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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2016

Open to Public Inspection

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

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

C Name of organization
Saint Francis Memorial Hospital
% LARA HARROW - FINANCE DEPT
Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
185 BERRY STREET SUITE 300

City or town, state or province, country, and ZIP or foreign postal code
San Francisco, CA 94107

D Employer identification number
94-1156295

E Telephone number
(415) 353-6600

G Gross receipts $ 271,308,569

F Name and address of principal officer
DANIEL LENTZ MD
900 Hyde Street
San Francisco, CA 94109

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

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

H(c) Group exemption number ▶

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

J Website: ▶ www dignityhealth org/saintfrancis

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

L Year of formation 1938

M State of legal domicile CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO PROVIDE COMPASSIONATE, QUALITY, COST EFFECIVE MEDICAL AND HEALTHCARE RELATED SERVICES TO MEET THE NEEDS OF THE COMMUNITIES WE SERVE

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	18
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	12
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	**5**	1,293
6	Total number of volunteers (estimate if necessary)	**6**	138
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	95,746
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-9,535

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	2,617,387	1,659,777
9	Program service revenue (Part VIII, line 2g)	220,897,316	199,926,411
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,378,548	17,838,594
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,129,216	1,841,904
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	233,022,467	221,266,686
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,453,830	3,614,090
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	135,269,561	139,344,845
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	117,751,271	106,872,427
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	254,474,662	249,831,362
19	Revenue less expenses Subtract line 18 from line 12	-21,452,195	-28,564,676

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	350,397,806	319,926,839
21	Total liabilities (Part X, line 26)	105,658,308	110,064,324
22	Net assets or fund balances Subtract line 21 from line 20	244,739,498	209,862,515

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2018-05-08

SHELLY HUNTER CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
VALERIE J BALL	VALERIE J BALL	2018-05-08		P00178114

Firm's name ▶ KPMG LLP — Firm's EIN ▶

Firm's address ▶ 55 SECOND STREET SUITE 1400
SAN FRANCISCO, CA 94105

Phone no (415) 963-5100

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

TO PROVIDE COMPASSIONATE, HIGH-QUALITY, AFFORDABLE HEALTH SERVICES FOR OUR SISTERS AND BROTHERS WHO ARE POOR AND DISENFRANCHISED, AND PARTNERING WITH OTHERS IN THE COMMUNITY TO IMPROVE THE QUALITY OF LIFE

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 216,569,113 including grants of $ 3,614,090) (Revenue $ 199,926,411)

See Additional Data

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

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

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ 216,569,113

Part IV Checklist of Required Schedules

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

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

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**	Yes	
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**	Yes	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

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

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	210		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	1,293		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	**2b**		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	**3a**		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	**3b**		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	**4a**			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	**9a**			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	**9b**			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	**13a**			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	**14b**			

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions*

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	18		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

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

Section C. Disclosure

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

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶LARA HARROW - FINANCE DEPT 3400 DATA DRIVE 3RD FLOOR RANCHO CORDOVA, CA 95670 (916) 851-2000

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			
See Additional Data Table										

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			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								4,680,414	1,145,868	938,086

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 ▶ 418

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CITY BUILDING INC, 212 N SAN MATEO DR SAN MATEO, CA 94401	GENERAL CONTRACTOR	4,572,320
TRIMEDX LLC, 5451 LAKEVIEW PKWY S DR INDIANAPOLIS, IN 46268	Management services	2,006,608
SAN FRANCISCO CYBERKNIFE LLC, 100 BAYVIEW CIRCLE NEWPORT, CA 92660	Medical Services	1,936,000
REHABCARE GROUP, PO BOX 502096 ST LOUIS, MO 63150	Medical Services	1,651,913
GALEN INPATIENT PHYSICIANS, 2100 POWELL ST STE 900 EMERYVILLE, CA 946081803	Medical Services	1,375,333

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 ▶ 59

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	**1a** Federated campaigns . .	1a			
	b Membership dues . .	1b			
	c Fundraising events . .	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e	365,026		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,294,751		
	g Noncash contributions included in lines 1a-1f $ _____				
	h Total. Add lines 1a-1f . . . . . ▶		1,659,777		
Program Service Revenue		Business Code			
	2a PATIENT NET OF CHARITY AND BAD DEBT	900099	196,463,062	196,463,062	0	0
	b MEDICAL OFFICE BUILDING	621110	2,419,122	2,419,122	0	0
	c PHYSICIAN PROFESSIONAL FEES	900099	773,771	773,771	0	0
	d RALLY FAMILY VISITATION SERVICES	900099	245,267	245,267	0	0
	e EDUCATION	446110	9,600	9,600	0	0
	f All other program service revenue		15,589	15,589	0	0
	g Total. Add lines 2a–2f . . . . ▶		199,926,411			
Other Revenue	**3** Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		470,320			470,320
	4 Income from investment of tax-exempt bond proceeds ▶		0			
	5 Royalties . . . . . ▶		0			
		(i) Real	(ii) Personal			
	6a Gross rents	149,165				
	b Less rental expenses	25,524				
	c Rental income or (loss)	123,641	0			
	d Net rental income or (loss) . . . . . ▶			123,641		123,641
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	67,384,633				
	b Less cost or other basis and sales expenses	50,016,359				
	c Gain or (loss)	17,368,274				
	d Net gain or (loss) . . . . . ▶			17,368,274		17,368,274
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . a		0			
	b Less direct expenses . . . b		0			
	c Net income or (loss) from fundraising events . . ▶			0		
	9a Gross income from gaming activities See Part IV, line 19 . . . a		0			
	b Less direct expenses . . . b		0			
	c Net income or (loss) from gaming activities . . ▶			0		
	10a Gross sales of inventory, less returns and allowances . . a		0			
	b Less cost of goods sold . . b		0			
	c Net income or (loss) from sales of inventory . . ▶			0		
	Miscellaneous Revenue	Business Code				
	11a PARKING LOT FEES	812930	827,968	0	0	827,968
	b GIFT SHOP	453220	250,849	0	0	250,849
	c CAFETERIA	722514	280,930	0	0	280,930
	d All other revenue		358,516	0	95,746	262,770
	e Total. Add lines 11a–11d . . . . . ▶		1,718,263			
	12 Total revenue. See Instructions . . . . . ▶		221,266,686	199,926,411	95,746	19,584,752

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	3,613,914	3,613,914		
2 Grants and other assistance to domestic individuals See Part IV, line 22	176	176		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	3,099,731	2,860,246	239,485	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	719,409	719,409		
7 Other salaries and wages	97,896,289	91,270,429	6,625,860	0
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	11,627,484	10,424,137	1,203,347	0
9 Other employee benefits	19,106,748	18,689,621	417,127	0
10 Payroll taxes	6,895,184	6,451,888	443,296	0
11 Fees for services (non-employees)				
a Management	0			
b Legal	221,425	0	221,425	0
c Accounting	29,527	0	29,527	0
d Lobbying	17,499	1,000	16,499	0
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	43,199		43,199	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	40,406,186	28,935,519	11,470,667	0
12 Advertising and promotion	965,297	21,406	943,891	0
13 Office expenses	4,632,914	3,403,308	1,229,606	0
14 Information technology	14,409,554	5,615,433	8,794,121	0
15 Royalties . .	0			
16 Occupancy	3,165,161	3,091,519	73,642	0
17 Travel	277,121	201,708	75,413	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19 Conferences, conventions, and meetings	122,583	96,561	26,022	0
20 Interest	1,259,623	1,259,623	0	0
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization . .	9,602,626	9,041,759	560,867	0
23 Insurance . . .	1,342,364	1,342,364	0	0
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MEDICAL SUPPLIES	19,238,741	19,227,250	11,491	0
b MEDI-CAL PROVIDER FEE	9,384,228	9,384,228	0	0
c FOOD	937,235	505,640	431,595	0
d LICENSES & TAXES	765,422	479,428	285,994	0
e All other expenses	51,722	-67,453	119,175	
25 **Total functional expenses.** Add lines 1 through 24e	249,831,362	216,569,113	33,262,249	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	6,310	1	5,210
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	122,580	3	71,353
	4	Accounts receivable, net	38,683,672	4	33,587,868
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	5,092	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7	Notes and loans receivable, net	3,532,060	7	3,363,220
	8	Inventories for sale or use	3,385,803	8	4,049,420
	9	Prepaid expenses and deferred charges	22,105,035	9	18,412,280
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 230,842,179			
	b	Less accumulated depreciation — 10b: 146,668,974	90,892,468	10c	84,173,205
	11	Investments—publicly traded securities	101,269,270	11	81,869,442
	12	Investments—other securities See Part IV, line 11	0	12	0
	13	Investments—program-related See Part IV, line 11	83,168,265	13	87,167,590
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11	7,227,251	15	7,227,251
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	350,397,806	16	319,926,839
Liabilities	17	Accounts payable and accrued expenses	65,934,554	17	74,798,465
	18	Grants payable	0	18	0
	19	Deferred revenue	58,896	19	34,446
	20	Tax-exempt bond liabilities	10,000,000	20	10,000,000
	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	624,070	23	490,100
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	29,040,788	25	24,741,313
	26	**Total liabilities.** Add lines 17 through 25	105,658,308	26	110,064,324
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	161,591,464	27	123,856,377
	28	Temporarily restricted net assets	52,733,797	28	70,013,465
	29	Permanently restricted net assets	30,414,237	29	15,992,673
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	244,739,498	33	209,862,515
	34	Total liabilities and net assets/fund balances	350,397,806	34	319,926,839

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	221,266,686
2	Total expenses (must equal Part IX, column (A), line 25)	2	249,831,362
3	Revenue less expenses Subtract line 2 from line 1	3	-28,564,676
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	244,739,498
5	Net unrealized gains (losses) on investments	5	-9,712,351
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	3,400,044
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	209,862,515

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 94-1156295

Name: Saint Francis Memorial Hospital

Form 990 (2016)

Form 990, Part III, Line 4a:

SAINT FRANCIS MEMORIAL HOSPITAL'S MISSION IS TO CONTRIBUTE TO THE HEALTH OF THE COMMUNITY THROUGH THE PROVISIONS OF QUALITY SERVICES DELIVERED IN A COMPASSIONATE AND COST EFFECTIVE MANNER THE HOSPITAL HAS 288 BEDS AND SERVICED PATIENTS AS FOLLOWS OUTPATIENT VISITS OF 118,930, EMERGENCY VISITS OF 36,128, INPATIENT AND OUTPATIENT OPERATING ROOM CASES OF 3,490 INPATIENT SERVICES ACUTE MEDICAL SURGICAL CARE AND REHAB, INTENSIVE AND BURN CARE, ADULT PSYCH, PHARMACY, CARDIOPULMONARY, SURGERY AND TELEMETRY UNIT OUTPATIENT SERVICES EMERGENCY CARE, SPORTS MEDICINE AND OCCUPATIONAL HEALTH CLINICS, PULMONARY REHAB, OUTPATIENT BURN CARE, SPINE AND JOINT/PAIN/MS CLINIC, DIAGNOSTIC IMAGING, RADIATION ONCOLOGY, GASTROINTESTINAL SERVICES AND PHYSICAL THERAPY SERVICES, HYPERBARIC OXYGEN CLINIC SUPPORT SERVICES CHAPLAINCY PROGRAM, FAMILY SUPPORT SERVICES, PALLIATIVE CARE, PARKING SERVICES, NURSING EDUCATION SERVICES, HEALTH SCIENCES LIBRARY, AS WELL AS SUPPORT, TIME AND MONEY TO ORGANIZATIONS AND INDIVIDUALS THROUGHOUT THE COMMUNITY

