,996	9,301	12,068	191,752	0
	(ii)	0	0	0	0	-	-	0
						0	0	
9RANDALL DE FREECE Director-Foundation	(i)	158,246	18,906	4,449	4,957	18,726	205,284	0
	(ii)	0	0	0	0	-	-	0
						0	0	
10DAVID HUEBNER MD PRESIDENT MEDICAL STAFF	(i)	0	0	243,957	0	0	243,957	0
	(ii)	0	0	0	0	-	-	0
						0	0	
11JACQUELINE D LIESS NURSE PRACTITIONER	(i)	158,140	3,500	881	3,086	18,778	184,385	0
	(ii)	3,078	0	0	0	-	-	0
						0	3,078	
12CAROL WAHL VP PATIENT SERVICES	(i)	221,958	40,810	14,729	15,900	6,689	300,086	0
	(ii)	0	0	0	0	-	-	0
						0	0	

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Good Samaritan 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**

47-0379755

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part III, Line 4d Description of other program services	(Expenses \$ 114,556,683 including grants of \$ 7,118,917)(Revenue \$ 87,907,140)

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Line 12c CONFLICT OF INTEREST POLICY	<p>The Board Chair or designee shall make such further investigation of any conflict of interest disclosures as he or she may deem appropriate. If the conflict involves the Board Chair, the Vice Chair will assume the Chair's role outlined in the COI Policy. Based on review and evaluation of the relevant facts and circumstances, the Board Chair will make an initial determination as to whether a conflict of interest exists and whether, pursuant to the COI Policy, review and approval or other action by the Board is required. A written record of the Board Chair's determination, including relevant facts and circumstances, will be made. The Board Chair shall then make an appropriate report to the Executive Committee of the Board concerning such review, evaluation and determination. If a difference of opinion exists between the Board Chair and another Trustee as to whether the facts and circumstances of a given situation constitute a conflict of interest or whether Board review and approval or other action is required within the COI Policy, the matter shall be submitted to the Board's Executive Committee, which shall make a final determination as to the matter presented. Such determination, including relevant facts and circumstances, will be reflected in the Executive Committee minutes and will be reported to the Board. The Board shall carefully scrutinize and must in good faith approve or disapprove any transaction in which CHI or a CHI Entity is a party and in which the Trustee or Corporate Officer either * Has a material financial interest, or * Is a Trustee or Corporate Officer of the other party (other than a CHI-affiliated organization). The Board must approve the transaction by a majority of the Trustees on the Board, without counting the vote of any individual who has an interest in the transaction. In reviewing such transactions between CHI or CHI Entities and vendors or other contractors who are, or are affiliated with, Trustees or Corporate Officers, the Board shall act no more or less favorably than it would in reviewing transactions with unrelated third parties. The transaction will not be approved unless the Board determines that the transaction is fair to CHI or the CHI Entity. The Board shall carefully review and scrutinize any non-transactional conflict of interest (e.g., disclosure of nonpublic information, competition with CHI or a CHI Entity, failure to disclose a corporate opportunity, excessive gifts or entertainment, etc.). By a majority vote of the disinterested Trustees, the Board shall take whatever action is deemed appropriate with respect to the Trustee or Corporate Officer under the circumstances, including possible disciplinary or corrective action, in order to best protect the interests of CHI or the CHI Entity. The Board should consult with the General Counsel of CHI or his or her designee when considering disciplinary or corrective action. When any conflict of interest is considered by the Board, the Trustee or Corporate O</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Line 12c CONFLICT OF INTEREST POLICY	<p>fficer, as appropriate, must disclose all of the material facts to the Board. The Trustee shall not vote and the Trustee or Corporate Officer shall not use his or her personal influence on the matter. However, if requested, such Trustee or Corporate Officer is not prevented from briefly stating his or her position in the matter, nor from answering pertinent questions from Trustees, as his or her knowledge may be of significant importance. The Trustee or Corporate Officer shall be excused from the meeting during discussion and vote on the conflict of interest. Minutes of the Board shall reflect the following: the individual making the disclosure, the nature of the disclosure, discussion regarding any proposed transaction, the decision made by the Board, and that the interested Trustee or Corporate Officer was excused during the discussion, and that the interested Trustee abstained from voting. If the Board reasonably believes that a Trustee or Corporate Officer has failed to disclose either an actual or potential conflict of interest, or all material facts surrounding an actual or possible conflict as required by the COI Policy, the Trustee or Corporate Officer will be given an opportunity to explain such alleged failure to disclose. After hearing the response of the Trustee or Corporate Officer, the Board will conduct such additional investigation as may be appropriate. If the Board determines that the Trustee or Corporate Officer has in fact failed to disclose as required by the COI Policy, the Board shall take appropriate disciplinary or corrective action. All determinations of conflicts of interest are reported as required by law, regulations, and CHI policy.</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Line 1a Delegate broad authority to a committee	PURSUANT TO SECTION 8.1 OF THE CORPORATION'S BYLAWS, COMMITTEES, SUCH AS THE EXECUTIVE COMMITTEE, THAT ARE GRANTED THE AUTHORITY TO ACT ON BEHALF OF THE BOARD OF DIRECTORS MAY INCLUDE ONLY DIRECTORS OF THE CORPORATION

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	<p>According to the organization's bylaws, directors shall be appointed or refused by the corporate member. The corporate member may appoint one or more individuals to the board of directors, and may at any time remove, with or without cause, any member of the board of directors. According to the organization's bylaws, directors of the corporation shall be appointed by the corporate member no later than June 30 of each year. The names and qualifications of each individual accepted by the board of directors shall be submitted to the corporate member, who shall appoint or refuse each nominee in accordance with the corporate member's bylaws and with endorsement of the senior vice president of operations. The corporate member may unilaterally appoint one or more individuals to the board of directors should the board fail to furnish the corporate member with a list of individuals qualified to serve on the board of directors of the corporation.</p>



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	<p>The organization's corporate member is CHI Nebraska Pursuant to Section 5 4 1 of the organization's bylaws, both CHI Nebraska and Catholic Health Initiatives ("CHI") have reserved powers as outlined in the CHI governance matrix Pursuant to the governance matrix the following rights are held by the CHI Nebraska's Board</p> <ul style="list-style-type: none"><li>* Approve members of the Good Samaritan Hospital board</li><li>* Amendment of the corporate documents of the Good Samaritan Hospital</li><li>* Approve removal of a member of the governing body of the Good Samaritan Hospital</li><li>* Adoption of long range and strategic plans for the Good Samaritan Hospital</li></ul> <p>The following rights are reserved to the CHI Board directly or through powers delegated to the CHI Chief Executive Officer</p> <ul style="list-style-type: none"><li>* Substantial change in the mission or philosophy of the Good Samaritan Hospital</li><li>* Removal of a member of the governing body of the Good Samaritan Hospital</li><li>* Approval of issuance of debt by Good Samaritan Hospital</li><li>* Approval of participation of Good Samaritan Hospital in a joint venture</li><li>* Approval of formation of a new corporation by Good Samaritan Hospital</li><li>* Approval of a merger involving the Good Samaritan Hospital</li><li>* Approval of the sale of all or substantially all of the assets of the Good Samaritan Hospital</li><li>* To require the transfer of assets by the Good Samaritan Hospital to CHI to accomplish CHI's goals and objectives, and to satisfy CHI debts</li></ul> <p>Pursuant to Section 5 5 2 of the organization's bylaws, CHI Nebraska or CHI may, in exercise of their approval powers, grant or withhold approval in whole or in part, or may, in its complete discretion, after consultation with the Board and its President and the Chief Executive Officer of the organization, recommend such other or different actions as it deems appropriate</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	FOLLOWING THE PREPARATION OF THE FORM 990 BY TAX ANALYSTS OF CATHOLIC HEALTH INITIATIVES, A RELATED ORGANIZATION, THE RETURN IS REVIEWED BY THE CHI TAX DIRECTOR AND THE LOCAL CHIEF FINANCIAL OFFICER AFTER INCORPORATION OF ANY CHANGES RESULTING FROM THIS REVIEW, THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS AND MEMBERS OF THE FINANCE COMMITTEE OF THE BOARD A WEEK IN ADVANCE OF THE FINANCE COMMITTEE MEETING THE FORM 990 IS REVIEWED AT THE FINANCE COMMITTEE MEETING AND THE CHIEF FINANCIAL OFFICER IS PRESENT AT THE MEETING TO ANSWER QUESTIONS ADDITIONALLY, THE BOARD OF DIRECTORS ARE PROVIDED THE FINAL FORM 990 AND RELATED SCHEDULES TO REVIEW AND ARE ABLE TO ASK THE CHIEF FINANCIAL OFFICER AND TAX DIRECTOR QUESTIONS PRIOR TO FILING WITH THE IRS UPON CHIEF FINANCIAL OFFICER APPROVAL AND SIGNATURE, THE TAX DIRECTOR FILES THE FINAL FORM 990 AS PRESENTED TO THE BOARD AND FINANCE COMMITTEE, MAKING ANY NON-SUBSTANTIVE CHANGES NECESSARY IN ORDER TO EFFECT E-FILING ANY SUCH CHANGES ARE NOT RE-SUBMITTED TO THE BOARD

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	<p>Catholic Health Initiatives ("CHI") has a Conflicts of Interest ("COI") policy (the "Policy") in place to maintain the integrity of all of its activities. The Policy applies to CHI Board of Stewardship Trustees and members of its committees, all CHI Entity board and board committee members, all CHI employees, and all CHI research personnel (both employed and non-employed). Disclosure, review and management of perceived, potential or actual conflicts of interest are accomplished through a defined COI disclosure process. Each Person must promptly and fully disclose to his/her direct manager, supervisor, medical staff office, board or board committee chair any situation or circumstance that may create a conflict of interest. The Person must disclose the actual or potential conflict as soon as she/he becomes aware of it. In any situation where the Person may be in doubt, a full disclosure should be made to permit an impartial and objective determination. In addition to the general ongoing obligation, there are initial disclosure obligations. At the time of initial appointment, a copy of the Policy shall be distributed to the board or committee member along with a conflict of interest disclosure. The board or committee member will complete and submit the disclosure. The completed disclosure shall be maintained in confidence and access shall be limited to persons who have a reasonable need to know the contents. At the time of hiring, a copy of the Policy shall be distributed to all Employees. In addition, a conflict of interest disclosure will be provided. The Employee must complete and submit a conflict of interest disclosure. The completed disclosure shall be maintained in confidence and access shall be limited to persons who have a reasonable need to know the contents. In addition to the general ongoing and initial disclosure obligations, there is an annual disclosure obligation. On an annual basis, the following Persons must complete a new conflict of interest disclosure: * Board and board committee members, * Employees at the level of vice president and above, * Researchers * Supply Chain Employees at the level of vice president and above and those employees involved in contracting regardless of employment level, * Other Employees as deemed applicable by CHI Leadership * Employees at the level of manager and above (through 6/21/17). Disclosures of perceived, potential or actual conflicts involving financial interests are forwarded to the Conflicts of Interest Review Committee ("C-CIRC"), National or Regional Legal Services, National, Entity, or Research Corporate Responsibility Program, or the Executive Committee of the Board or Board Chair, for review depending on the position of the person involved. Among the factors that should be considered in determining whether a conflict exists are the nature and magnitude of the opportunity, transaction or arrangement, the degree to which it is related to CHI's business, whether the Person with the conflict</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	<p>is the ultimate decision-maker or holds significant influence over the ultimate decision- maker (i.e., degree of independence of the decision-making process), the unique nature of the opportunity, transaction or arrangement, the existence of other viable alternatives and the quality of those alternatives, and what is customary and reasonable in the health care or research industry. When a Person has, or is considering initiating, a business interest or relationship outside of CHI but is uncertain whether the interest constitutes a conflict of interest requiring disclosure under this Policy, the Person should consult with Local Corporate Responsibility Program (CRP) staff or CHI Legal Services Group (LSG) staff, as appropriate. As appropriate, a COI management plan will be developed. With respect to those audiences for which the C-CIRC has review responsibility, the C-CIRC will facilitate development of any such COI management plan in collaboration with local CRP staff or CHI LSG staff, as appropriate. This plan will include documentation of the C-CIRC's determinations and recommendations. As necessary, reports to an appropriate governmental agency or sponsor will be made according to the relevant appendices to this Policy to provide required information regarding how the conflict of interest will be managed, reduced, or eliminated. Designated CHI Entity staff are responsible for monitoring the COI management plan and for documenting monitoring activities. At its sole discretion, a CHI Entity may reject a Person's request to enter into the relationship in question, or require the relationship be sufficiently altered to avoid a potential conflict of interest. The C-CIRC will determine whether a disclosed or otherwise identified interest is a conflict of interest. If the C-CIRC determines that a potential or actual conflict of interest exists that does not currently have appropriate controls to address the conflict of interest, it may recommend that the disclosing Person be allowed to participate in the activity or transaction subject to restrictions as outlined in a written COI management plan. All determinations of conflicts of interest will be reported as required by law, regulations, and CHI policy. If a Person, other than a board or board committee member or corporate officer, required to complete a COI disclosure does not agree with a determination made by the C-CIRC, its interpretation of the COI Policy, still seeks an exemption or exception, or seeks further clarification of the C-CIRC's decision, the following steps should be followed. Within a reasonable period of time after receiving notice of the C-CIRC's decision, the Person must present the matter to the Person's immediate direct manager or supervisor (or in the case of a Researcher, to [fill in the title or position to whom Researchers report]) and request reconsideration, submitting at that time any new or additional information that may support or recommend reconsideration. If the P</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	<p>erson's manager individually or in consultation with the manager's Vice President (or high er if the manager is a Vice President) finds that new information supporting reconsiderati on has been presented, the manager will contact local or National CRP staff, as appropriate, and request that the matter be re-presented to the C-CIRC. The C-CIRC will be reconvene d for this purpose and, following such reconsideration, issue a final determination. This appeals process is intended to be narrowly applied, as Persons seeking conflict of interes t exemptions or exceptions are expected to offer all available information supporting an e xemption or exception at the time the matter is first presented to the C-CIRC. Management of actual or potential conflicts of interest of board or board committee members and corpo rate officers will be determined by the appropriate board, as reflected in the Policy. Reviews and determinations involving board and board committee members and corporate officers will be the responsibility of the board, board executive committee, or board chair, with guidance from the Legal Services Group (LSG). Each Trustee and Corporate Officer must prom ptly and fully report to the Board Chair situations that may create a conflict of interest when he or she becomes aware of such situations. In any situation when a Trustee or Corpo rate Officer is in doubt, full disclosure should be made to permit an impartial and object ive determination. A written record of the disclosure will be made. In addition to the ong oing disclosure obligation, all Trustees and Corporate Officers shall complete a COI discl osure questionnaire on an annual basis. A copy of the COI Policy shall be available to Tru stees and Corporate Officers. Definitions of terms used in the disclosure questionnaire/fo rm shall also be included. Each Trustee and Corporate Officer must promptly complete the C OI disclosure. The disclosures will be reviewed by the CHI Senior Vice President, Legal Se rvices, and General Counsel or his or her designee who will report potential conflicts to the applicable Board Chair.</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	<p>The organization's top management official's compensation is paid by Catholic Health Initiatives (CHI), a related organization. CHI has a defined compensation philosophy. Both the executive and non-executive compensation structures and ranges are reviewed annually in comparison to market data. CHI uses The Korn Ferry Hay Group as the independent third party to assess executive compensation programs and to ensure the reasonableness of actual salaries and total compensation packages. Compensation of the senior most executives is reviewed annually. The Korn Ferry Hay Group reviews both cash and total compensation for overall reasonableness, for adherence to CHI's compensation philosophy, and for comparability to the not-for-profit healthcare market. This independent review is delivered by Korn Ferry Hay Group to the HR committee of the CHI Board of Stewardship Trustees annually at their September meeting and minutes are shared with the full board at the December meeting. The last review was September 11, 2017. In addition, Korn Ferry Hay Group completed a comprehensive review of all positions at the level of vice president and above in the fall of 2014 to determine and validate appropriate compensation levels. These levels have been reviewed annually since and revised based on market data, where applicable. FOR OTHER MEMBERS OF MANAGEMENT WHO WERE PAID UNDER CHI HEALTH FOR CALENDAR YEAR 2016, CHI HEALTH COMPLETES A COMPENSATION MARKET STUDY TO DETERMINE SALARY.</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST FROM THE ADMINISTRATION DEPARTMENT IN ADDITION, THE ARTICLES OF INCORPORATION ARE AVAILABLE FROM THE NEBRASKA (IOWA) SECRETARY OF STATE WEBSITE ( <a href="http://www.sos.ne.gov/business">HTTP //WWW SOS NE GOV/BUSINESS</a> OR IOWA'S WEBSITE FROM PRIOR YEAR) THE ORGANIZATION'S FINANCIAL STATEMENTS ARE INCLUDED IN CATHOLIC HEALTH INITIATIVES' CONSOLIDATED AUDITED FINANCIAL STATEMENTS THAT ARE AVAILABLE AT <a href="http://www.catholichealthinit.org">WWW CATHOLICHEALTHINIT ORG</a>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VIII, Line 2f Other Program Service Revenue	Other Program Service Revenue - Total Revenue 17135, Related or Exempt Function Revenue 17135, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 ,



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	Other Miscellaneous Revenue - Total Revenue 826289, Related or Exempt Function Revenue , Unrelated Business Revenue 42450, Revenue Excluded from Tax Under Sections 512, 513, or 514 783839,