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
N Thomas Ahlberg MD Board Member	30 00	X						0	0	0
Amy Bossen MD Board Member	30 00	X						1,549	0	0
Michaela Cassidy Board Member	30 00	X						0	0	0
Gary Chan MD Board Member	30 00	X						1,548	0	0
Robert Devens Board Member	30 00	X						0	0	0
David Duong MD Board Member	30 00	X						30,100	0	0
Man-Kit Leung Board Member	30 00	X						15,604	0	0
Kimberly MacPherson Board Member	30 00	X						0	0	0
Charles McGettigan Board Member	30 30	X						0	7,750	0
Michael Penn MD Board Member	30 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Victor Prieto MD Board Member	3 0 0 0	X						140,643	0	0
Julie Soo JD Board Member	3 0 0 0	X						0	0	0
Richard Spalding Board Member (thru 11/9/16)	3 0 0 0	X						0	0	0
Todd A Strumwasser MD Board Member	3 0 40 0	X						0	1,138,118	155,268
Peter Teng MD Board Member	3 0 0 0	X						0	0	0
Harris Goodman MD Vice Chair	3 0 0 0	X		X				0	0	0
Robert Harvey MD Secretary	3 0 0 0	X		X				0	0	0
Daniel Lentz MD Board Chair	3 0 0 0	X		X				0	0	0
David J Malone MD Vice-Chair	3 0 0 0	X		X				0	0	0
Alan Fox CFO/ Treasurer (thru 2/3/17)	40 0 0 0			X				311,894	0	65,578

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
David Klein President & CEO	40.00 0.00			X				586,971	0	78,515
Clifford Loader Interim CFO	40.00 0.00			X				0	0	0
Charlene Battaglia Senior Director - Nursing	40.00 0.00				X			205,863	0	24,945
Jae Chun VP Strategy & Service Line Ops	40.00 0.00				X			352,522	0	53,790
Bradley Grote Senior Director-Nursing Operat	40.00 0.00				X			230,056	0	37,944
Kathleen Jordan MD VP CMO	40.00 0.00				X			391,193	0	59,509
Raymond Miller Director-Pharmacy	40.00 0.00				X			208,975	0	44,340
Tracey Pierce VP, HR	40.00 0.00				X			367,196	0	61,283
Jill Welton VP Quality/CNO	40.00 0.00				X			322,092	0	68,652
Abbie Yant Vice President Comm Advocacy H	40.00 0.00				X			187,264	0	53,842

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Kevin Causey Foundation President	40 0 0 0					X		260,193	0	47,638
Frances T L Chee Registered Nurse	40 0 0 0					X		268,672	0	47,202
Albina Guerrero Registered Nurse	40 0 0 0					X		238,121	0	48,260
Bradford K Moy Medical Director	40 0 0 0					X		304,880	0	46,933
Isatou E Njie Staff Nurse II	40 0 0 0					X		255,078	0	44,387

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Saint Francis Memorial Hospital

Employer identification number
94-1156295

Part I **Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))

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

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

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

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

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

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

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

_____

10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s)

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

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, 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
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2015 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2016.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test—2015.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2015.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 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) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2016** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2015** Schedule A, Part III, line 17	18	

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
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

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

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

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

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

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

Part VI **Supplemental Information.**

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

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493129006448

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

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	Employer identification number
Saint Francis Memorial Hospital	94-1156295

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

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

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

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

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

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

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

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
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-		

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

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
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		17,499
j	Total Add lines 1c through 1i			17,499
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV **Supplemental Information**

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

Return Reference	Explanation
PART II - B, Line 1	LOBBYING EXPENDITURES PAID BY THE PARENT ORGANIZATION FOR ANNUAL MEMBERSHIP DUES WHERE EXPENSES ARE ALLOCATED TO THE HOSPITAL DIGNITY FUND COALITION $ 1,000 CATHOLIC HEALTH ASSOCIATION $ 1,670 AMERICAN HOSPITAL ASSOCIATION $ 2,320 HOSPITAL ASSOCIATION OF SO CAL $12,420 340B HEALTH (FORMERLY SAFETY NET HOSPTALS) $ 89 ------- TOTAL $17,499 =======

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Saint Francis Memorial Hospital

Employer identification number
94-1156295

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

Part V Endowment Funds. Complete if the organization answered "Yes" 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	39,180,096	41,498,514	41,664,814	36,767,665	34,688,666
b Contributions			200	94,403	27,052
c Net investment earnings, gains, and losses	3,402,898	-1,372,418	970,214	4,859,064	3,479,952
d Grants or scholarships					
e Other expenditures for facilities and programs		946,000	1,136,714	56,318	1,428,005
f Administrative expenses					
g End of year balance	42,582,994	39,180,096	41,498,514	41,664,814	36,767,665

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ 38 000 %
- c Temporarily restricted endowment ▶ 62 000 %

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

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

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' 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	0	2,094,567		2,094,567
b Buildings	0	149,363,452	85,779,567	63,583,885
c Leasehold improvements	0	258,262	253,654	4,608
d Equipment	0	74,401,065	60,635,753	13,765,312
e Other	0	4,724,833		4,724,833
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				84,173,205

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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) UNCONSOLIDATED FOUNDATION	86,006,137	F
(2) OWNERSHIP IN HEALTH-RELATED	1,161,453	F
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶	87,167,590	

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
DUE TO RELATED PARTIES	21,486,004
PENSION LIABILITY	2,730,937
OTHER NON CURRENT LIABILITIES	487,505
DEFERRED COMPENSATION	36,867
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	24,741,313

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 94-1156295
Name: Saint Francis Memorial Hospital

Supplemental Information

Return Reference	Explanation
Sch D, Part V, Line 4	THE ENDOWMENT FUNDS ARE INTENDED TO BE USED TO SUPPORT THE HOSPITAL'S HEALTHCARE NEEDS AND OTHER HOSPITAL PROGRAM NEEDS

Supplemental Information

Return Reference	Explanation
Sch D, Part X, Line 2 - FIN 48 (ASC 740) FOOTNOTE	DIGNITY HEALTH REVIEWS ITS TAX POSITIONS ANNUALLY AND HAS DETERMINED THAT THERE ARE NO MAT ERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION IN THE ACCOMPANYING CONSOLIDATED FI NANCIAL STATEMENTS

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Saint Francis Memorial Hospital

Employer identification number
94-1156295

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year			
	☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care	3a	Yes	
	☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %			
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	
	☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☑ Other 500 %			
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)		2,178	3,055,803	0	3,055,803	1 220 %
b Medicaid (from Worksheet 3, column a)		16,879	70,146,993	34,635,767	35,511,226	14 210 %
c Costs of other means-tested government programs (from Worksheet 3, column b)		246	253,785	74,268	179,517	0 070 %
d **Total** Financial Assistance and Means-Tested Government Programs		19,303	73,456,581	34,710,035	38,746,546	15 500 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	8	2,246	237,863	248,059	0	0 %
f Health professions education (from Worksheet 5)	3	810	446,135	302,375	143,760	0 060 %
g Subsidized health services (from Worksheet 6)	3	1,052	1,174,023	632,256	541,767	0 220 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	4	38	265,773	1,350	264,423	0 110 %
j **Total.** Other Benefits	18	4,146	2,123,794	1,184,040	949,950	0 390 %
k **Total.** Add lines 7d and 7j	18	23,449	75,580,375	35,894,075	39,696,496	15 890 %

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
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building	1	2	5,550	0	5,550	0 %
7 Community health improvement advocacy						
8 Workforce development	2	59	1,301	0	1,301	0 %
9 Other						
10 Total	3	61	6,851	0	6,851	0 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

			Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15?	1	Yes	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount 2 3,005,089			
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit 3 0			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements			

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	45,666,172
6	Enter Medicare allowable costs of care relating to payments on line 5	6	66,678,842
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-21,012,670
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	9a	Yes	
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	9b	Yes	

Part IV Management Companies and Joint Ventures

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

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

Part V Facility Information

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? **1**

	Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group Saint Francis Memorial Hospital

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

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

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Saint Francis Memorial Hospital

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	**13**	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a ☑	Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 % and FPG family income limit for eligibility for discounted care of 500 %			
b ☐	Income level other than FPG (describe in Section C)			
c ☑	Asset level			
d ☑	Medical indigency			
e ☑	Insurance status			
f ☑	Underinsurance discount			
g ☐	Residency			
h ☐	Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	**14**	Yes	
15	Explained the method for applying for financial assistance?	**15**	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a ☑	Described the information the hospital facility may require an individual to provide as part of his or her application			
b ☑	Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c ☑	Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d ☑	Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e ☐	Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	**16**	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☑	The FAP was widely available on a website (list url) SEE SECTION C			
b ☑	The FAP application form was widely available on a website (list url) SEE SECTION C			
c ☑	A plain language summary of the FAP was widely available on a website (list url) SEE SECTION C			
d ☑	The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e ☑	The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f ☑	A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g ☑	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			
h ☑	Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i ☑	The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j ☑	Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

Saint Francis Memorial Hospital

Name of hospital facility or letter of facility reporting group

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	**17**	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ 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			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ 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			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a ☑ 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 ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c ☑ Processed incomplete and complete FAP applications			
d ☑ Made presumptive eligibility determinations			
e ☐ Other (describe in Section C)			
f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

Saint Francis Memorial Hospital

Name of hospital facility or letter of facility reporting group

		Yes	No
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? **23**		No
	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? **24**		No
	If "Yes," explain in Section C		

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 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
See Add'l Data	

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? **1**

	Name and address	Type of Facility (describe)
1	SMI Imaging LLC 6740 E Camelback Road Suite 101 Scottsdale, AZ 85251	imaging
2		
3		
4		
5		
6		
7		
8		
9		
10		