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part IX, Line 11g Other Fees	Contract Labor - Total Expense 3659137, Program Service Expense 3293223, Management and General Expenses 365914, Fundraising Expenses , Purchased Services - Total Expense 12979457, Program Service Expense 11681511, Management and General Expenses 1297946, Fundraising Expenses , Professional Fees - Total Expense 15428111, Program Service Expense 13885300, Management and General Expenses 1542811, Fundraising Expenses , Contract Services - Total Expense 3440640, Program Service Expense 3096576, Management and General Expenses 344064, Fundraising Expenses , Other Services - Total Expense 456254, Program Service Expense 410629, Management and General Expenses 45625, Fundraising Expenses ,

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Other Changes in Net Assets - -3601,

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493129015988	
SCHEDULE R (Form 990)	Related Organizations and Unrelated Partnerships  ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  ▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a> .				OMB No 1545-0047
					2016
	Department of the Treasury Internal Revenue Service	Name of the organization Good Samaritan Hospital			Employer identification number 47-0379755

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

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

**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.

See Additional Data Table

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

**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.

See Additional Data Table

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

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<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> Yes	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b> Yes	
<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> Yes	
<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> Yes	
<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> Yes	
<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> Yes	
<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) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Good Samaritan Hospital Foundation	C	2,124,584	Book
(2) Good Samaritan Hospital Foundation	B	1,100,551	Book

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

[illegible]

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

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



Additional Data

Software ID: 16000421  
Software Version: 2016v3.0  
EIN: 47-0379755  
Name: Good Samaritan Hospital