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7	FOR PURPOSES OF CALCULATING THE AMOUNTS PROVIDED IN THE TABLE, SFMH USES A COST ACCOUNTING SYSTEM THAT COMBINES RELATIVE VALUE UNITS (RVU) AND COST TO CHARGE RATIOS (CCR) TO ALLOCATE COSTS TO THE PATIENT LEVEL THE COST ACCOUNTING SYSTEM ALGORITHM ALLOCATES TOTAL OPERATING EXPENSES TO THE PROCEDURE CHARGE CODE LEVEL BASED UPON AN RVU FOR PROCEDURES THAT HAVE BEEN STUDIED AND ASSIGNED AN RVU, OR BASED UPON A CCR FOR UNSTUDIED PROCEDURES THAT DO NOT HAVE AN RVU ASSIGNED WHEN A CCR IS USED, THE SYSTEM CALCULATES THAT CCR ON A DEPARTMENTAL SPECIFIC BASIS AT WHERE THE SERVICES WERE PROVIDED THE CALCULATION IS SIMILAR TO THE WORKSHEET 2 OF SCHEDULE H, RATIO OF PATIENT CARE COST TO CHARGES, EXCEPT IT IS CALCULATED ON A DEPARTMENTAL SPECIFIC BASIS, NOT IN THE AGGREGATE THE ALLOCATED PROCEDURE CHARGE CODE LEVEL COSTS ARE THEN ROLLED UP TO THE PATIENT LEVEL BASED UPON THE BILLED PROCEDURE CHARGE CODES ASSOCIATED WITH THOSE SERVICES PROVIDED TO EACH SPECIFIC PATIENT THIS IS DONE FOR ALL PATIENT SEGMENTS INCLUDING INPATIENT, OUTPATIENT, EMERGENCY DEPARTMENT, PRIVATE INSURANCE, MEDICAID, MEDICARE, UNINSURED AND SELF PAY THE COST ACCOUNTING SYSTEM IS UTILIZED TO DETERMINE THE UNREIMBURSED COST OF MEDICAID AND OTHER MEANS-TESTED GOVERNMENT PROGRAMS THE COST OF CHARITY CARE IS CALCULATED BY APPLYING THE CCR DERIVED FROM THE COST ACCOUNTING SYSTEM ON A PER FACILITY BASIS, TO THE CHARGES INCURRED ON PATIENTS THAT QUALIFY FOR CHARITY CARE AT THE RESPECTIVE FACILITY THE ACTUAL COST IS REPORTED FOR OTHER COMMUNITY BENEFIT ACTIVITIES SUCH AS COMMUNITY HEALTH IMPROVEMENT SERVICES, COMMUNITY BENEFIT OPERATIONS, HEALTH PROFESSIONS EDUCATION, SUBSIDIZED HEALTH SERVICES, RESEARCH AND CASH AND IN-KIND DONATIONS SCHEDULE H, PART I, LINE 7B, COLUMN (F) BEGINNING IN 2009, THE STATE OF CALIFORNIA ESTABLISHED PROVIDER FEE PROGRAMS THESE PROGRAMS ARE FUNDED BY QUALITY ASSURANCE FEES PAID BY PARTICIPATING HOSPITALS AND MATCHING FEDERAL FUNDS SFMH RECOGNIZED QUALITY ASSURANCE FEES DURING THE YEAR OF $9 38 MILLION WHICH ARE INCLUDED IN TOTAL COMMUNITY BENEFIT EXPENSE RELATED TO UNREIMBURSED MEDICAID (PART I, LINE 7B, COLUMN C), AND RECOGNIZED FEE-FOR-SERVICE SUPPLEMENTAL PAYMENTS OF $10 92 MILLION DURING THE YEAR REFLECTED UNDER THE MEDICAID PROGRAM AS DIRECT OFFSETTING REVENUE (PART I, LINE 7B, COLUMN D) THIS NET INCREASE IN THE COST OF THE MEDICAID PROGRAM IS DRIVING THE INCREASE IN THE OVERALL COST OF COMMUNITY BENEFIT EXPENSE AS A PERCENT OF TOTAL EXPENSES WHEN COMPARED TO PRIOR YEARS THE CALIFORNIA HOSPITAL ASSOCIATION CREATED A PRIVATE PROGRAM, THE CALIFORNIA HEALTH FOUNDATION AND TRUST ("CHFT"), ESTABLISHED FOR SEVERAL PURPOSES, INCLUDING AGGREGATING AND DISTRIBUTING FINANCIAL RESOURCES TO SUPPORT CHARITABLE ACTIVITIES AT VARIOUS HOSPITALS AND HEALTH SYSTEMS IN CALIFORNIA DURING THE YEAR, SFMH RECORDED A PLEDGE TO A GRANT FUND ESTABLISHED BY CHFT IN THE AMOUNT $0 05 MILLION THE GRANT IS REPORTED UNDER OTHER BENEFITS (PART I, LINE 7I, COLUMN C), AS CASH AND IN-KIND CONTRIBUTIONS TO COMMUNITY GROUPS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part II - Community Building Activities	SAINT FRANCIS MEMORIAL HOSPITALS EFFORTS TO PROMOTE THE HEALTH OF THE COMMUNITIES IT SERVES EXTEND BEYOND PROVIDING HEALTH CARE SERVICES SAINT FRANCIS MEMORIAL HOSPITAL TAKES A PROACTIVE APPROACH TO ADDRESSING THE SOCIAL, ECONOMIC AND ENVIRONMENTAL BARRIERS TO GOOD HEALTH, AND SUPPORTS THE WORLD HEALTH ORGANIZATION DEFINITION OF HEALTH AS A STATE OF COMPLETE PHYSICAL, MENTAL AND SOCIAL WELL-BEING, NOT MERELY THE ABSENCE OF DISEASE OR INFIRMITY SAINT FRANCIS MEMORIAL HOSPITAL SERVES AS MEMBERS OF COMMUNITY COALITIONS THAT FOCUS ON THE WELL-BEING OF SAN FRANCISCO AND THE TENDERLOIN NEIGHBORHOOD COALITION BUILDING - UNDER COALITION BUILDING IS THE SAN FRANCISCO HEP B FREE, WHICH IS A CITYWIDE CAMPAIGN, CREATED TO EDUCATE, TEST, VACCINATE AND TREAT SAN FRANCISCO ASIAN AND PACIFIC ISLANDER (API) RESIDENTS OF HEPATITIS B (HBV) SAINT FRANCIS MEMORIAL HOSPITAL ALONG WITH OTHER COMMUNITY ORGANIZATIONS, HOSPITAL AND THE SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH ARE COLLABORATING TO PROVIDE CONVENIENT, FREE OR LOW-COST TESTING OPPORTUNITES AT STREET FAIRS AND CLINICS WORKFORCE DEVELOPMENT - SAINT FRANCIS MEMORIAL HOSPITAL HAS PARTNERSHIPS WITH LOCAL HIGH SCHOOLS, COMMUNITY COLLEGES AND UNIVERSITIES TO ADDRESS HEALTH CARE WORKFORCE SHORTAGES, OFFERING HEALTH CAREER MENTORING PROJECTS AND PROVIDING SCHOOL-BASED AND COMMUNITY PROGRAMS THAT DRIVE ENTRY INTO HEALTH CAREERS AND NURSING PRACTICE

Form and Line Reference	Explanation
Schedule H, Part III - BAD DEBT, MEDICARE & COLLECTION PRACTICES	SCHEDULE H, PART III, LINE 2 THE AMOUNT OF THE ORGANIZATION'S BAD DEBT AT COST IS DETERMIN ED BY APPLYING THE CCR (SEE SCHEDULE H, PART I, LINE 7) TO PATIENT CHARGES THAT ARE DEEMED TO BE UNCOLLECTIBLE THIS AMOUNT REPRESENTS THE COST OF SERVICES PROVIDED TO PATIENTS WHO ARE UNABLE OR REFUSE TO PAY THEIR BILLS AND DO NOT QUALIFY FOR FREE OR DISCOUNTED CARE, G OVERNMENT SPONSORED PROGRAMS OR OTHER FINANCIAL ASSISTANCE, AND ARE OTHERWISE UNINSURED A NY PORTION OF A PATIENT BILL REMAINING AFTER APPLYING FINANCIAL, UNINSURED OR OTHER DISCOU NTS OR PAYMENTS RECEIVED ON THE ACCOUNT THAT ARE ULTIMATELY DETERMINED TO BE UNCOLLECTIBLE ARE WRITTEN OFF TO BAD DEBT AS NOTED IN PART I, LINE 3, SFMH PROVIDES FREE OR DISCOUNTED CARE TO UNINSURED OR UNDER-INSURED INDIVIDUALS THAT FALL INTO THREE CATEGORIES, UNDER 200 %, 201%-350% OR 351%-500% OF THE FEDERAL POVERTY LEVEL SFMH ALSO PROVIDES PATIENTS OPTION S FOR PROMPT PAY DISCOUNTS, AND INTEREST-FREE EXTENDED PAYMENT PLANS FOR PATIENTS WHO HAVE DEMONSTRATED GOOD FAITH AND ARE COOPERATING IN RESOLVING THEIR HOSPITAL BILLS ALL ACCOUN TS FOR ELIGIBLE UNINSURED PATIENTS RECEIVE AN AUTOMATIC UNINSURED DISCOUNT OF 30% THE EXP ECTED PATIENT PAYMENT AMOUNT ON THE PATIENT'S BILL REFLECTS THIS DISCOUNT DISCOUNTS ARE A CCOUNTED FOR AS DEDUCTIONS FROM REVENUE, NOT AS BAD DEBT EXPENSE SCHEDULE H, PART III, LI NE 3 SFMH MAKES EVERY EFFORT IN DETERMINING IF A PATIENT QUALIFIES FOR FINANCIAL ASSISTANC E UPON ADMISSION SFMH FOLLOWS DIGNITY HEALTH'S FINANCIAL ASSISTANCE POLICY DIGNITY HEALT H'S FINANCIAL ASSISTANCE POLICY IS COMMUNICATED TO PATIENTS UPON ADMISSION AND IS AVAILABL E IN THE LANGUAGES PRIMARILY SPOKEN IN THE COMMUNITY IT IS ALSO POSTED IN VARIOUS COMMON AREAS OF THE HOSPITAL, SUCH AS EMERGENCY ROOMS, URGENT CARE CENTERS, ADMITTING AND REGISTR ATION DEPARTMENTS, HOSPITAL BUSINESS OFFICES LOCATED ON FACILITY CAMPUSES, AND OTHER PUBLI C PLACES, AND IS PROVIDED UPON BILLING IF ELIGIBILITY IS NOT PREVIOUSLY DETERMINED ELIGIB ILITY IS REEVALUATED AS NEEDED AND AMOUNTS ARE CLASSIFIED AS CHARITY AS SOON AS ELIGIBILIT Y IS KNOWN DIGNITY HEALTH ALSO UTILIZES A PAYMENT ASSISTANCE RANK ORDERING (PARO) SCORING SYSTEM TO ASSIST IN DETERMINING IF AN UNINSURED PATIENT MAY QUALIFY FOR PAYMENT ASSISTANC E EVEN THOUGH THEY HAVE NOT APPLIED FOR IT PARO IS A METHODOLOGY THAT APPLIES CONSISTENT SCREENING AND APPLICATION STANDARDS TO ALL UNINSURED PATIENTS UTILIZING HISTORICAL DATA TO DEVELOP A PREDICTIVE MODEL FOR HEALTHCARE FINANCIAL ASSISTANCE IN ITS DEVELOPMENT, SPECI AL ATTENTION WAS PAID TO THOSE SOCIOECONOMIC FACTORS THAT MIGHT ADVERSELY AFFECT THOSE PAT IENTS DESERVING THE MOST ATTENTION OTHER CRITERIA ARE ALSO UTILIZED TO ENSURE THAT NO SER VICES THAT HAVE QUALIFIED AS FINANCIAL ASSISTANCE WERE REPORTED AS BAD DEBT AS SUCH, SFMH DOES NOT BELIEVE THAT ANY AMOUNTS INCLUDED IN PART III, LINE 2, ARE ATTRIBUTABLE TO PATIE NTS ELIGIBLE UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY, AND THEREFORE, NO PORTI ON OF BAD DEBT EXPENSE IS INCLUDED AS COMMUNITY BENEFIT EXPENSE SCHEDULE H, PART III, LIN E 4 THE FOLLOWING IS AN EXCERPT FROM DIGNITY HEALTH AND ITS SUBORDINATE CORPORATIONS' CONS OLIDATED ANNUAL AUDITED FINANCIAL STATEMENTS FOR THE YEAR ENDED JUNE 30, 2017, RELATED TO ACCOUNTS RECEIVABLE AND ALLOWANCES FOR CHARITY AND DOUBTFUL ACCOUNTS PATIENT ACCOUNTS REC EIVABLE AND NET PATIENT SERVICE REVENUE ARE REPORTED AT THE NET REALIZABLE AMOUNT FROM PAT IENTS, THIRD-PARTY PAYORS, AND OTHERS FOR SERVICES RENDERED SFMH MANAGES ITS COLLECTION R ISK BY REGULARLY REVIEWING ITS ACCOUNTS AND CONTRACTS AND BY PROVIDING APPROPRIATE ALLOWAN CES RESERVES FOR CHARITY AND UNCOLLECTIBLE AMOUNTS HAVE BEEN ESTABLISHED AND ARE NETTED A GAINST PATIENT ACCOUNTS RECEIVABLE IN THE CONSOLIDATED BALANCE SHEET SCHEDULE H, PART III , LINE 8 SFMH PREPARES MEDICARE COST REPORTS IN A MANNER THAT COMPORTS WITH PROVIDER REIMB URSEMENT MANUAL (PRM) 15-1, 2150FF AND PRM 15-2, 1000FF AS SUCH, THE FOLLOWING LANGUAGE P ER THE PRM 15-1 DESCRIBES THE COMPUTATION OF COSTS PER THE MEDICARE COST REPORT TOTAL ALL OWABLE COSTS OF A PROVIDER ARE APPORTIONED BETWEEN PROGRAM BENEFICIARIES AND OTHER PATIENT S SO THAT THE SHARE BORNE BY THE PROGRAM IS BASED UPON ACTUAL SERVICES RECEIVED BY PROGRAM BENEFICIARIES THE RATIO OF COVERED BENEFICIARY CHARGES TO TOTAL PATIENT CHARGES FOR THE SERVICES OF EACH ANCILLARY DEPARTMENT IS APPLIED TO THE COST OF THE DEPARTMENT ADDED TO T HIS AMOUNT IS THE COST OF ROUTINE SERVICES FOR PROGRAM BENEFICIARIES, DETERMINED ON THE BA SIS OF A SEPARATE AVERAGE COST PER DIEM FOR ALL PATIENTS FOR GENERAL ROUTINE PATIENT CARE AREAS ANOTHER FACTOR TO BE CONSIDERED IS A SEPARATE AVERAGE COST PER DIEM FOR INTENSIVE C ARE UNIT, CORONARY CARE UNIT, AND OTHER SPECIAL CARE INPATIENT HOSPITAL UNITS DIGNITY HEA LTH BELIEVES THAT THE ENTIRE MEDICARE SHORTFALL OF $1 2 BILLION, AS REPORTED BELOW IN PART VI, LINE 6, CONSTITUTES COMMUNITY BENEFIT THE IRS COMMUNITY BENEFIT STANDARD INCLUDES TH E PROVISION OF CARE TO THE ELDERLY AND MEDICARE PA

Form and Line Reference	Explanation
Schedule H, Part III - BAD DEBT, MEDICARE & COLLECTION PRACTICES	TIENTS MEDICARE SHORTFALLS MUST BE ABSORBED BY DIGNITY HEALTH HOSPITALS IN ORDER TO CONTI NUE TREATING THE ELDERLY IN OUR COMMUNITIES THE HOSPITALS PROVIDE CARE REGARDLESS OF THIS SHORTFALL AND THEREBY RELIEVE THE FEDERAL GOVERNMENT OF THE BURDEN OF PAYING THE FULL COS T FOR MEDICARE BENEFICIARIES THIS SHORTFALL INCLUDES $21 MILLION REPORTED ON PART III, SE CTION B, LINE 7, PRIMARILY FOR FEE FOR SERVICE MEDICARE PATIENTS, AS WELL AS THE UNREIMBUR SED PORTION OF MEDICARE MANAGED CARE AND MEDICARE CAPITATED PROGRAMS FOR SFMH SCHEDULE H, PART III, LINE 9B SFMH ENSURES THAT PATIENT ACCOUNTS ARE PROCESSED FAIRLY AND CONSISTENTL Y SFMH FOLLOWS DIGNITY HEALTH'S BILLING AND COLLECTION POLICY DIGNITY HEALTH'S COLLECTIO N POLICY CONTAINS PROVISIONS THAT PROHIBIT THE COLLECTION OF AMOUNTS DUE FROM PATIENTS WHO M THE ORGANIZATION KNOWS QUALIFY FOR FINANCIAL ASSISTANCE ACCOUNTS WITH INCORRECT OR INCO MPLETE DEMOGRAPHIC INFORMATION ARE ASSIGNED TO A COLLECTION AGENCY IF SFMH OR THE BILLING COMPANY RETAINED BY DIGNITY HEALTH IS UNABLE TO OBTAIN AN UPDATED ADDRESS THROUGH SKIP TRA CING OR OTHER MEANS FOR PATIENTS WHO HAVE AN APPLICATION PENDING FOR EITHER GOVERNMENT-SP ONSORED FINANCIAL ASSISTANCE OR FOR ASSISTANCE UNDER DIGNITY HEALTH'S PATIENT FINANCIAL AS SISTANCE POLICY, OR WHERE THE PATIENT IS ATTEMPTING IN GOOD FAITH TO SETTLE AN OUTSTANDING BILL WITH THE FACILITY VIA PAYMENT PLANS, SFMH WILL NOT KNOWINGLY SEND THAT PATIENT'S BIL L TO AN OUTSIDE COLLECTION AGENCY LEGAL ACTION WILL NOT BE PURSUED TO COLLECT DEBTS FROM PATIENTS WHO HAVE QUALIFIED FOR CHARITY OR ARE COOPERATING IN GOOD FAITH TO RESOLVE THEIR DEBT ON SELF-PAY ACCOUNTS THAT DO NOT MEET THE CRITERIA NOTED ABOVE, THE INITIAL DETERMIN ATION OF ASSIGNMENT TO A COLLECTION AGENCY WILL VARY DEPENDING ON THE NATURE OF THE ACCOUN T WITH THE FINAL DECISION BEING AT THE DISCRETION OF THE BILLING COMPANY RETAINED BY DIGNI TY HEALTH UPON ASSIGNMENT OF SUCH A PATIENT ACCOUNT TO A COLLECTION AGENCY, SFMH REQUIRES THE AGENCY TO COMPLY WITH THE FAIR DEBT COLLECTION PRACTICES ACT

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 - Needs Assessment	IN ADDITION TO CONDUCTING A COMMUNITY HEALTH NEEDS ASSESSMENT AT LEAST EVERY THREE YEARS, SAINT FRANCIS MEMORIAL HOSPITAL CONTINUOUSLY ASSESSES THE HEALTH NEEDS OF THE COMMUNITIES IT SERVES BY WORKING COLLABORATIVELY WITH LOCAL SAN FANCISCO DEPARTMENT OF PUBLIC HEALTH, FEDERALLY QUALIFIED HEALTH CENTERS, NON-PROFIT CLINICS, AND OTHER HEALTH, SOCIAL SERVICE AND COMMUNITY-BASED ORGANIZATIONS SAINT FRANCIS MEMORIAL HOSPITAL ALSO GAINS AND MAINTAINS KNOWLEDGE OF HEALTH NEEDS IN PART THROUGH REFERRAL RELATIONSHIPS, SERVICE PLANNING ACTIVITIES, COMMUNITY HEALTH PARTNERSHIPS, AND LOCAL ADVOCACY CONDUCTED IN CONJUNCTION WITH COMMUNITY PARTNERS SPECIFICALLY THROUGH THE TENDERLOIN HEALTH IMPROVEMENT PARTNERSHIP (TLHIP), SAINT FRANCIS MEMORIAL HOSPITAL AND THE SAINT FRANCIS FOUNDATION HOST REGULAR PARTNER ALIGNMENT CONFERENCES, CONVENING COMMUNITY-BASED ORGANIZATIONS AND REPRESENTATIVES FROM PUBLIC AND PRIVATE AGENCIES TO REVIEW SHARED CONTRIBUTIONS AND STRATEGIES TO ADDRESS HEALTH NEEDS IDENTIFIED BY TENDERLOIN RESIDENTS TO HELP FURTHER UNDERSTAND THE NEEDS OF THE TENDERLOIN AND CENTRAL MARKET NEIGHBORHOOD AND INFORM HEALTH IMPROVEMENT STRATEGIES LED BY COMMUNITY-BASED ORGANIZATIONS, POLICY MAKERS AND RESIDENTS, THE CENTRAL MARKET TENDERLOIN DATA PORTAL (CMTL) WAS CREATED BY THE SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH IN PARTNERSHIP WITH TLHIP AND THE SAN FRANCISCO OFFICE OF ECONOMIC AND WORKFORCE DEVELOPMENT (OEWD) FOR MORE INFORMATION, VISIT HTTP //WWW CMTLDATA ORG/ SAINT FRANCIS MEMORIAL HOSPITAL CREATES AND MAKES WIDELY AVAILABLE TO THE PUBLIC ANNUAL COMMUNITY BENEFIT REPORTS THAT SUMMARIZE IDENTIFIED HEALTH NEEDS, UPDATE COMMUNITY DEMOGRAPHIC INFORMATION, AND REPORT ON RECENT AND PLANNED COMMUNITY HEALTH PROGRAMS, INCLUDING GOALS, OBJECTIVES AND MEASURABLE RESULTS IN ADDITION, SAINT FRANCIS MEMORIAL HOSPITAL USES DATA ON ADMISSIONS FOR AMBULATORY CARE SENSITIVE CONDITIONS THAT EVIDENCE SUGGESTS COULD HAVE BEEN AVOIDED, AT LEAST IN PART, THROUGH MORE ROBUST COMMUNITY ACCESS TO OR USE OF PRIMARY AND PREVENTIVE CARE RESOURCES SAINT FRANCIS MEMORIAL HOSPITAL ALSO MAKES FULL USE OF DIGNITY HEALTHS COMMUNITY NEEDS INDEX (CNI), A TOOL DEVELOPED IN PARTNERSHIP WITH TRUVEN HEALTH ANALYTICS WHICH PROVIDES AN AGGREGATE SCORE OF THE SOCIOECONOMIC BARRIERS THAT PUT RESIDENTS AT GREATER RISK OF NEEDING HEALTH SERVICES THE CNI AGGREGATES NINE INDICATORS INTO FIVE SOCIOECONOMIC FACTORS KNOWN TO CONTRIBUTE TO HEALTH DISPARITY THE FIVE INCLUDE INCOME, CULTURE/LANGUAGE, EDUCATION, HOUSING STATUS, AND INSURANCE COVERAGE THE INDEX IS CALCULATED ANNUALLY FOR EVERY ZIP CODE IN THE UNITED STATES RESIDENTS OF COMMUNITIES WITH THE HIGHEST CNI SCORES WERE SHOWN TO BE TWICE AS LIKELY TO EXPERIENCE PREVENTABLE HOSPITALIZATION FOR MANAGABLE CONDITIONS AS COMMUNITIES WITH THE LOWEST CNI SCORES THE CNI PROVIDES COMPELLING EVIDENCE FOR ADDRESSING SOCIOECONOMIC BARRIERS WHEN CONSIDERING HEALTH POLICY AND LOCAL HEALTH PLANNING THE TOOL HIGHLIGHTS HEALTH CARE DISPARITIES AND ENABLES HEALTH CARE PROVIDERS, POLICYMAKERS, AND OTHERS TO TARGET RESOURCES WHERE THEY ARE MOST NEEDED ADDITIONAL INFORMATION ABOUT THE CNI IS ACCESSIBLE AT HTTPS //WWW DIGNITYHEALTH ORG/ABOUT-US/COMMUNITY-HEALTH/COMMUNITY-HEALTH-P ROGRAMS-AND-REPORTS THE DIGNITY HEALTH CNI FINDINGS ARE IN ALIGNMENT WITH THE OTHER HEALTH INDICATOR DATA FOUND ON THE SFHIP ORG WEBSITE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 3 - Patient Education	PATIENT EDUCATION OF ELIGIBILITY FOR COMMUNICATION OF THE FINANCIAL ASSISTANCE PROGRAM TO PATIENTS AND THE PUBLIC SFMH FOLLOWS DIGNITY HEALTH'S FINANCIAL ASSISTANCE PROGRAM INFORMATION ABOUT DIGNITY HEALTH'S FINANCIAL ASSISTANCE PROGRAM AND A CONTACT NUMBER ARE MADE AVAILABLE TO PATIENTS AND THE PUBLIC PATIENTS ARE INFORMED OF THE SFMH'S FINANCIAL ASSISTANCE PROGRAM VIA SIGNAGE IN ALL ADMITTING AREAS AND IN VARIOUS COMMON AREAS OF THE HOSPITAL FINANCIAL ASSISTANCE PROGRAM INFORMATION NOTICES ARE POSTED IN THE EMERGENCY AND ADMITTING DEPARTMENTS AND AT OTHER PUBLIC PLACES AS SFMH MAY ELECT SUCH INFORMATION IS PROVIDED IN THE PRIMARY LANGUAGES SPOKEN IN THE COMMUNITIES SFMH SERVES THE SIGNAGE INCLUDES NOTIFICATION THAT ALL UNINSURED PATIENTS RECEIVE AN UNINSURED DISCOUNT OF 30%, AND THAT FURTHER DISCOUNTS MAY BE PROVIDED UPON THE COMPLETION AND SUBMISSION OF A FINANCIAL ASSISTANCE APPLICATION OR WITH PROMPT PAYMENT FINANCIAL ASSISTANCE INFORMATION, GOVERNMENT PROGRAM RESOURCE INFORMATION, TOOLS TO ASSIST PATIENTS IN FINDING HEALTH COVERAGE, ANSWERS TO FREQUENTLY ASKED BILLING QUESTIONS, AND OTHER SUCH INFORMATION CAN ALSO BE FOUND ON SFMH'S WEBSITE AT HTTPS //WWW DIGNITYHEALTH ORG/BAYAREA/LOCATIONS/SAINTFRANCIS/PATIENTS-AND-VISITORS/FOR-PATIENTS/BILLING-AND-PAYMENT/FINANCIAL-ASSISTANCE AND ALSO ON DIGNITY HEALTH'S WEBSITE AT WWW DIGNITYHEALTH ORG AT THE POINT OF REGISTRATION, BROCHURES ARE MADE AVAILABLE TO ALL PATIENTS EXPLAINING THE FACILITY'S FINANCIAL ASSISTANCE PROGRAM AND THE AVAILABILITY OF GOVERNMENT SPONSORED PROGRAMS COPIES OF THE FINANCIAL ASSISTANCE APPLICATION ARE MADE AVAILABLE TO ALL UNINSURED PATIENTS IN ADDITION TO THE BROCHURE UPON ADMISSION TO THE FACILITY IF FINANCIAL ASSISTANCE ELIGIBILITY IS NOT DETERMINED PRIOR TO BILLING, INITIAL BILLING STATEMENTS TO UNINSURED PATIENTS INCLUDE A REQUEST TO THE PATIENT TO PROVIDE ANY INSURANCE INFORMATION THAT WAS VALID FOR THE DATES OF SERVICE BILLED, A STATEMENT INFORMING PATIENTS WITHOUT INSURANCE COVERAGE THAT THEY MAY BE ELIGIBLE FOR A GOVERNMENT SPONSORED PROGRAM OR FACILITY FUNDED FINANCIAL ASSISTANCE, INSTRUCTIONS ON HOW TO APPLY FOR A GOVERNMENT PROGRAM OR FINANCIAL ASSISTANCE AND THE PROVISION OF SUCH APPLICATIONS ADDITIONALLY, CONTRACT TERMS WITH COLLECTION VENDORS WORKING ON BEHALF OF SFMH REQUIRES ALL INITIAL STATEMENTS TO UNINSURED PATIENTS TO INCLUDE VERBIAGE INFORMING PATIENTS OF THE FACILITY'S FINANCIAL ASSISTANCE PROGRAM AND A COPY OF THE FINANCIAL ASSISTANCE APPLICATION ALSO, ANY MEMBER OF THE SFMH STAFF OR MEDICAL STAFF MAY MAKE REFERRALS OF PATIENTS FOR FINANCIAL ASSISTANCE THE PATIENT, A FAMILY MEMBER, A CLOSE FRIEND OR AN ASSOCIATE OF THE PATIENT MAY ALSO MAKE A REQUEST FOR FINANCIAL ASSISTANCE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 - Community Information	SFMH IS THE ONLY HOSPITAL LOCATED IN DOWNTOWN SAN FRANCISCO PATIENTS' ACCESSING THE HOSPITAL'S SERVICES ENCOMPASSES BOTH THE CITY'S RICHEST TO POOREST RESIDENTS THE HOSPITAL PRIMARILY SERVES SAN FRANCISCO, HOWEVER A NUMBER OF SPECIALIZED PROGRAMS DRAW PATIENTS FROM ALL OVER NORTHERN CALIFORNIA AND BEYOND SAN FRANCISCO IS DENSELY POPULATED AND BOASTS CULTURALLY DIVERSE NEIGHBORHOODS IN WHICH RESIDENTS SPEAK MORE THAN 12 DIFFERENT LANGUAGES PARTS OF SAN FRANCISCO (47 CENSUS TRACTS) ARE FEDERALLY-DESIGNATED AS MEDICALLY UNDERSERVED AREAS Total Population 881,944 Race/Ethnicity White - Non-Hispanic 40 4%, Black/African American - Non-Hispanic 4 9%, Hispanic or Latino 15 5%, Asian/Pacific Islander 35 2%, All Others 4 0% Median Income $90,141 Unemployment 4 7% No High School Diploma 12 7% Medicaid 22 7% Uninsured 5 9% OTHER AREA HOSPITALS 8