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1)  12809 W DODGE RD OMAHA, NE 68154 47-0765154	HEALTHCARE	NE	501(c)(3)	3	ACH	Yes	
(1)  12809 W DODGE RD OMAHA, NE 68154 47-0757164	HEALTHCARE	NE	501(c)(3)	3	CHI NEBRASKA	Yes	
(2)  12809 W DODGE RD OMAHA, NE 68154 47-0648586	FUNDRAISING	NE	501(c)(3)	7	ACH	Yes	
(3)  7500 MERCY RD OMAHA, NE 68124 47-0484764	HEALTHCARE	NE	501(c)(3)	3	CHI NEBRASKA	Yes	
(4)  631 N 8TH ST MISSOURI VALLEY, IA 51555 42-0776568	HEALTHCARE	IA	501(c)(3)	3	CHI NEBRASKA	Yes	
(5)  6901 N 72ND ST OMAHA, NE 68122 47-0376615	HEALTHCARE	NE	501(c)(3)	3	CHI NEBRASKA	Yes	
(6)  104 W 17TH ST SCHUYLER, NE 68661 47-0399853	HEALTHCARE	NE	501(c)(3)	3	CHI NEBRASKA	Yes	
(7)  PO BOX 368 CORNING, IA 50841 42-0782518	HEALTHCARE	IA	501(c)(3)	3	CHI NEBRASKA	Yes	
(8)  300 SE 8TH AVE LITTLE FALLS, MN 56345 41-1351177	LTERM CARE	MN	501(c)(3)	9	CHI	Yes	
(9)  601 OAK ST BRECKENRIDGE, MN 56520 41-1850500	SENIOR LIVING	MN	501(c)(3)	9	SFH	Yes	
(10)  17200 ST LUKES WAY STE 170 THE WOODLANDS, TX 77384 27-4499340	PHYSICIANS	TX	501(c)(3)	9	SLCHS	Yes	
(11)  2801 FRANCISCAN DRIVE BRYAN, TX 77802 27-4005511	HEALTHCARE	TX	501(c)(3)	3	SHSC	Yes	
(12)  1111 6TH AVE DES MOINES, IA 50314 42-0725196	LTERM CARE	IA	501(c)(3)	9	CHI-IA CORP	Yes	
(13)  2500 BERNVILLE RD PO BOX 316 READING, PA 19603 23-2187242	HEALTHCARE	PA	501(c)(3)	11	CHI	Yes	
(14)  129 CIRCLE WAY STE 102 LAKE JACKSON, TX 77566 76-0080110	FUNDRAISING	TX	501(c)(3)	11	BRHS	Yes	
(15)  100 MEDICAL DRIVE LAKE JACKSON, TX 77566 80-0240261	HEALTHCARE	TX	501(c)(3)	3	BRHS	Yes	
(16)  2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2759890	HEALTHCARE	TX	501(c)(3)	3	SJSC	Yes	
(17)  2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2913931	HEALTHCARE	TX	501(c)(3)	9	SJSC	Yes	
(18)  800 N 4TH ST CARRINGTON, ND 58421 45-0227311	HEALTHCARE	ND	501(c)(3)	3	CHI	Yes	
(19)  198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 47-0617373	HEALTHCARE	CO	501(c)(3)	11	NA	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(21)  188 INVERNESS DRIVE WEST STE 500 ENGLEWOOD, CO 80112 84-0405257	HEALTHCARE	CO	501(c)(3)	3	CHI	Yes	
(1)  1111 6TH AVE DES MOINES, IA 50314 42-0680448	HEALTHCARE	IA	501(c)(3)	3	CHI	Yes	
(2)  6385 CORPORATE DR STE 301 COLORADO SPRINGS, CO 80919 84-0902211	FUNDRAISING	CO	501(c)(3)	7	CHIC	Yes	
(3)  6385 CORPORATE DR COLORADO SPRINGS, CO 80919 27-0930004	FUNDRAISING	CO	501(c)(3)	11	CHI	Yes	
(4)  198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 46-0992796	HEALTHCARE	CO	501(c)(3)	11	CHINS	Yes	
(5)  2700 STEWART PKWY ROSEBURG, OR 97471 26-3946191	PHYSICIANS	OR	501(c)(3)	9	MMC	Yes	
(6)  3515 BROADWAY GREAT BEND, KS 67530 48-0543724	SURGERY CENTER	KS	501(c)(3)	3	CHI	Yes	
(7)  4816 AMBER VALLEY PKWY S FARGO, ND 58104 27-1966847	HEALTHCARE	MN	501(c)(3)	9	CHI	Yes	
(8)  198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 27-1050565	HEALTHCARE	CO	501(c)(3)	11	CHI	Yes	
(9)  3900 OLYMPIC BLVD STE 400 ERLANGER, KY 41018 20-2741651	HEALTHCARE	KY	501(c)(3)	11	CHI	Yes	
(10)  198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 45-1261716	HEALTHCARE	CO	501(c)(3)	9	CHI NS	Yes	
(11)  198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 45-2532084	HEALTHCARE	CO	501(c)(3)	11	CHI	Yes	
(12)  6940 O ST STE 200 LINCOLN, NE 68510 36-3233121	HEALTHCARE	NE	501(c)(3)	11	CHI	Yes	
(13)  1929 LINCOLN HWY E STE 150 LANCASTER, PA 17602 23-2342997	HEALTHCARE	PA	501(c)(3)	11	CHI	Yes	
(14)  1516 5TH ST NW ALBUQUERQUE, NM 87102 71-0897107	COMMUNITY	NM	501(c)(3)	11	CHI	Yes	
(15)  6624 FANNIN ST HOUSTON, TX 77030 74-1161938	HEALTHCARE	TX	501(c)(3)	3	SLHS	Yes	
(16)  300 WERNER ST HOT SPRINGS, AR 71913 71-0236913	HEALTHCARE	AR	501(c)(3)	3	CHISVHS	Yes	
(17)  300 WERNER ST HOT SPRINGS, AR 71913 26-1125064	HOLDING CO	AR	501(c)(3)	11	SVIMC	Yes	
(18)  1 MERCY LANE STE 201 HOT SPRINGS, AR 71913 26-1125131	HEALTHCARE	AR	501(c)(3)	3	CHISVHS	Yes	
(19)  619 OAK ST ACCOUNTING-3 W CINCINNATI, OH 45206 23-7419853	HOLDING CO	OH	501(c)(2)		GSH	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(41)  631 N 8TH ST MISSOURI VALLEY, IA 51555 42-1294399	FUNDRAISING	IA	501(c)(3)	11	AH-CMHMV	Yes	
(1)  150 NORTH EAGLE CREEK DR LEXINGTON, KY 40509 61-1400619	LT ACH	KY	501(c)(3)	3	SJHS	Yes	
(2)  198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 23-2028429	HOME HEALTH	PA	501(c)(3)	11	CHI NHC	Yes	
(3)  1450 BATTERSBY AVE ENUMCLAW, WA 98022 91-0715805	HEALTHCARE	WA	501(c)(3)	3	FHS	Yes	
(4)  4305 NEW SHEPHERDSVILLE RD BARDSTOWN, KY 40004 61-1345363	HEALTHCARE	KY	501(c)(3)	3	KOH	Yes	
(5)  4305 NEW SHEPHERDSVILLE RD BARDSTOWN, KY 40004 56-2351341	FUNDRAISING	KY	501(c)(3)	11	FH	Yes	
(6)  4111 N HOLLAND-SYLVANIA RD TOLEDO, OH 43623 34-1931806	HEALTHCARE	OH	501(c)(3)	9	FLC	Yes	
(7)  1717 SOUTH J ST TACOMA, WA 98405 91-1145592	FUNDRAISING	WA	501(c)(3)	9	FHS	Yes	
(8)  1717 SOUTH J ST TACOMA, WA 98405 91-0564491	HEALTHCARE	WA	501(c)(3)	3	CHI	Yes	
(9)  TACOMA FNC CTR BLDG 1145 BROADWAY TACOMA, WA 98402 43-1882377	PHYSICIANS	MO	501(c)(3)	9	CHI	Yes	
(10)  5942 RENAISSANCE PLACE STE A TOLEDO, OH 43623 34-1892096	HEALTHCARE	OH	501(c)(3)	11	SFH	Yes	
(11)  1313 BROADWAY STE 200 TACOMA, WA 98402 91-1939739	HEALTHCARE	WA	501(c)(3)	9	FHS	Yes	
(12)  3601 S CHICAGO AVE SOUTH MILWAUKEE, WI 53172 39-1093829	HEALTHCARE	WI	501(c)(3)	9	CHI	Yes	
(13)  407 THIRD AVENUE SOUTHEAST GARRISON, ND 58540 45-0227752	HEALTHCARE	ND	501(c)(3)	3	SAMC	Yes	
(14)  198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 20-1536108	MINISTRIES	CO	501(c)(3)	11	CHI	Yes	
(15)  619 OAK ST ACCOUNTING-3 W CINCINNATI, OH 45206 31-1778403	EDUCATION	OH	501(c)(3)	2	GSH	Yes	
(16)  619 OAK ST ACCOUNTING-3 W CINCINNATI, OH 45206 31-1206047	FUNDRAISING	OH	501(c)(3)	11	GSH	Yes	
(17)  PO BOX 1990 KEARNEY, NE 68848 47-0379755	HEALTHCARE	NE	501(c)(3)	3	CHI NEBRASKA	Yes	
(18)  111 W 31ST ST KEARNEY, NE 68847 47-0659443	FUNDRAISING	NE	501(c)(3)	7	GSH	Yes	
(19)  110 N MAIN ST STE 500 DAYTON, OH 45402 23-7296923	FUNDRAISING	OH	501(c)(3)	7	SHP	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(61)  2520 CHERRY AVE BREMERTON, WA 98310 91-0565546	HEALTHCARE	WA	501(c)(3)	3	FHS	Yes	
(1)  2520 CHERRY AVE BREMERTON, WA 98310 91-1197626	FUNDRAISING	WA	501(c)(3)	7	HMC	Yes	
(2)  2400 ST FRANCIS DR BRECKENRIDGE, MN 56520 76-0761782	FUNDRAISING	MN	501(c)(3)	11	SFMC	Yes	
(3)  16251 SYLVESTER RD SW BURIEN, WA 98166 91-0712166	HEALTHCARE	WA	501(c)(3)	3	FHS	Yes	
(4)  1111 6TH AVE DES MOINES, IA 50314 42-1323808	SHELTER	IA	501(c)(3)	7	CHI-IA CORP	Yes	
(5)  200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 61-1029768	HEALTHCARE	KY	501(c)(3)	3	KOH	Yes	
(6)  200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 61-1352729	HEALTHCARE	KY	501(c)(3)	9	JHSMH	Yes	
(7)  200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 61-1029769	HEALTHCARE	KY	501(c)(3)	9	CHI	Yes	
(8)  600 MAIN AVE S BAUDETTE, MN 56623 41-0758434	HEALTHCARE	MN	501(c)(3)	3	CHI	Yes	
(9)  600 MAIN AVE S BAUDETTE, MN 56623 41-1893795	FUNDRAISING	ND	501(c)(3)	7	LHC	Yes	
(10)  2700 STEWART PKWY ROSEBURG, OR 97471 93-0821381	SENIOR LIVING	OR	501(c)(3)	9	MMC	Yes	
(11)  905 MAIN ST LISBON, ND 58054 82-0558836	HEALTHCARE	ND	501(c)(3)	3	CHI	Yes	
(12)  PO BOX 1447 LUFKIN, TX 75901 82-0563768	PROPERTY MGMT	TX	501(c)(3)	11	MHSET	Yes	
(13)  2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2761145	HEALTHCARE	TX	501(c)(3)	3	SJSC	Yes	
(14)  2344 AMSTERDAM ROAD VILLA HILLS, KY 51017 61-0654635	LIVING ASSIST	KY	501(c)(3)	1	FLC	Yes	
(15)  2525 DE SALES AVE CHATTANOOGA, TN 37404 62-1839548	FUNDRAISING	TN	501(c)(3)	7	MHCS	Yes	
(16)  2525 DE SALES AVE CHATTANOOGA, TN 37404 62-0532345	HEALTHCARE	TN	501(c)(3)	3	CHI	Yes	
(17)  5600 BRAINERD RD STE 500 CHATTANOOGA, TN 37411 03-0417049	HEALTHCARE	TN	501(c)(3)	9	MHCS	Yes	
(18)  PO BOX 1447 LUFKIN, TX 75902 75-0755367	HEALTHCARE	TX	501(c)(3)	3	CHI	Yes	
(19)  PO BOX 1447 LUFKIN, TX 75902 76-0436439	HEALTHCARE	TX	501(c)(3)	3	MHSET	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(81)  PO BOX 1447 LUFKIN, TX 75902 75-2663904	HEALTHCARE	TX	501(c)(3)	3	MHSET	Yes	
(1)  1201 FRANK AVE LUFKIN, TX 95904 75-2721155	PHYSICIANS	TX	501(c)(3)	11	MHSET	Yes	
(2)  PO BOX 1447 LUFKIN, TX 95902 75-2492741	HEALTHCARE	TX	501(c)(3)	3	MHSET	Yes	
(3)  1111 6TH AVE DES MOINES, IA 50314 42-6076069	AUXILIARY	IA	501(c)(3)	11	MF-DM IA	Yes	
(4)  1111 6TH AVE DES MOINES, IA 50314 42-1193699	PHYSICIANS	IA	501(c)(3)	9	CHI-IA CORP	Yes	
(5)  1111 6TH AVE DES MOINES, IA 50314 42-1511682	EDUCATION	IA	501(c)(3)	2	CHI-IA CORP	Yes	
(6)  1111 6TH AVE DES MOINES, IA 50314 23-7358794	FUNDRAISING	IA	501(c)(3)	7	CHI-IA CORP	Yes	
(7)  2700 STEWART PKWY ROSEBURG, OR 97471 93-6088946	FUNDRAISING	OR	501(c)(3)	7	MMC	Yes	
(8)  PO BOX 368 CORNING, IA 50841 42-1461064	FUNDRAISING	IA	501(c)(3)	11	AHMH-Corning	Yes	
(9)  570 CHAUTAUQUA BLVD VALLEY CITY, ND 58072 45-0435338	FUNDRAISING	ND	501(c)(3)	11	MHVC	Yes	
(10)  800 MERCY DR COUNCIL BLUFFS, IA 51503 42-1178204	FUNDRAISING	IA	501(c)(3)	11	AHBMHS	Yes	
(11)  1031 7TH ST NE DEVILS LAKE, ND 58301 45-0227012	HEALTHCARE	ND	501(c)(3)	3	CHI	Yes	
(12)  1031 7TH ST NE DEVILS LAKE, ND 58301 35-2367360	FUNDRAISING	ND	501(c)(3)	7	MHDL	Yes	
(13)  570 CHAUTAUQUA BLVD VALLEY CITY, ND 58072 45-0226553	HEALTHCARE	ND	501(c)(3)	3	CHI	Yes	
(14)  1301 15TH AVE WEST WILLISTON, ND 58801 45-0231183	HEALTHCARE	ND	501(c)(3)	3	CHI	Yes	
(15)  ONE ST JOSEPHS DRIVE CENTERVILLE, IA 52544 42-0680308	HEALTHCARE	IA	501(c)(3)	3	CHI-IA CORP	Yes	
(16)  1111 6TH AVE DES MOINES, IA 50314 42-1470935	PHYSICIANS	IA	501(c)(3)	9	CHI-IA CORP	Yes	
(17)  2700 STEWART PKWY ROSEBURG, OR 97471 93-0386868	HEALTHCARE	OR	501(c)(3)	3	CHI	Yes	
(18)  1301 15TH AVE WEST WILLISTON, ND 58801 45-0381803	FUNDRAISING	ND	501(c)(3)	11	MMC	Yes	
(19)  7500 S 91ST ST LINCOLN, NE 68526 39-2031968	HEALTHCARE	NE	501(c)(3)	3	CHI NEBRASKA	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(101)  401 N 9th St BISMARCK, ND 585014507 45-0439894	HEALTHCARE	ND	501(c)(3)	9	NHCA	Yes	
(1)  1200 N 7TH ST OAKES, ND 58474 45-0231675	HEALTHCARE	ND	501(c)(3)	3	CHI	Yes	
(2)  1200 N 7TH ST OAKES, ND 58474 71-0966606	FUNDRAISING	ND	501(c)(3)	11	OCH	Yes	
(3)  PO BOX 1447 LUFKIN, TX 75902 75-2493116	PROPERTY MGMT	TX	501(c)(3)	11	MHSET	Yes	
(4)  2025 HAYES AVENUE SANDUSKY, OH 44870 34-1658625	HEALTHCARE	OH	501(c)(3)	9	FLC	Yes	
(5)  2025 HAYES AVENUE SANDUSKY, OH 44870 34-1826099	HOLDING CO	OH	501(c)(3)	11	FLC	Yes	
(6)  5055 PROVIDENCE DRIVE SANDUSKY, OH 44870 34-1896807	LIVING COMM	OH	501(c)(3)	9	FLC	Yes	
(7)  1925 E ORMAN AVE STE G52 PUEBLO, CO 81004 84-1234295	COMMUNITY	CO	501(c)(3)	7	CHIC	Yes	
(8)  12844 MILITARY RD S TUKWILA, WA 98168 91-1170040	HEALTHCARE	WA	501(c)(3)	3	FHS	Yes	
(9)  2864 S CIRCLE DR STE 450 COLORADO SPRINGS, CO 80906 84-1183335	LTERM CARE	CO	501(c)(3)	7	CHIC	Yes	
(10)  25 POCONO RD DENVER, NJ 07834 22-2876836	HEALTHCARE	NJ	501(c)(3)	11	SCHS	Yes	
(11)  25 POCONO RD DENVER, NJ 07834 22-2502997	FUNDRAISING	NJ	501(c)(3)	7	SCHS	Yes	
(12)  25 POCONO RD DENVER, NJ 07834 22-3639733	MANAGEMENT	NJ	501(c)(3)	11	CHI	Yes	
(13)  25 POCONO RD DENVER, NJ 07834 22-3319886	HEALTHCARE	NJ	501(c)(3)	3	SCHS	Yes	
(14)  555 S 70TH ST LINCOLN, NE 68510 47-0625523	FUNDRAISING	NE	501(c)(3)	7	SERMC	Yes	
(15)  555 S 70TH ST LINCOLN, NE 68510 36-3233120	HEALTHCARE	NE	501(c)(3)	3	SERMC	Yes	
(16)  555 S 70TH ST LINCOLN, NE 68510 47-0379836	HEALTHCARE	NE	501(c)(3)	3	CHI NEBRASKA	Yes	
(17)  2620 W FAIDLEY GRAND ISLAND, NE 68803 47-0376601	HEALTHCARE	NE	501(c)(3)	3	CHI NEBRASKA	Yes	
(18)  PO BOX 9804 GRAND ISLAND, NE 68802 47-0630267	FUNDRAISING	NE	501(c)(3)	7	SFMC	Yes	
(19)  305 ESTILL ST BEREA, KY 40403 26-0152877	FUNDRAISING	KY	501(c)(3)	7	SJHS	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(121)  200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 61-1334601	HEALTHCARE	KY	501(c)(3)	3	KOH	Yes	
(1)  ONE SAINT JOSEPH DRIVE LEXINGTON, KY 40504 61-1159649	FUNDRAISING	KY	501(c)(3)	11	SJHS	Yes	
(2)  1001 SAINT JOSEPH LANE LONDON, KY 40741 26-0438748	FUNDRAISING	KY	501(c)(3)	7	SJHS	Yes	
(3)  225 FALCON DR MOUNT STERLING, KY 40353 27-2884584	FUNDRAISING	KY	501(c)(3)	7	SJHS	Yes	
(4)  30 WEST 7TH ST DICKINSON, ND 58601 36-3418207	FUNDRAISING	ND	501(c)(3)	11	SJHHC	Yes	
(5)  601 S EDWIN C MOSES BLVD DAYTON, OH 45417 02-0633634	HEALTHCARE	OH	501(c)(3)	7	SHP	Yes	
(6)  110 N MAIN ST STE 500 DAYTON, OH 45402 31-1107411	HEALTHCARE	OH	501(c)(3)	11	CHI	Yes	
(7)  104 W 17TH ST SCHUYLER, NE 68661 36-3630014	FUNDRAISING	NE	501(c)(3)	11	AHMHS	Yes	
(8)  198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 44-0545809	HEALTHCARE	MO	501(c)(3)	3	CHI	Yes	
(9)  PO BOX 20269 HOUSTON, TX 77225 76-0226623	TITLE HOLDING	TX	501(c)(2)		SLPC	Yes	
(10)  900 EAST BROADWAY AVENUE BISMARCK, ND 58501 45-0226711	HEALTHCARE	ND	501(c)(3)	3	CHI	Yes	
(11)  1601 SE COURT AVE PENDLETON, OR 97801 93-0391614	HEALTHCARE	OR	501(c)(3)	3	CHI	Yes	
(12)  1601 SE COURT AVE PENDLETON, OR 97801 93-0992727	FUNDRAISING	OR	501(c)(3)	11	SAH	Yes	
(13)  FOUR HOSPITAL DR MORRILTON, AR 72110 71-0245507	HEALTHCARE	AR	501(c)(3)	3	SVIMC	Yes	
(14)  401 EAST SPRUCE ST GARDEN CITY, KS 67846 48-0543721	HEALTHCARE	KS	501(c)(3)	3	CHI	Yes	
(15)  401 EAST SPRUCE ST GARDEN CITY, KS 67846 20-0598702	FUNDRAISING	KS	501(c)(3)	11	SCH	Yes	
(16)  5942 RENAISSANCE PLACE STE A TOLEDO, OH 43623 27-0163752	LIVING COMM	OH	501(c)(3)	9	FLC	Yes	
(17)  198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 93-0433692	HEALTHCARE	OR	501(c)(4)		CHI	Yes	
(18)  2400 ST FRANCIS DR BRECKENRIDGE, MN 56520 41-0729978	LTERM CARE	MN	501(c)(3)	9	CHI	Yes	
(19)  19 POCONO RD DENVER, NJ 07834 22-2536017	ELDERLY CARE	NJ	501(c)(3)	9	SCHS	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(141)  2400 ST FRANCIS DR BRECKENRIDGE, MN 56520 41-0695598	HEALTHCARE	MN	501(c)(3)	3	CHI	Yes	
(1)  198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 93-0412495	HEALTHCARE	OR	501(c)(3)	3	CHI	Yes	
(2)  2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2351158	FUNDRAISING	TX	501(c)(3)	11	SJSC	Yes	
(3)  2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2847594	HEALTHCARE	TX	501(c)(3)	9	SJSC	Yes	
(4)  201 INTERNATIONAL CIRCLE STE 212 HUNT VALLEY, MD 21030 52-0591461	HEALTHCARE	MD	501(c)(3)	3	CHI	Yes	
(5)  2801 FRANCISCAN DRIVE BRYAN, TX 77802 20-3159302	HEALTHCARE	TX	501(c)(3)	3	SJSC	Yes	
(6)  201 INTERNATIONAL CIRCLE STE 212 HUNT VALLEY, MD 21030 52-1311775	PHYSICIANS	MD	501(c)(3)	11	SJMC	Yes	
(7)  2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-1282696	HEALTHCARE	TX	501(c)(3)	3	SJSC	Yes	
(8)  2801 FRANCISCAN DRIVE BRYAN, TX 77802 45-4088170	HEALTHCARE	TX	501(c)(3)	3	SJSC	Yes	
(9)  2801 FRANCISCAN DRIVE BRYAN, TX 77802 46-3265423	HEALTHCARE	TX	501(c)(3)	3	SJSC	Yes	
(10)  2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2455161	MANAGEMENT	TX	501(c)(3)	11	SFH	Yes	
(11)  600 PLEASANT AVE PARK RAPIDS, MN 56470 41-0695603	HEALTHCARE	MN	501(c)(3)	3	CHI	Yes	
(12)  30 WEST 7TH ST DICKINSON, ND 58601 45-0226429	HEALTHCARE	ND	501(c)(3)	3	CHI	Yes	
(13)  8100 CLYO ROAD CENTERVILLE, OH 45458 34-1940863	LIVING COMM	OH	501(c)(3)	9	FLC	Yes	
(14)  6624 FANNIN ST STE 2505 HOUSTON, TX 77030 26-0274448	MANAGEMENT	TX	501(c)(3)	11	SLHS	Yes	
(15)  6624 FANNIN ST STE 2505 HOUSTON, TX 77030 27-3733278	HEALTHCARE	TX	501(c)(3)	3	SLCDC	Yes	
(16)  6624 FANNIN ST STE 2505 HOUSTON, TX 77030 26-1947374	HEALTHCARE	TX	501(c)(3)	3	SLHS	Yes	
(17)  6624 FANNIN ST STE 2505 HOUSTON, TX 77030 26-0335902	HEALTHCARE	TX	501(c)(3)	3	SLCDC	Yes	
(18)  6624 FANNIN ST STE 1100 HOUSTON, TX 77030 76-0536234	HEALTHCARE	TX	501(c)(3)	3	SLHS	Yes	
(19)  1213 HERMANN DRIVE STE 855 HOUSTON, TX 77004 45-3811485	FUNDRAISING	TX	501(c)(3)	7	SLHS	Yes	



Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(161)  6624 FANNIN ST STE 1100 HOUSTON, TX 77030 76-0536232	MANAGEMENT	TX	501(c)(3)	11	CHI	Yes	
(1)  6624 FANNIN ST STE 2505 HOUSTON, TX 77030 26-3734606	HEALTHCARE	TX	501(c)(3)	3	SLHS	Yes	
(2)  6624 FANNIN ST HOUSTON, TX 77030 76-0458535	PHYSICIANS	TX	501(c)(3)	3	SLHS	Yes	
(3)  6624 FANNIN ST STE 1100 HOUSTON, TX 77030 76-0531713	PROPERTY MGMT	TX	501(c)(3)	11	CHI-SLH	Yes	
(4)  6624 FANNIN ST STE 1100 HOUSTON, TX 77030 76-0531716	PROPERTY MGMT	TX	501(c)(3)	11	SLHS	Yes	
(5)  6624 FANNIN ST STE 2505 HOUSTON, TX 77030 45-4120549	PROPERTY MGMT	TX	501(c)(3)	11	SLCDC-SL	Yes	
(6)  1314 3RD AVE NEBRASKA CITY, NE 68410 47-0443636	HEALTHCARE	NE	501(c)(3)	3	CHI NEBRASKA	Yes	
(7)  1314 3RD AVE NEBRASKA CITY, NE 68410 47-0707604	FUNDRAISING	NE	501(c)(3)	7	SMCH	Yes	
(8)  TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 51-0169537	FUNDRAISING	AR	501(c)(3)	11	SVIMC	Yes	
(9)  TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 71-0236917	HEALTHCARE	AR	501(c)(3)	3	CHI	Yes	
(10)  TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 71-0830696	HEALTHCARE	AR	501(c)(3)	9	SVIMC	Yes	
(11)  1715 INDIAN WOOD CIR 200 MAUMEE, OH 43537 34-1412964	HEALTHCARE	OH	501(c)(3)	11	CHI	Yes	
(12)  1715 INDIAN WOOD CIR 200 MAUMEE, OH 43537 45-5357161	FUNDRAISING	OH	501(c)(3)	11	FLC	Yes	
(13)  5000 PROVIDENCE DRIVE SANDUSKY, OH 44870 34-1826097	ASSIST LIVING	OH	501(c)(3)	9	FLC	Yes	
(14)  100 MEDICAL DRIVE LAKE JACKSON, TX 77566 74-1385192	HEALTHCARE	TX	501(c)(3)	3	SLHS	Yes	
(15)  619 OAK ST ACCOUNTING-3 W CINNINNATI, OH 45206 31-0537486	HEALTHCARE	OH	501(c)(3)	3	CHI	Yes	
(16)  2000 Q ST STE 500 LINCOLN, NE 68503 47-0780857	PHYSICIANS	NE	501(c)(3)	11	CHI NEBRASKA	Yes	
(17)  188 INVERNESS DRIVE WEST STE 500 ENGLEWOOD, CO 80112 84-0927232	HEALTHCARE	CO	501(c)(3)	3	CHIC	Yes	
(18)  380 SUMMIT AVENUE STEUBENVILLE, OH 43952 31-1329423	FUNDRAISING	OH	501(c)(3)	11	THS	Yes	
(19)  380 SUMMIT AVENUE STEUBENVILLE, OH 43952 34-1818681	HEALTHCARE	OH	501(c)(3)	11	SFH	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(181)  380 SUMMIT AVENUE STEUBENVILLE, OH 43952 30-0752920	HEALTHCARE	OH	501(c)(3)	3	THS	Yes	
(1)  380 SUMMIT AVENUE STEUBENVILLE, OH 43952 34-1842025	HEALTHCARE	OH	501(c)(3)	3	THS	Yes	
(2)  819 NORTH FIRST STREET DENNISON, OH 44621 27-5401105	HEALTHCARE	OH	501(c)(3)	3	CHI	Yes	
(3)  ONE ROSS PARK BLVD STEUBENVILLE, OH 43952 34-1522484	ASSIST LIVING	OH	501(c)(3)	11	THS	Yes	
(4)  815 SE 2ND ST LITTLE FALLS, MN 56345 41-0721642	HEALTHCARE	MN	501(c)(3)	3	CHI	Yes	
(5)  801 PAGE DR FARGO, ND 58103 45-0226714	LTERM CARE	ND	501(c)(3)	9	CHI	Yes	
(6)  191 WOODPORT RD SPARTA, NJ 07871 22-1768334	HOME HEALTH	NJ	501(c)(3)	9	SCHS	Yes	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) Alegent Health Northwest Imaging Center LLC  3606 N 156th St OMAHA, NE 68116 06-1786985	OP Diagnostics	NE	ACH	Related				No		Yes		51 %
(1) Audubon Land Company LLC  5390 N Academy Blvd STE 300 COLORADO SPRINGS, CO 80918 84-1513085	Real Estate	CO	CHIC	Related				No			No	50 %
(2) AVON EMERGENCY AND URGENT CARE CENTER LLC  188 INVERNESS DRIVE WEST 500 ENGLEWOOD, CO 80112 81-1727282	HEALTHCARE SRVC	CO	CHIC	Related				No		Yes		77 %
(3) BAYLOR CHI ST LUKES HEALTH SERVICES LLC  6624 Fannin St Ste 1100 HOUSTON, TX 77030 47-2079184	HEALTHCARE SRVC	TX	SLHS	Related				No		Yes		65 %
(4) BERGAN MERCY SURGERY CENTER LLC  7710 Mercy Rd Ste 200 OMAHA, NE 68124 20-8671994	AMBUL SURG CTR	NE	ACH	Related				No			No	58 %
(5) BERYWOOD OFFICE PROPERTIES LLC  400 BERYWOOD TRAIL CLEVELAND, TN 37312 62-1875199	PHYS OFFICE	TN	MHCS	Related				No		Yes		63 %
(6) BLUEGRASS REGIONAL IMAGING CENTER  1218 SOUTH BROADWAY STE 310 LEXINGTON, KY 40504 61-1386736	DIAGNOSTIC IMAGING	KY	SJHS	Related				No			No	65 %
(7) CATHOLIC HEALTH INITIATIVES PHYSICIAN SERVICES LLC  198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 46-2945938	PRACTICE MGMT SRVC	DE	CHI	Related				No		Yes		80 %
(8) CENTRAL NEBRASKA HOME CARE SERVICES  PO BOX 1146 4502 N SECOND AVE KEARNEY, NE 68848 47-0692112	HEALTHCARE SRVC	NE	na	Related				No		Yes		100 %
(9) CENTRAL NEBRASKA REHABILITATION SERVICES LLC  3004 W FAIDLEY AVENUE GRAND ISLAND, NE 68803 81-0653461	Physical Therapy	NE	SFMC	Related				No			No	51 %
(10) CENTURA-SCA HOLDINGS LLC  569 BROOK VILLAGE STE 901 BIRMINGHAM, AL 35209 47-4823023	OP SURGERY CENTER	AL	CHIC	Related				No		Yes		65 %
(11) CHI OPERATING INVESTMENT PROGRAM LP  198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 47-0727942	INVESTMENTS	CO	CHI	Unrelated				No		Yes		100 %
(12) CHI ST LUKE'S HEALTH EMERGENCY CENTER LLC  6624 Fannin St Ste 1100 HOUSTON, TX 77030 81-0743412	URGENT CARE	TX	SLHS	Related				No		Yes		65 %
(13) CHICAMSURG Surgery Centers LLC  188 INVERNESS DRIVE WEST 500 ENGLEWOOD, CO 80112 46-5683027	SURGERY CENTER	CO	CHIC	Related				No			No	51 %
(14) CHICLARKIN VENTURES LLC  188 INVERNESS DRIVE WEST 500 ENGLEWOOD, CO 80112 47-4210888	URGENT CARE	CO	CHIC	Related				No		Yes		87 %