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 - Promotion of Community Health	SAN FRANCISCO HEALTH IMPROVEMENT PARTNERSHIP (SFHIP) - SAINT FRANCIS MEMORIAL HOSPITAL STAFF ARE ACTIVE IN THE SFHIP LEADERSHIP AND STEERING COMMITTEES SFHIP IS MOTIVATED BY A COMMON VISION, VALUES, AND COMMUNITY-IDENTIFIED HEALTH PRIORITIES AND AS SUCH SFHIP WILL DRIVE COMMUNITY HEALTH IMPROVEMENT EFFORTS IN SAN FRANCISCO THE ROAD MAP FOR SFHIP IS SAN FRANCISCOS COMMUNITY HEALTH IMPROVEMENT PLAN, THE DEVELOPMENT PROCESS FOR WHICH ENGAGED COMMUNITY RESIDENTS AND LOCAL PUBLIC HEALTH SYSTEM PARTNERS THE PLAN IDENTIFIES SAN FRANCISCOS HEALTH PRIORITIES AS WELL AS GOALS, OBJECTIVES, MEASURES, AND STRATEGIES FOR EACH PRIORITY THE SAINT FRANCIS MEMORIAL HOSPITAL COMMUNITY BENEFIT PLAN IS DESIGNED TO ALIGN WITH SFHIP PRIORITIES TENDERLOIN HEALTH IMPROVEMENT PARTNERSHIP (TLHIP) - SAINT FRANCIS MEMORIAL HOSPITAL CONTINUES TO PARTNER WITH THE SAINT FRANCIS FOUNDATION AS THE BACKBONE OF TLHIP TO STRENGTHEN AND ENHANCE THE CAPACITY OF TENDERLOIN ORGANIZATIONS USING A PLACE-BASED STRATEGY AND A FRAMEWORK THAT PROVIDES BETTER COORDINATION BETWEEN GOVERNMENT, BUSINESS, AND NON-PROFIT SECTORS, AND COMMUNITY TO CO-CREATE SOLUTIONS FOR DEEPER IMPACT ACROSS THE SOCIAL DETERMINANTS OF HEALTH THE THREE CORE COMMUNITY PRIORITIES OF SAFETY, COMMUNITY CONNECTIONS, AND OPPORTUNITIES FOR HEALTHY CHOICES, AND FIVE TLHIP FOCUS AREAS THE FOCUS AREAS ARE ACTIVE VIBRANT, SAFE, AND CLEAN SHARED SPACES, BEHAVIORAL HEALTH AND MENTAL HEALTH, RESIDENT HEALTH, ECONOMIC OPPORTUNITY AND AFFORDABLE RETAIL, AND HOUSING ACCESS SAN FRANCISCO HEP B FREE - SAINT FRANCIS MEMORIAL HOSPITAL CONTINUES TO BE AN ACTIVE PARTNER IN THE SAN FRANCISCO HEPATITIS B COALITION, PARTICIPATING IN COALITION ACTIVITIES INCLUDING SPONSORING THE ANNUAL GALA TO INCREASE AWARENESS OF HEPATITIS B SAN FRANCISCO HEP B FREE STARTED AS A CITYWIDE CAMPAIGN OVER 10 YEARS AGO TO CREATE, EDUCATE, TEST, VACCINATE AND TREAT SAN FRANCISCO ASIAN AND PACIFIC ISLANDER (API) RESIDENTS OF HEPATITIS B (HBV) PARTNERS INCLUDE COMMUNITY-BASED ORGANIZATIONS, HOSPITALS, BUSINESSES AND THE SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH AS A NOT-FOR-PROFIT HOSPITAL ORGANIZATION DEDICATED TO IMPROVING THE QUALITY OF LIFE, SAINT FRANCIS MEMORIAL HOSPITAL REINVESTS ALL OF ITS SURPLUS FUNDS FROM OPERATING AND INVESTMENT ACTIVITIES TO IMPROVE THE QUALITY OF PATIENT CARE, EXPAND AND REPLACE EXISTING FACILITIES AND EQUIPMENT, INVEST IN TECHNOLOGICAL ADVANCEMENTS, AND SUPPORT COMMUNITY HEALTH PROGRAMS THIS ACTIVE REINVESTMENT OF FUNDS MAKES IT POSSIBLE FOR SAINT FRANCIS MEMORIAL HOSPITAL TO DELIVER ON ITS MISSION, INCLUDING ENSURING THAT EVERYONE IN THE COMMUNITIES SERVED HAS ACCESS TO HEALTH CARE SAINT FRANCIS MEMORIAL HOSPITAL IS GOVERNED BY A BOARD OF TRUSTEES SPECIFIC COMMITTEES, INCLUDING THE COMMUNITY ADVISORY COMMITTEE, HAVE ORGANIZATIONAL POLICY-BASED ROLES TO SET PRIORITIES AND TO OVERSEE COMMUNITY BENEFIT AND HEALTH PROGRAMS THE BOARD OF TRUSTEES RECEIVES REGULAR REPORTS ON ACTIVITIES AND PERFORMANCE SAINT FRANCIS MEMORIAL HOSPITAL HAS AN OPEN MEDICAL STAFF WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS IN THE AREA IN ADDITION, SAINT FRANCIS MEMORIAL HOSPITAL FURTHERS ITS EXEMPT PURPOSE BY PROMOTING THE HEALTH OF THE COMMUNITY BY EXERCISING THE FOLLOWING - OPERATING AN EMERGENCY ROOM THAT IS OPEN TO ALL PERSONS REGARDLESS OF ABILITY TO PAY, - PARTNERING WITH HEALTHRIGHT360S TENDERLOIN HEALTH SERVICES (FORMERLY GLIDE HEALTH CLINIC), A FQHC SERVING THE UNDERSERVED IN THE TENDERLOIN NEIGHBORHOOD, - ENGAGING IN THE TRAINING AND EDUCATION OF HEALTH CARE PROFESSIONALS IN THE TENDERLOIN NEIGHBORHOOD

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 - Affiliated Health Care System	SFMH IS AFFILIATED WITH DIGNITY HEALTH AFFILIATES OF DIGNITY HEALTH ALSO PROMOTE THE HEALTH OF ADDITIONAL COMMUNITIES IN BAKERSFIELD, SAN BERNARDINO, SAN FRANCISCO, SAN ANDREAS, AND GRASS VALLEY/NEVADA CITY, CALIFORNIA THESE AFFILIATES FOLLOW PRACTICES SIMILAR TO THOSE NOTED ABOVE IN DETERMINING THE UNMET HEALTHCARE NEEDS OF THEIR COMMUNITIES TOTAL UNSPONSORED COMMUNITY BENEFIT EXPENSE FOR DIGNITY HEALTH AND ITS SUBORDINATE CORPORATIONS FOR THE YEAR ENDED JUNE 30, 2017, IS AS FOLLOWS Persons Net Comm % of Served Benefit Exp excl Bad Debt Benefits for the Poor Traditional Charity Care 88,031 98,807,000 0 8% Unpaid Costs of Medicaid/Medi-Cal 1,656,712 1,074,093,000 8 3% Other Means-tested Programs 305,907 9,812,000 0 1% Community Services Community Health Services 351,566 38,258,000 0 3% Health Professions Education 48 177,000 0 0% Subsidized Health Services 352,535 55,272,000 0 4% Donations 111,409 23,470,000 0 2% Community Building Activities 2,233 2,064,000 0 0% Community Benefit Operations 1,732 9,012,000 0 1% Total Community Services for the poor 819,523 128,253,000 1 0% Total Benefits for the Poor 2,870,173 1,310,965,000 10 2% Benefits for the Broader Community Community Services Community Health Services 312,585 14,413,000 0 1% Health Professions Education 34,107 67,391,000 0 5% Subsidized Health Services 2,780 1,486,000 0 0% Research 703 8,804,000 0 1% Donations 22,184 8,543,000 0 1% Community Building Activities 20,730 2,429,000 0 0% Community Benefit Operations 54 1,180,000 0 0% Total Benefits for the Broader Community 393,143 104,246,000 0 8% Total Community Benefits 3,263,316 1,415,211,000 11 0% Unpaid Costs of Medicare 1,384,961 1,196,946,000 9 3% Total Community Benefits including Unpaid Cost of Medicare 4,648,277 2,612,157,000 20 3%

Additional Data

Software ID:

Software Version:

EIN: 94-1156295

Name: Saint Francis Memorial Hospital

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **1** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
1	Saint Francis Memorial Hospital 900 Hyde St San Francisco, CA 94109 www saintfrancismemorial org 220000069	X	X		X			X			

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	SCHEDULE H, PART V, SECTION B, LINE 5 THE 2016 CHNA TOOK INTO ACCOUNT COMMUNITY INPUT VIA COMMUNITY MEETINGS WITH TARGET RESIDENT POPULATIONS, IN ADDITION TO THE LEADERSHIP AND ACT IVE PARTICIPATION OF THE PUBLIC HEALTH DEPARTMENT AND MANY PUBLIC AND NON-PROFIT AGENCIES TARGET POPULATIONS FOR THE COMMUNITY MEETINGS WERE SELECTED BASED ON FOUR FACTORS 1) THE POPULATION HAS KNOWN HEALTH DISPARITIES, 2) LITTLE INFORMATION DESCRIBING THE HEALTH OF T HE POPULATION WAS AVAILABLE, 3) THE POPULATION WAS NOT INCLUDED IN A RECENT HEALTH ASSESSM ENT, AND 4) THE POPULATION WAS REACHABLE THROUGH AN EXISTING COMMUNITY GROUP THE MAIN QUE STION ASKED OF MEETING PARTICIPANTS WAS, "WHAT ACTIONS CAN WE TAKE INCLUDING RESIDENTS, CO MMUNITY GROUPS, AND THE SAN FRANCISCO HEALTH IMPROVEMENT PARTNERSHIP - TO IMPROVE HEALTH?" PARTICIPANTS WERE ALSO ASKED ABOUT THE ASSETS AND BARRIERS WHICH EXIST IN THEIR COMMUNITI ES REGARDING HEALTH A TOTAL OF 127 PARTICIPANTS ATTENDED 11 MEETINGS PARTICIPANTS CAME F ROM A VARIETY OF BACKGROUNDS THE ETHNIC GROUPS WITH THE LARGEST REPRESENTATION IN THE MEE TINGS WERE LATINO (23 PERCENT), BLACK/AFRICAN AMERICAN (15 PERCENT), WHITE (17 PERCENT), A ND ASIAN (12 PERCENT) OTHER SELF-REPORTED ETHNICITIES INCLUDED ARAB, FILIPINO, JEWISH, MI DDLE EASTERN, AND NATIVE AMERICAN THE MAJORITY OF PARTICIPANTS WERE FEMALE (59 PERCENT) SCHEDULE H, PART V, SECTION B, LINE 6A DIGNITY HEALTH ST MARYS MEDICAL CENTER, SUTTER HEA LTH CALIFORNIA PACIFIC MEDICAL CENTER, CHINESE HOSPITAL, KAISER PERMANENTE SAN FRANCISCO, UCSF MEDICAL CENTER SCHEDULE H, PART V, SECTION B, LINE 6B SAN FRANCISCO HEALTH IMPROVEMEN T PARTNERSHIP MEMBERS INCLUDING SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH, CLINICAL AND T RANSLATIONAL SCIENCE INSTITUTES COMMUNITY ENGAGEMENT AND HEALTH POLICY PROGRAM AT UCSF, SA N FRANCISCO UNIFIED SCHOOL DISTRICT, THE OFFICE OF THE MAYOR, THE ASIAN AND PACIFIC ISLAND ER HEALTH PARITY COALITION, HUMAN SERVICE NETWORK, CHICANO/LATINO/INDIGENA HEALTH EQUITY C OALITION, AFRICAN AMERICAN COMMUNITY HEALTH COUNCIL, COMMUNITY CLINIC CONSORTIUM, 12 OTHER COMMUNITY ENGAGEMENT PARTNERS, AND FAITH BASED AND PHILANTHROPIC PARTNERS SCHEDULE H, PA RT V, SECTION B, LINE 7A https //www dignityhealth org/bayarea/locations/saintfrancis/abou t-us/comm unity-benefits SCHEDULE H, PART V, SECTION B, LINE 10A DIGNITY HEALTH HOSPITAL F ACILITY IMPLEMENTATION STRATEGY DOCUMENTS CAN BE ACCESSED AT https //www dignityhealth org /about-us/community-health/community-health-p rograms-and-reports/community-health-needs-a ssessments IMPLEMENTATION STRATEGIES ARE ALSO ON HOSPITAL FACILITYS WEB SITE, AT THE SAME LOCATION AS THEIR CHNA REPORTS LISTED IN PART V, SECTION B, LINE 7a ABOVE SCHEDULE H, PA RT V, SECTION B, LINE 11 SAINT FRANCIS MEMORIAL HOSPITAL WILL ADDRESS THE FOLLOWING 2016 C HNA IDENTIFIED AND PRIORITIZED HEALTH NEEDS ACCESS TO CARE, HEALTHY EATING AND PHYSICAL A CTIVITY, AND BEHAVIORAL/PSYCHOSOCIAL HEALTH THE HOSPITAL IS ADDRESSING THESE NEEDS IN NUM EROUS WAYS DESCRIBED IN DETAIL

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	IN THE IMPLEMENTATION STRATEGY, WHICH IS WIDELY AVAILABLE TO THE PUBLIC ONLINE PROGRAMS INCLUDE TENDERLOIN HEALTH IMPROVEMENT PARTNERSHIP (GREEN MOBILE HEALTH EDUCATION KITCHEN, TENDERLOIN SAFE PASSAGE, TENDERLOIN ECONOMIC DEVELOPMENT PROJECT, BOYS AND GIRLS CLUBS OF SAN FRANCISCO, TENDERLOIN INTRAVENOUS DRUG USE WORKGROUP), HEALTHRIGHT 360S TENDERLOIN HE ALTH SERVICES, EMERGENCY DEPARTMENT TRANSITIONS PROGRAM AND ADDICTION MEDICINE, HEALTHY SA N FRANCISCO, AND RALLY FAMILY VISITATION SERVICES THE TENDERLOIN HEALTH IMPROVEMENT PARTN ERSHIP IS A MULTI-SECTOR COLLECTIVE IMPACT INITIATIVE COMMITTED TO IMPROVE THE HEALTH, SAF ETY AND WELL-BEING OF RESIDENTS IN SAN FRANCISCOS TENDERLOIN NEIGHBORHOOD IT IS DESIGNED SUPPORT AND ENHANCE COMMUNITY BUILDING CAPACITY NONPROFITS, BUSINESSES, GOVERNMENT AGENCIE S, AND FUNDERS OPERATING WITHIN A SINGLE NEIGHBORHOOD, THE TENDERLOIN, TO WORK TOGETHER IN MORE COORDINATED WAYS TO IMPROVE RESIDENTS HEALTH OUTCOMES THE HOSPITAL WILL NOT DIRECTL Y ADDRESS SAFETY AND VIOLENCE PREVENTION, SUBSTANCE ABUSE, OR HOUSING STABILITY/HOMELESSN ESS THESE NEEDS ARE BEYOND THE HOSPITALS INSTITUTIONAL AND RESOURCE CAPACITY, AND ARE BEI NG ADDRESSED BY OTHERS IN THE COMMUNITY SCHEDULE H, PART V, SECTION B, LINE 16A-16C https //www dignityhealth org/bayarea/locations/saintfrancis/patients-and- visitors/for-patient s/billing-and-payment/financial-assistance SCHEDULE H, PART V, SECTION B, LINE 16j ADDITIO NAL MEASURES TAKEN TO PUBLICIZE DIGNITY HEALTH'S FINANCIAL ASSISTANCE POLICY INCLUDE THE P ROVISION OF BROCHURES EXPLAINING AVAILABLE GOVERNMENT SPONSORED PROGRAMS AND THE FINANCIAL ASSISTANCE POLICY, A COPY OF THE FINANCIAL ASSISTANCE APPLICATION, A TELEPHONE NUMBER FOR PATIENTS TO REQUEST FURTHER INFORMATION ABOUT THE PROGRAM, AVAILABLITY OF INFORMATION IN LANGUAGES OTHER THAN ENGLISH, CONTACT INFORMATION FOR FINANCIAL COUNSELORS OR OTHER REPRES ENTATIVES WHO CAN PROVIDE INFORMATION THE FACILITY'S WEB SITE ALSO CONTAINS THE FINANCIAL ASSISTANCE POLICY, PLAIN LANGUAGE SUMMARY OF THE POLICY, APPLICATION, BILLING AND COLLECTI ON POLICY, A DESCRIPTION OF THE AMOUNT GENERALLY BILLED AND A LISTING OF PROVIDERS AT EACH FACILITY THAT ARE COVERED AND NOT COVERED BY THE FINANCIAL ASSISTANCE POLICY CONTACT INF ORMATION CAN ALSO BE FOUND ON EACH FACILITYS WEB PAGE

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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*.**

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Saint Francis Memorial Hospital

Employer identification number
94-1156295

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 3

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 1

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)					
(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
Sched I, Part I, Line 2	AS A 501(C)(3) ORGANIZATION, WE PROVIDE ASSISTANCE TO VARIOUS CHARITABLE ORGANIZATIONS TO PROMOTE DIGNITY HEALTH'S MISSION A DESIGNATED COMMITTEE ESTABLISHES AND EVALUATES PRIORITIES AND ALLOCATION OF FUNDS WITH EMPHASIS ON PROMOTION OF HEALTHY COMMUNITIES AND COMMUNITY COLLABORATION WE DO NOT MONITOR AND REPORT PROGRAM OUTCOMES SPENDING IS TRACKED ON AN ONGOING BASIS TO ENSURE THAT ANNUAL SPENDING IS WITHIN THE BUDGETED AMOUNT

Additional Data

Software ID:
Software Version:
EIN: 94-1156295
Name: Saint Francis Memorial Hospital

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Dignity Health Medical Foundation 3400 Data Drive Sacramento, CA 95814	68-0220314	501(c)(3)	3,233,328	0	N/A	N/A	Medical Foundation Support
Hospital Council of Northern CA 1215 K Street 800 Sacramento, CA 95814	94-1533644	501(c)(6)	48,438	0	N/A	N/A	Community Health

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COMMUNITY INITIATIVES 345 PINE STREET SUITE 700 San Francisco, CA 94104	94-3255070	501(c)(3)	5,550	0	N/A	N/A	COMMUNITY HEALTH
Saint Francis Foundation 900 Hyde Street San Francisco, CA 94109	94-2597514	501(c)(3)	314,048	0	N/A	N/A	Community Health

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Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Saint Francis Memorial Hospital

Employer identification number
94-1156295

Part I Questions Regarding Compensation

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

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column(B) reported as deferred on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
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
See Additional Data	

Additional Data

Software ID:
Software Version:
EIN: 94-1156295
Name: Saint Francis Memorial Hospital

Part III, Supplemental Information

Return Reference	Explanation
PART I, LINE 3	Although the organization employs personnel, the Organization relied on a related organization, Dignity Health, that used one or more of the methods described in Schedule J, Part I, Line 3, to establish the Organization's President's compensation See Schedule O disclosure for Form 990, Part VI, Section B, Line 15a for additional information

Part III, Supplemental Information

Return Reference	Explanation
PART I, LINE 4a	THE LISTED PERSONS PAID BY THE PARENT ORGANIZATION PARTICIPATE IN A SEVERANCE PLAN PROVIDED BY DIGNITY HEALTH THAT PROVIDES MARKET-STANDARD COMPENSATION, RANGING FROM PAYMENTS OF 6 MONTHS TO 2 YEARS OF BASE COMPENSATION, DEPENDING ON THE EXECUTIVE'S POSITION, IN THE EVENT OF A POSITION ELIMINATION OR OTHER INVOLUNTARY TERMINATION, IN ACCORDANCE WITH THE GUIDELINES OF THE PLAN NO PAYMENTS AND DEFERRED COMPENSATION PURSUANT TO THE PLAN ARRANGEMENT OCCURRED DURING 2016 THE ORGANIZATION'S NON-CONTRACTUAL EMPLOYEES PARTICIPATE IN A SEVERANCE PLAN PROVIDED BY SAINT FRANCIS MEMORIAL HOSPITAL THAT PROVIDES FAIR COMPENSATION, RANGING FROM PAYMENTS OF 2 WEEKS TO 18 WEEKS OF BASE COMPENSATION, DEPENDING ON THE EMPLOYEE'S POSITION, IN THE EVENT OF A POSITION ELIMINATION OR OTHER INVOLUNTARY TERMINATION, IN ACCORDANCE WITH THE GUIDELINES OF THE PLAN SEVERANCE FOR EMPLOYEES COVERED BY COLLECTIVE BARGAINING AGREEMENTS VARIES BY AGREEMENT PAYMENTS WERE MADE TO ONE KEY EMPLOYEE DURING 2016 PURSUANT TO THIS PLAN INCLUDE D J CHUN, $88,654