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(16) Colorado Springs CK Leasing LLC  8770 W Bryn Mawr Ste 1370 CHICAGO, IL 60631 26-2982714	REAL ESTATE	CO	CHIC	Related				No		Yes		40 %
(1) HC SL VINTAGE I LLC  18000 W SARAH LANE STE 250 BROOKFIELD, WI 53045 27-0453767	PROPERTY HOLDING	WI	SL HOSP- VINTAGE	Related				No			No	51 %
(2) HEALTHCARE SUPPORT SERVICES LLC  PO BOX 9804 GRAND ISLAND, NE 68802 72-1546196	LAUNDRY	NE	na	Related				No			No	100 %
(3) Heartland Oncology LLC  2337 E Crawford St SALINA, KS 67401 46-4265403	ONCOLOGY	KS	SCH	Related				No			No	51 %
(4) HIGHLINE IMAGING LLC  PO BOX 184 BRUSH PRAIRIE, WA 98606 20-0460005	DIAGNOSTIC IMAGING	WA	HMC	Related				No			No	80 %
(5) LAKESIDE AMBULATORY SURGICAL CENTER LLC  17031 LAKESIDE HILLS DR OMAHA, NE 68130 20-4267902	AMBUL SURG CTR	NE	ACH	Related				No			No	54 %
(6) LAKESIDE ENDOSCOPY CENTER LLC  17001 LAKESIDE HILLS PLZ STE 201 OMAHA, NE 68130 20-5544496	ENDOSCOPY SRVC	NE	ACH	Related				No			No	51 %
(7) LINCOLN CK LEASING LLC  6003 Old Cheney Rd Lincoln, NE 68516 26-2496856	Real Estate	NE	SERMC	Related				No			No	54 %
(8) NEBRASKA SPINE HOSPITAL LLC  6901 N 72ND ST OMAHA, NE 68122 27-0263191	SPINE HOSPITAL	NE	ACH	Related				No			No	51 %
(9) NORTH RIVER SURGERY CENTER LLC  2209 WILDWOOD AVE SHERWOOD, AR 72120 71-0799771	AMBUL SURG CTR	AR	SVIMC	Related				No			No	57 %
(10) ORTHOCOLORADO LLC  11650 WEST 2ND PLACE LAKEWOOD, CO 80255 37-1577105	ORTHO HOSPITAL	CO	THC	Related				No			No	60 %
(11) PENINSULA RADIATION ONCOLOGY LLC  314 MLK JR WAY STE 11 TACOMA, WA 98405 87-0808610	HEALTHCARE SRVC	WA	FHS	Related				No			No	60 %
(12) Penrad Imaging  1390 Kelly Johnson Blvd COLORADO SPRINGS, CO 80920 84-1072619	Medical Imaging	CO	CHIC	Related				No			No	70 %
(13) PMC HOSPITAL LLC  3100 MAIN ST STE 500 HOUSTON, TX 77002 27-3280598	HOSPITAL	TX	SL CDC-PMC	Related				No		Yes		51 %
(14) PRAIRIE HEALTH VENTURES LLC  421 S 9TH ST STE 102 LINCOLN, NE 68508 20-4962103	TECH SRVC	NE	AH-IMC	Related				No		Yes		66 %