Part III, Supplemental Information

Return Reference	Explanation
PART I, LINE 4b	CERTAIN LISTED PERSONS ARE ELIGIBLE TO PARTICIPATE IN NON-QUALIFIED 457(F) PLANS THAT ARE SUBJECT TO SUBSTANTIAL RISK OF FORFEITURE, AS REQUIRED BY THE IRS THE 2007 EXECUTIVE DEFERRED COMPENSATION PLAN IS FOR EXECUTIVES HIRED PRIOR TO JUNE 30, 2006 THE BENEFIT IS INTENDED TO BRIDGE THE DIFFERENCE, IF ANY, BETWEEN THE BENEFIT PROVIDED UNDER THE DIGNITY HEALTH EXCESS BENEFIT PLAN HAD BENEFIT SERVICE NOT BEEN FROZEN AT JANUARY 1, 2008, AND THE BENEFITS PROVIDED FROM ALL OTHER QUALIFIED AND NON-QUALIFIED PLANS BENEFITS VEST UNDER THIS 457(F) PLAN AT THE LATER OF THE DATE THE PARTICIPANT ATTAINS AGE 62 OR IS CREDITED WITH 15 YEARS OF SERVICE THE 2010 EXECUTIVE DEFERRED COMPENSATION PLAN IS FOR CERTAIN OFFICERS AND KEY EMPLOYEES, PRIMARILY THOSE WHO ARE NOT ELIGIBLE TO PARTICIPATE IN THE DIGNITY HEALTH EXCESS BENEFIT PLAN OR THE 2007 EXECUTIVE DEFERRED COMPENSATION PLAN DESCRIBED ABOVE THIS BENEFIT PROVIDES AN ANNUAL ACCRUAL OF 10% OF TOTAL COMPENSATION AND IS PAYABLE ANNUALLY ON JULY 1 ONCE VESTED, WHICH IS AGE 62 WITH 5 YEARS OF SERVICE, THE PLAN ALSO ALLOWS FOR SPECIAL AWARDS NO PAYMENTS OCCURRED DURING 2016 PURSUANT TO THIS PLAN CERTAIN LISTED PERSONS PARTICIPATE IN THE DIGNITY HEALTH KEY EMPLOYEE SHARE OPTION PLAN (KEYSOP), WHICH WAS FROZEN IN MAY 2002 THE KEYSOP PROGRAM WAS ESTABLISHED IN 2001 WITH THE PURPOSE OF PROVIDING INCOME DEFERRAL OPPORTUNITIES TO EMPLOYEES ELIGIBLE FOR THE COMPANY'S KEY EMPLOYEE RETENTION PROGRAM NO PAYMENTS WERE MADE TO ANY LISTED PERSONS DURING 2016 PURSUANT TO THIS PLAN COMPENSATION AMOUNTS FOR THE SUPPLEMENTAL NONQUALIFIED RETIREMENT PLANS DISCUSSED ABOVE ARE REPORTED AS DEFERRED COMPENSATION IN THE YEAR ACCRUED (SCHEDULE J, PART II, COLUMN C) AND ARE REFLECTED AGAIN AS REPORTABLE COMPENSATION IN THE YEAR PAID (SCHEDULE J, PART II, COLUMN B(III))

Part III, Supplemental Information

Return Reference	Explanation
PART II, SUPPLEMENTAL DISCLOSURES	THE ORGANIZATION'S EXECUTIVE COMPENSATION PHILOSOPHY IS DESIGNED TO ASSIST THE ORGANIZATION IN ATTRACTING AND RETAINING THE CALIBER OF EXECUTIVES REQUIRED TO ENABLE THE ORGANIZATION TO FULFILL ITS MISSION OF PROVIDING HIGH QUALITY HEALTHCARE FOR ALL PERSONS REGARDLESS OF THEIR ABILITY TO PAY FOR SERVICES, IMPROVING THE QUALITY OF LIFE IN THE COMMUNITIES THE ORGANIZATION SERVES, PROMOTING EMPLOYEE SATISFACTION, AND ENSURING FINANCIAL STABILITY A SUBSTANTIAL PORTION OF EXECUTIVE COMPENSATION IS PERFORMANCE BASED AND IS LINKED TO ORGANIZATIONAL GOALS APPROVED IN ADVANCE BY THE COMPENSATION AND BENEFITS COMMITTEE THESE GOALS INCLUDE ATTAINMENT OF ANNUAL AND LONG-TERM FINANCIAL PERFORMANCE, CERTAIN HEALTHCARE QUALITY STANDARDS AND THE ORGANIZATION'S COMMITMENT TO SERVING THE POOR AND DISENFRANCHISED IN THE COMMUNITIES IT SERVES TOTAL COMPENSATION, WHICH INCLUDES BASE SALARY, ANNUAL AND LONG-TERM INCENTIVE COMPENSATION, IS ESTABLISHED TO APPROXIMATE THE PREVAILING MARKET CONDITIONS FOR EXECUTIVES OF COMPANIES OF SIMILAR SIZE, REVENUES AND COMPLEXITY PAYMENTS PURSUANT TO A LONG-TERM FINANCIAL PERFORMANCE GOAL WERE PAID IN CALENDAR YEAR 2016

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 (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable 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
1Todd A Strumwasser MD Board Member	(I)	0	0	0	0	0	0	0
	(II)	576,166	544,744	17,208	96,592	- 58,676	- 1,293,386	0
1Alan Fox CFO/ Treasurer (thru 2/3/17)	(I)	297,116	300	14,478	31,763	33,815	377,472	0
	(II)	0	0	0	0	- 0	- 0	0
2David KleinPresident & CEO	(I)	325,800	100,000	161,171	33,900	44,615	665,486	0
	(II)	0	0	0	0	- 0	- 0	0
3Charlene Battaglia Senior Director - Nursing	(I)	201,215	300	4,348	21,085	3,860	230,808	0
	(II)	0	0	0	0	- 0	- 0	0
4Jae Chun VP Strategy & Service Line Ops	(I)	237,026	300	115,196	26,121	27,669	406,312	0
	(II)	0	0	0	0	- 0	- 0	0
5Bradley Grote Senior Director-Nursing Operat	(I)	208,784	20,300	972	23,160	14,784	268,000	0
	(II)	0	0	0	0	- 0	- 0	0
6Kathleen Jordan MDVP CMO	(I)	386,402	4,355	436	25,842	33,667	450,702	0
	(II)	0	0	0	0	- 0	- 0	0
7Raymond Miller Director-Pharmacy	(I)	206,298	300	2,377	21,479	22,861	253,315	0
	(II)	0	0	0	0	- 0	- 0	0
8Tracey PierceVP, HR	(I)	265,591	101,204	401	29,344	31,939	428,479	0
	(II)	0	0	0	0	- 0	- 0	0
9Jill WeltonVP Quality/CNO	(I)	320,265	300	1,527	34,013	34,639	390,744	0
	(II)	0	0	0	0	- 0	- 0	0
10Abbie Yant Vice President Comm Advocacy H	(I)	175,517	7,827	3,920	18,502	35,340	241,106	0
	(II)	0	0	0	0	- 0	- 0	0
11Kevin Causey Foundation President	(I)	224,494	34,289	1,410	24,823	22,815	307,831	0
	(II)	0	0	0	0	- 0	- 0	0
12Frances T L Chee Registered Nurse	(I)	266,810	1,862	0	21,696	25,506	315,874	0
	(II)	0	0	0	0	- 0	- 0	0
13Albina Guerrero Registered Nurse	(I)	236,645	1,476	0	21,620	26,640	286,381	0
	(II)	0	0	0	0	- 0	- 0	0
14Bradford K Moy Medical Director	(I)	302,719	300	1,861	31,175	15,758	351,813	0
	(II)	0	0	0	0	- 0	- 0	0
15Isatou E NjieStaff Nurse II	(I)	253,086	1,992	0	20,951	23,436	299,465	0
	(II)	0	0	0	0	- 0	- 0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Saint Francis Memorial Hospital

Employer identification number
94-1156295

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY	52-1643828	13033FYE4	11-10-2005	200,000,000	SEE PART VI - BOND 1 - CUSIP 13033		X		X	X	

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	0			
2	Amount of bonds legally defeased	0			
3	Total proceeds of issue	10,000,000			
4	Gross proceeds in reserve funds	0			
5	Capitalized interest from proceeds	0			
6	Proceeds in refunding escrows	0			
7	Issuance costs from proceeds	0			
8	Credit enhancement from proceeds	0			
9	Working capital expenditures from proceeds	0			
10	Capital expenditures from proceeds	10,000,000			
11	Other spent proceeds	0			
12	Other unspent proceeds	0			
13	Year of substantial completion	2007			

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X						
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X							

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X							
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
c	Are there any research agreements that may result in private business use of bond-financed property?	X							
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X							
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 100 %						
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 %						
6	Total of lines 4 and 5		0 100 %						
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		0 %						
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X						
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X							

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X						
b	Exception to rebate?		X						
c	No rebate due?	X							
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X							
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b	Name of provider	0							
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b	Name of provider	0							
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?	X							
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X							

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X							

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
BOND 1 - CUSIP 13033FYE4	SCHEDULE K, PART I, COLUMN (E) THE DIFFERENCE BETWEEN THE ISSUE PRICE IN PART I, COLUMN (E) AND PART II, LINE 3 IS PRIMARILY A RESULT OF THE COMPOSITE BOND ISSUE THAT WAS A POOLED FINANCING ISSUE THE FULL ISSUE PRICE OF WHICH IS SHOWN IN PART I, COLUMN (E) IN COMPARISON, THE AMOUNT OF PROCEEDS SHOWN IN PART II, LINE 3 REFLECTS ONLY THE PORTION OF THE BOND ISSUE BORROWED BY SAINT FRANCIS MEMORIAL HOSPITAL AND CURRENTLY OUTSTANDING A SMALL PART OF THE DIFFERENCE BETWEEN THE ISSUE PRICE AND PROCEEDS IS DUE TO INVESTMENT EARNINGS SCHEDULE K, PART I, COLUMN (F) FINANCE ACQUISITION OF MEDICAL EQUIPMENT AND CONSTRUCTION AND RENOVATION OF HOSPITAL FACILITIES SCHEDULE K, PART IV, LINE 2C AS OF THIS BOND ISSUE'S PRIOR REBATE COMPUTATION DATE OF 1/28/2015, IT WAS DETERMINED THAT NO REBATE WAS DUE

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Saint Francis Memorial Hospital

Employer identification number
94-1156295

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

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

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
Total				▶ $		0						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) VICTOR PRIETO MD	VICTOR PRIETO - BM	102,000	MEDICAL SERVICES		No
(2) PARAGON PATHOLOGY MEDICAL ASSOCIATE	H GOODMAN - BM	490,417	MEDICAL SERVICES		No
(3) ROBERT HARVEY MD	R HARVEY - BM (PROF CORP)	126,992	MEDICAL SERVICES		No

Part V Supplemental Information

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

Return Reference	Explanation

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ **Attach to Form 990 or 990-EZ.**

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Saint Francis Memorial Hospital

Employer identification number

94-1156295

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, PART VI,VII, XI and XII	FORM 990, PART VI, SECTION A, LINE 6 THE SOLE CORPORATE MEMBER IS DIGNITY HEALTH, A 501(C) (3) EXEMPT ORGANIZATION FORM 990, PART VI, SECTION A, LINE 7A DIGNITY HEALTH, AS THE SOLE CORPORATE MEMBER, RATIFIES THE SELECTION OF MEMBERS AND THE DIGNITY HEALTH BOARD APPROVES NEW BOARD MEMBERS OF THE ORGANIZATION FORM 990, PART VI, SECTION A, LINE 7B RESERVED RIG HTS OF THE CORPORATE MEMBER INCLUDE ADOPTION OF MISSION AND PHILOSOPHY STATEMENTS, AMENDME NT OR RESTATEMENT OF ARTICLES OF INCORPORATION AND BYLAWS, DISSOLUTION OF THE CORPORATION, ACQUISITION OF ANOTHER CORPORATION, CREATION OF A NEW SUBSIDIARY, MERGER OR CONSOLIDATION WITH ANOTHER CORPORATION, PARTICIPATION AS A GENERAL OR LIMITED PARTNER IN ANY VENTURE, I NCURRING LONG-TERM INDEBTEDNESS IN EXCESS OF NORMAL OPERATING REQUIREMENTS, RATIFICATION O F BOARD MEMBER APPOINTMENTS AND DISMISSALS, SELECTION AND REMOVAL OF INDEPENDENT AUDITORS, AND TRANSACTIONS OUTSIDE THE ORDINARY COURSE OF BUSINESS FORM 990, PART VI, SECTION B, L INE 11B THE FORM 990 WAS REVIEWED BY FINANCE AND ACCOUNTING (REGIONAL DIGNITY HEALTH MANAG EMENT AND CORPORATE TAX DEPARTMENT), WHICH WORKED CLOSELY WITH AN INDEPENDENT ACCOUNTING F IRM ENGAGED TO REVIEW THE RETURN THE BOARD OF TRUSTEES HAS DELEGATED THE REVIEW OF THE FO RM 990 TO THE FINANCE COMMITTEE MANAGEMENT PROVIDED THE DRAFT OF THE FORM 990 TO THE FINA NCE COMMITTEE BEFORE FILING THE RETURN WITH THE IRS FOR DISCUSSION AT THE COMMITTEE MEETIN G THE DRAFT WAS COMPLETE EXCEPT IT EXCLUDED COMPENSATION INFORMATION SUBSEQUENT TO ITS R EVIEW, THE FINANCE COMMITTEE REPORTED BACK TO THE BOARD REGARDING ITS REVIEW AND PROVIDED A DRAFT TO THE BOARD OF TRUSTEES, AGAIN EXCLUDING COMPENSATION FORM 990, PART VI, SECTION B, LINE 12C THE ORGANIZATION HAS ADOPTED DIGNITY HEALTH'S CONFLICTS OF INTEREST POLICY U NDER SUCH POLICIES, THE EVP/GENERAL COUNSEL IS RESPONSIBLE FOR COLLECTING, REVIEWING AND V ALIDATING ANNUAL DISCLOSURES OF ALL COVERED PERSONS (I E , BOARD AND BOARD COMMITTEE MEMBE RS, OFFICERS AND EXECUTIVE LEADERSHIP, KEY EMPLOYEES, MANAGEMENT PERSONNEL AT THE VICE PRE SIDENT LEVEL AND ABOVE, AND ANY OTHER PERSONNEL AT HIS OR HER DISCRETION) ALL COVERED PER SONS ARE REQUIRED TO DISCLOSE ACTUAL OR POTENTIAL CONFLICTS ARISING FROM THE BUSINESS, FIN ANCIAL AND PERSONAL INTERESTS HELD BY SUCH COVERED PERSONS OR THEIR FAMILY MEMBERS COVERE D PERSONS ARE REQUIRED TO DISCLOSE TO THEIR SUPERIORS AND TO RELEVANT DECISION MAKERS ANY INTEREST THAT MAY PRESENT A CONFLICT, OR THE APPEARANCE OF A CONFLICT OF INTEREST SUCH DI SCLOSURE IS REQUIRED ON A TRANSACTIONAL BASIS AT THE TIME SUCH CONFLICTS ARISE, WHEN AN IN DIVIDUAL BECOMES A COVERED PERSON, AND ANNUALLY THEREAFTER EACH COVERED PERSON IS REQUIRE D TO CERTIFY AT LEAST ANNUALLY THAT HE/SHE (1) HAS RECEIVED A COPY OF THE POLICY APPLICAB LE TO HIS/HER POSITION, (2) HAS READ THE POLICY AND UNDERSTANDS SAID POLICY, AND (3) AGREE S TO COMPLY WITH ALL REQUIREMENTS OF THE POLICY, INCLUDING COMPLETING THE CONFLICTS OF INT EREST DISCLOSURE STATEMENT AS

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, PART VI,VII, XI and XII	REQUIRED BY THE POLICY THE PRESIDENT/CEO AND EVP/GENERAL COUNSEL PREPARE ANNUAL REPORTS O F REPORTED CONFLICTS OF INTEREST, WHICH ARE PROVIDED TO THE BOARD OF DIRECTORS, COMMITTEE CHAIRS, AND KEY LEADERS OF THE ORGANIZATION TO ENABLE RESPONSIBLE INDIVIDUALS TO MONITOR A ND MANAGE DISCLOSED CONFLICTS OF INTEREST AND ASSURE DECISIONS ARE MADE IN THE ORGANIZATIO N'S BEST INTERESTS THE PROCEDURES FOR ADDRESSING A CONFLICT OF INTEREST RELATED TO A PROP OSED TRANSACTION INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING (1) THE CONFLICTING INTER EST IS FULLY DISCLOSED TO THE BOARD OF DIRECTORS, MEMBERS OF BOARD COMMITTEES WITH SUBJECT MATTER JURISDICTION AND ANY OTHER RELEVANT DECISION-MAKERS, (2) THE INTERESTED PERSON RES PONDS TO FACTUAL QUESTIONS RELATED TO THE SUBSTANCE OF THE TRANSACTION OR ARRANGEMENT BEIN G CONSIDERED, AFTER WHICH HE/SHE SHALL LEAVE THE MEETING, (3) THE INTERESTED PERSON IS EXC LUDED FROM THE DISCUSSION AND APPROVAL OF SUCH TRANSACTION, (4) IF WARRANTED, ALTERNATIVES TO THE PROPOSED TRANSACTION ARE INVESTIGATED, AND COMPETITIVE BIDS OR COMPARABLE VALUATIO NS ARE OBTAINED, (5) THE TRANSACTION OR ACTION IS APPROVED BY A MAJORITY OF DISINTERESTED PERSONS, CONSISTENT WITH ANY REQUIREMENTS OF BYLAWS OR POLICIES, AND (6) ANY CONFLICTING I SSUES ARISING DURING THE COURSE OF A BOARD MEETING WHICH CANNOT BE RESOLVED MAY BE REFERRE D TO AN INDEPENDENT COMMITTEE OF THE BOARD OF DIRECTORS THERE ARE SIMILAR CONFLICTS OF IN TEREST PROVISIONS UNDER DIGNITY HEALTHS STANDARDS OF CONDUCT, WHICH ARE APPLICABLE TO ALL EMPLOYEES AND WHICH ARE ADMINISTERED BY THE VP/CORPORATE COMPLIANCE OFFICER WHO HAS REPORT ING RESPONSIBILITY TO THE PRESIDENT/CEO AS WELL AS TO THE AUDIT AND COMPLIANCE COMMITTEE O F THE BOARD OF DIRECTORS FORM 990, PART VI, SECTION B, LINE 15A ALTHOUGH THE ORGANIZATION EMPLOYS PERSONNEL, THE PRESIDENT IS COMPENSATED BY DIGNITY HEALTH FOR 2016, DIGNITY HEAL TH'S BOARD OF DIRECTORS APPOINTS A HUMAN RESOURCES AND COMPENSATION COMMITTEE, COMPRISED O F INDEPENDENT DIRECTORS, WHO ARE ACCOUNTABLE FOR SETTING REASONABLE COMPENSATION PACKAGES FOR EACH OFFICER AND CERTAIN KEY EMPLOYEES (INCLUDING THE PRESIDENT/CEO) THE HUMAN RESOUR CES AND COMPENSATION COMMITTEE APPROVES, CONSISTENT WITH THE ORGANIZATION'S PHILOSOPHY AND PRINCIPLES, THE ANNUAL PERFORMANCE GOALS AND CRITERIA TO BE USED IN DETERMINING MERIT INC REASES AND VARIABLE COMPENSATION CRITERIA FOR OFFICERS AND KEY EXECUTIVES THE HUMAN RESOU RCES AND COMPENSATION COMMITTEE ALSO ENGAGES OUTSIDE LEGAL COUNSEL AS NECESSARY AND QUALIF IED INDEPENDENT COMPENSATION AND BENEFITS SPECIALISTS (INDEPENDENT EXPERTS) TO REVIEW, ANA LYZE AND PROVIDE BENCHMARKING DATA FOR THE TOTAL COMPENSATION AND BENEFITS PACKAGES OF OFF ICERS AND KEY EXECUTIVES APPROPRIATE COMPARABLE DATA IS OBTAINED FROM THE INDEPENDENT EXP ERTS, (E G , TOTAL ECONOMIC BENEFITS PAID BY SIMILARLY SITUATED ORGANIZATIONS, BOTH TAXABL E AND TAX-EXEMPT, FOR SIMILAR JOB RESPONSIBILITIES) KEY DELIBERATIONS OF THE COMMITTEE AR E DOCUMENTED IN MEETING MINUTE

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, PART VI,VII, XI and XII	S WHICH ARE APPROVED AT THE NEXT COMMITTEE MEETING AND PROVIDED TO THE BOARD OF DIRECTORS THE DOCUMENTATION OF THE DELIBERATIONS INCLUDES (A) THE TERMS OF THE TRANSACTION APPROVED AND THE DATE APPROVED, (B) THE MEMBERS OF THE COMMITTEE WHO WERE PRESENT DURING DISCUSSIO N OF THE APPROVED TRANSACTION AND THOSE WHO VOTED ON IT, AND (C) THE COMPARABILITY DATA OB TAINED AND RELIED UPON BY THE COMMITTEE AND HOW THE DATA WAS OBTAINED FORM 990, PART VI, SECTION B, LINE 15B FOR 2016, THE PARENT ORGANIZATION'S HUMAN RESOURCES DEPARTMENT CONDUCT ED AN ANNUAL REVIEW AND ANALYSIS TO PROVIDE BENCHMARKING DATA FOR THE TOTAL COMPENSATION A ND BENEFITS PACKAGE OF KEY EXECUTIVES THE COMPENSATION FOR THESE INDIVIDUALS WAS BASED ON THE QUALIFICATION AND EXPERIENCE OF THE CANDIDATES COMPENSATION IS ALSO REVIEWED ANNUALL Y AS PART OF THE MERIT INCREASE PROCESS FORM 990, PART VI, SECTION C, LINE 19 FEDERAL TAX LAWS DO NOT MANDATE THAT THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY BE MADE AVAILABLE FOR PUBLIC INSPECTION FORM 990 AND THE COPY OF AUDITED FINANCIAL STATEMENTS ATTACHED TO IT ARE MADE AVAILABLE UPON REQUEST FORM 990, PART XI, LINE 9 SHAR ED JOINT VENTURE FUND BALANCE, $ 541,941 INTEREST IN NET ASSETS OF UNCONSOLIDATED FOUNDATI ON, $ 2,858,103 FORM 990, PART XII, LINE 3B THE ORGANIZATION'S FEDERAL AWARDS WERE INCLUDE D IN DIGNITY HEALTH'S CONSOLIDATED OMB CIRCULAR A-133 AUDITED SCHEDULE OF FEDERAL EXPENDIT URES

990 Schedule O, Supplemental Information

Return Reference	Explanation
safe harbor election disclosure	Tangible Property Regulation Statement Section 1 263(A)-1(F) de minimis safe harbor election Taxpayer is making the de minimis safe harbor election under Treasury Regulation 1 263(A)-1(F) for all eligible amounts paid or incurred during the taxable year

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION MEDICAL SERVICES/FEES TOTAL FEES 11771752

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION REPAIRS & MAINTENANCE TOTAL FEES 7185826

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION ADMINISTRATIVE SERVICES TOTAL FEES 6956756

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION REVENUE CYCLE SERVICES TOTAL FEES 6802035

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PROFESSIONAL FEES TOTAL FEES 2272949

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PARKING & SECURITY TOTAL FEES 1749353

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION STORAGE/JANITORIAL/WASTE MGMT TOTAL FEES 1515726

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION MEDICAL TRANSPORTATION TOTAL FEES 739895

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION LAUNDRY & LINEN TOTAL FEES 456443

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION LAND/PLANT SCAPING/PEST CONTRO TOTAL FEES 33566

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION OTHER PURCHASED SERVICES TOTAL FEES 921885

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Saint Francis Memorial Hospital

Employer identification number
94-1156295

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
(1)DIGNITY HEALTH 185 Berry Street San Francisco, CA 94107 94-1196203	Hospital	CA	501(c)(3)	3	NA		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.

(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? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

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

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)NONE			

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

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

Part VII **Supplemental Information**

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