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(31) Pueblo Ambulatory Surgery Center LLC  188 INVERNESS DRIVE WEST 500 ENGLEWOOD, CO 80112 62-1488737	SURGERY CENTER	CO	CHIC	Related				No			No	51 %
(1) Saint JOSEPH - PAML LLC  200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 45-2116736	MGMT SVCS	KY	SJHS	Related				No		Yes		63 %
(2) SAINT JOSEPH - SCA HOLDINGS LLC  1451 Harrodsburg RD LEXINGTON, KY 40503 45-3801157	OP SURGERY	DE	SJHS	Related				No		Yes		51 %
(3) SAINT JOSEPH-ANC HOME CARE SERVICES  1700 EDISON DR MILFORD, OH 45150 26-3330545	HOME HEALTH	KY	JHSMH	Related				No			No	100 %
(4) SCA Premier Surgery Center of Louisville LLC  200 Abraham Flexner Way LOUISVILLE, KY 40202 72-1386840	SURGERY CENTER	KY	JHSMH	Related				No			No	51 %
(5) ST FRANCIS LAND COMPANY  5390 N ACADEMY BLVD STE 300 COLORADO SPRINGS, CO 80918 26-3134100	REAL ESTATE	CO	CHIC	Related				No			No	51 %
(6) ST FRANCIS MEDICAL CENTER ASSOCIATES  1717 SOUTH J ST TACOMA, WA 98405 91-1352698	MED OFFICE	WA	FHS	Related				No			No	61 %
(7) ST LUKE'S DIAGNOSTIC CATH LAB LLP  6624 FANNIN ST STE 800 HOUSTON, TX 77030 71-0959365	DIAGNOSTICS	TX	SLHS HOLDINGS	Related				No			No	57 %
(8) ST LUKE'S LAKESIDE HOSPITAL LLC  6624 FANNIN STE 2505 HOUSTON, TX 77030 30-0427437	HOSPITAL	TX	SL CDC-W	Related				No		Yes		51 %
(9) ST LUKE'S THE WOODLANDS SLEEP CENTER LLC  6624 FANNIN STE 800 HOUSTON, TX 77030 46-2795726	DIAGNOSTICS	TX	SLHSH	Related				No		Yes		51 %
(10) Superior Medical Imaging LLC  5000 North 26th ST LINCOLN, NE 68521 26-2884555	OP Diagnostics	NE	SERMC	Related				No		Yes		51 %
(11) SURGERY CENTER OF LEXINGTON LLC  200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 62-1179539	SURGERY CENTER	KY	SJHS	Related				No		Yes		51 %
(12) SURGERY CENTER OF LOUISVILLE LLC  200 Abraham Flexner Way LOUISVILLE, KY 40202 62-1179537	SURGERY CENTER	KY	JHSMH	Related				No		Yes		51 %

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) Alegent HealthCreighton St Joseph Managed Care Services Inc 12809 West Dodge Rd Omaha, NE 68154 47-0802396	Managed Care	NE	CHI Nebraska	C Corporation			100 %	Yes	
(1) All Saints Insurance Company SPC Ltd PO BOX 10073 APO Georgetown, GRAND CAYMAN KY11001 CJ 98-0556913	Insurance	CJ	CHI	C Corporation			100 %	Yes	
(2) ALLIANCE HEALTH PROVIDERS OF BRAZOS Valley Inc 2801 FRACNISCAN DRIVE BRYAN, TX 77802 74-2466914	Healthcare	TX	SJSC	C Corporation			100 %	Yes	
(3) Alternative Insurance Management Service Inc 3900 OLYMPIC BLVD STE 400 Erlanger, KY 41018 84-1112049	Management Services	CO	CHI	C Corporation			100 %	Yes	
(4) AMERICAN NURSING CARE Inc 1700 EDISON DR MILFORD, OH 45150 31-1085414	HOME HEALTH	OH	CHS	C Corporation			100 %	Yes	
(5) AMERIMED INC 1700 EDISON DR MILFORD, OH 45150 31-1158699	HOME HEALTH	OH	ANC	C Corporation			100 %	Yes	
(6) BC HOLDING COMPANY INC 1850 BLUEGRASS AVE LOUISVILLE, KY 40215 31-1542851	Fitness Club	KY	JHSMH	C Corporation			100 %	Yes	
(7) BrazoSport Health Alliance 1 WEST WAY COURT LAKE JACKSON, TX 77566 76-0518376	Health Care	TX	BRHS	C Corporation			100 %	Yes	
(8) Caduceus Medical Associates INC 5600 Brainerd Road Ste 500 Chattanooga, TN 37411 62-1570736	Healthcare	TN	MHCS	C Corporation			100 %	Yes	
(9) Captive Management Initiatives Ltd PO BOX 10073 APO Georgetown, GRAND CAYMAN KY11001 CJ 98-0663022	Captive Management	CJ	CHI	C Corporation			100 %	Yes	
(10) Carmona-DeSoto Building Horizontal Property Regime Inc 300 Werner St Hot Springs, AR 71913 71-0771076	Healthcare	AR	CHI-SVHS	C Corporation			100 %	Yes	
(11) Catholic Health Initiatives Center for Translational Research 198 INVERNESS DRIVE WEST Englewood, CO 80112 27-2269511	Research	CO	CIRI	C Corporation			100 %	Yes	
(12) CHI St Luke's Health Baylor College of Medicine Medical Center Condominium Assoc 6624 Fannin STE 1100 Houston, TX 77030 46-5079545	Condo Assoc	TX	CHI-SLHBCM	C Corporation			100 %	Yes	
(13) ClearRiver Health 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-4495960	Insurance	TN	PHPSI	C Corporation			100 %	Yes	
(14) Comcare Services Inc 5570 DTC Parkway Englewood, CO 80111 84-0904813	Inactive	CO	CHIC	C Corporation			100 %	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(16) CONSOLIDATED HEALTH SERVICES 1700 EDISON DR MILFORD, OH 45150 31-1378212	HOME HEALTH	OH	CHI	C Corporation			100 %	Yes	
(1) Des Moines Medical Center Inc 1111 6TH AVE Des Moines, IA 50314 42-0837382	Real Estate	IA	CHI-IA Corp	C Corporation			93 %	Yes	
(2) Diversified Health Resources Inc 100 MEDICAL DRIVE LAKE JACKSON, TX 77566 76-0222679	Health Care	TX	BRHS	C Corporation			100 %	Yes	
(3) East Texas Clinical Services Inc 2801 Via Fortuna 500 Austin, TX 78746 45-4736213	Healthcare	TX	MHSET	C Corporation			100 %	Yes	
(4) First Initiatives Insurance LTD PO BOX 10073 APO Georgetown, GRAND CAYMAN KY11001 CJ 98-0203038	Insurance	CJ	CHI	C Corporation			100 %	Yes	
(5) Franciscan Services Inc 198 INVERNESS DRIVE WEST Englewood, CO 80112 23-2487967	Healthcare	CO	CHI	C Corporation			100 %	Yes	
(6) Good Samaritan Outreach Services PO Box 1990 Kearney, NE 68848 47-0659440	Medical Clinic	NE	CHI Nebraska	C Corporation			100 %	Yes	
(7) HarvestPlains Health of Iowa 32129 Weyerhaeuser Way S STE 201 FEDERAL WAY, WA 98001 47-3451750	Insurance	WA	QCHPS	C Corporation			100 %	Yes	
(8) Health Systems Enterprises Inc 1700 EDISON DR MILFORD, OH 45150 47-0664558	MGMT	NE	GSH	C Corporation			100 %	Yes	
(9) Healthcare MGMT Services Organization INC 1149 MARKET ST Tacoma, WA 98402 91-1865474	Health Org	WA	FHS	C Corporation			100 %	Yes	
(10) HeartlandPlains Health 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-4368223	Insurance	NE	PHPSI	C Corporation			100 %	Yes	
(11) Highline Medical Group 15811 AMBUAN Blvd SW STE A Burien, WA 98166 91-1407026	Medical Services	WA	HMC	C Corporation			100 %	Yes	
(12) Medquest 1301 15TH AVENUE WEST Williston, ND 58801 45-0392137	Sale of DME	ND	MMC Williston	C Corporation			100 %	Yes	
(13) Memorial CV Service Line Management Company LLC 1201 W Frank Ave Lufkin, TX 75904 46-3622849	Heath Care	TX	MHSET	C Corporation			100 %	Yes	
(14) Mercy Park Apartments LTD 1111 6th AVE Des Moines, IA 50314 42-1202422	Housing	IA	CHI-IA Corp	C Corporation			100 %	Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(31) Mercy Services Corp 2700 STEWART PARKWAY Roseburg, OR 97471 93-0824308	Retail Sales	OR	MMC	C Corporation			100 %	Yes	
(1) MHI Clinical Services 1201 W Frank Ave Lufkin, TX 75904 46-1967952	Healthcare	TX	MHSET	C Corporation			100 %	Yes	
(2) Mountain Management Services Inc 6028 Shallowford Rd Chattanooga, TN 37421 62-1570739	MGMT SVC ORG	TN	MHCS	C Corporation			100 %	Yes	
(3) Nazareth Assurance Company PO BOX 10073 APO Georgetown, GRAND CAYMAN KY11001 CJ 03-0304831	Insurance	CJ	CHI	C Corporation			100 %	Yes	
(4) PATIENT TRANSPORT SERVICES INC 1700 EDISON DR MILFORD, OH 45150 31-1100798	HOME HEALTH	OH	ANC	C Corporation			100 %	Yes	
(5) PhysicianHealth System Network 1149 MARKET ST Tacoma, WA 98402 91-1746721	Health Org	WA	FHS	C Corporation			100 %	Yes	
(6) QCA Health Plan Inc 12615 Chenal Parkway STE 300 Little Rock, AR 72211 71-0794605	Insurance	AR	QCHI	C Corporation			100 %	Yes	
(7) QualChoice Advantage 32129 WEYERHAEUSER WAY S STE 201 FEDERAL WAY, WA 98001 47-3433912	Insurance	WA	QCPS	C Corporation			100 %	Yes	
(8) QualChoice Health Plan Services Inc (fka CollabHealth Plan Services Inc) 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-1224037	Admin Services	CO	QCHI	C Corporation			100 %	Yes	
(9) QualChoice Health Inc (fka CollabHealth Managed Solutions Inc) 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-1222808	Holding Co	CO	CHI	C Corporation			100 %	Yes	
(10) QualChoice Holdings Inc 12615 Chenal Parkway STE 300 Little Rock, AR 72211 27-4075520	Holding Co	AR	PHPS	C Corporation			100 %	Yes	
(11) QualChoice Life and Health Insurance Company Inc 12615 Chenal Parkway STE 300 Little Rock, AR 72211 71-0386640	Insurance	AR	QCH	C Corporation			100 %	Yes	
(12) QualChoice of Nebraska 2401 S 73rd St Omaha, NE 68124 81-0738827	Insurance	NE	QCH	C Corporation			100 %	Yes	
(13) RiverLink Health 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-4380824	Insurance	OH	PHPS	C Corporation			100 %	Yes	
(14) RiverLink Health of Kentucky Inc 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-4828332	Insurance	KY	PHPS	C Corporation			100 %	Yes	



Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(46) Ross Park Pharmacy Inc 380 SUMMIT AVE STEUBENVILLE, OH 43952 34-1832654	Pharmacy	OH	THS	C Corporation			100 %	Yes	
(1) Saint Clare's Primary Care Inc 66 FORD RD Denville, NJ 07834 22-2441202	Billing Services	NJ	SCCC	C Corporation			100 %	Yes	
(2) SAMARITAN FAMILY CARE INC 40 W FOURTH ST STE 1700 Dayton, OH 45402 31-1299450	Healthcare	OH	SHP	C Corporation			100 %	Yes	
(3) SJH Services Corporation 198 INVERNESS DRIVE WEST Englewood, CO 80112 23-2307408	Healthcare	CO	FSI	C Corporation			100 %	Yes	
(4) SJL PHYSICIAN MANAGEMENT SERVICES INC 424 LEWIS HARGETT CR STE 160 Lexington, KY 40503 27-0164198	Mgmt	KY	SJHS	C Corporation			100 %	Yes	
(5) SLMT Parking Inc 6624 Fannin STE 800 Houston, TX 77030 76-0637140	Parking	TX	SLHS	C Corporation			100 %	Yes	
(6) SoundPath Health Inc 32129 Weyerhaeuser Way S STE 201 Federal Way, WA 98001 42-1720801	Insurance	WA	PHPS	C Corporation			100 %	Yes	
(7) St Alexius Health Services Inc 900 East Broadway Avenue Bismarck, ND 58501 45-0402812	Healthcare	ND	SAMC	C Corporation			100 %	Yes	
(8) St Anthony Development Company 1415 Southgate Pendleton, OR 97801 93-1216943	Athletic Club	OR	SAH	C Corporation			100 %	Yes	
(9) St Joseph Development Company Inc 1717 SOUTH J ST Tacoma, WA 98405 91-1480569	Rental	WA	FSI	C Corporation			100 %	Yes	
(10) ST JOSEPH OFFICE PARK ASSOCIATION 1401 HARRODSBURG RD BLDG B70 Lexington, KY 40504 61-1079899	Mgmt	KY	SJHS	C Corporation			85 %	Yes	
(11) St Luke's 6620 Main Condominium Association 6624 Fannin STE 1100 Houston, TX 77030 30-0355517	Condo Assoc	TX	SLPC	C Corporation			100 %	Yes	
(12) St Luke's Anesthesiology Associates 6624 Fannin STE 1100 Houston, TX 77030 46-1517163	Medical Clinic	TX	CHI-SLH	C Corporation			100 %	Yes	
(13) St Luke's Episcopal Hospital Physician Hospital Organization Inc 6720 Bertner MC4-262 Houston, TX 77030 76-0377932	PHO	TX	CHI-SLH	C Corporation			60 %	Yes	
(14) St Luke's Health System Holdings Inc 6624 Fannin STE 800 Houston, TX 77030 76-0637138	Holding Co	TX	SLHS	C Corporation			100 %	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(61) St Luke's Medical Arts Center I Condominium Association 6624 Fannin STE 1100 Houston, TX 77030 30-0355518	Condo Assoc	TX	SLPC	C Corporation			100 %	Yes	
(1) St Luke's Medical Tower Condominium Association 6624 Fannin STE 1100 Houston, TX 77030 76-0298751	Condo Assoc	TX	SLMTC	C Corporation			100 %	Yes	
(2) St Vincent Community Health Services Inc TWO ST VINCENT CIRCLE Little Rock, AR 72205 71-0710785	Healthcare	AR	SVIMC	C Corporation			100 %	Yes	
(3) StableView Health Inc 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-4373713	Insurance	KY	PHPS	C Corporation			100 %	Yes	
(4) Sugar Land Doctor Group 1317 Lake Point Parkway Sugar Land, TX 77478 45-4270163	Medical Clinic	TX	SLCDC-SL	C Corporation			100 %	Yes	
(5) The Texas Heart Institute at St Luke's Episcopal Hospital Denton A Cooley B uilding Comdominium Association 6624 Fannin STE 1100 Houston, TX 77030 90-0064009	Condo Assoc	TX	CHI-SLH	C Corporation			100 %	Yes	
(6) Towson Management Inc 7601 OSLER DR Towson, MD 21204 52-1710750	Mgmt Services	MD	FSI	C Corporation			100 %	Yes	
(7) TRINITY MANAGEMENT SERVICES ORGANIZATION 380 SUMMIT AVE STEUBENVILLE, OH 43952 34-1471026	Mgmt Services	OH	THS	C Corporation			100 %	Yes	
(8) Vintage Doctor Group 6624 Fannin STE 1100 Houston, TX 77030	Medical Clinic	TX	CHI-SLH	C Corporation			100 %	Yes	