Department of the Treasury

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter social security numbers on this form as it may be made public. Internal Revenue Service ▶ Go to www.irs.gov/Form990PF for instructions and the latest information

Open to Public Inspection

OMB No 1545-0052

Fo	r calen	idar year 2018 or tax year beginning	, 201	8, and en	ding		, 20
	ne of fou		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	A	Employe	r identification numbe	E
Env	asion F	lealthcare Chantable Fund				82-4054697	
Nun	nber and	street (or PO box number if mail is not delivered to street address)	Room	n∕suite B	Telephon	e number (see instruct	ons)
1A	Burton	Hills Boulevard					
City	or town	, state or province, country, and ZIP or foreign postal code	** 1	С	If exempt	on application is pend	ıng, check here▶ □
Nas	shville,	TN 37215			•	, , ,	<u></u>
			n of a former public	charity	1 Foreign	n organizations, check	here ▶□
		☐ Final return ☐ Amended	return	1	2 Forma	n organizations meeting	the 95% test
		☐ Address change ☐ Name cha	inge	~/\	check	here and attach compu	ıtatıon ▶ 🗌
		type of organization: 🔽 Section 501(c)(3) exempt p		194		foundation status was 07(b)(1)(A), check here	terminated under 🔃
		on 4947(a)(1) nonexempt charitable trust 🔲 Other ta			2001011.2	or(b)(f)(A), drieck fiere	►⊔
I		narket value of all assets at J Accounting method	d: 🗹 Cash 🗌 A	ccrual F	If the four	ndation is in a 60-mont	h termination
		f year (from Part II, col (c), Other (specify)			under sec	otion 507(b)(1)(B), chec	khere ▶ 🗍
		5) ► \$ 8,125 (Part I, column (d) must b	e on cash basis)				
Р	art I		(a) Revenue and	(h) Notini	roctmont	(a) Adjusted not	(d) Disbursements for charitable
		amounts in columns (b), (c), and (d) may not necessarily equal	expenses per books	(b) Net inv		(c) Adjusted net income	purposes
		the amounts in column (a) (see instructions))	DOUND			· - · · · · · · · · · · · · · · · · · · 	(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	\$27,625	***	69 : m	**, **	3
/	2	Check ► ☐ If the foundation is not required to attach Sch B	A	, , , , ,	1 1		
V	3	Interest on savings and temporary cash investments					•
1	4	Dividends and interest from securities					
•	5a	Gross rents]
	b	Net rental income or (loss)	3 , , 1 1 2 € € €	- 1	<u>` </u>	*	
Ē	6a	Net gain or (loss) from sale of assets not on line 10			$^{-}$ R	ECEIVED-	* * * * *
Revenue	b	Gross sales price for all assets on line 6a		`			<u> </u>
ě	7	Capital gain net income (from Part IV, line 2)	*	1 10	3 1	PR 3 0 2020	080-
ш	8	Net short-term capital gain		l c	3 A	PR 3 0 2020	
	9	Income modifications	1	<u> </u>	1		<u>ਲ</u>
	10a	Gross sales less returns and allowances			O(DEN UT	1
	b	Less Cost of goods sold	<u> </u>	· ·			
	11	Other design of the state of the					
	12		427.005				, ,
	13	Compensation of officers, directors, trustees, etc.	\$27,625		\$0	\$0	
Expenses	14	Other employee salaries and wages					
ű	15	Pension plans, employee benefits					
ğ	16a	Legal fees (attach schedule)					
		Accounting fees (attach schedule)					
<u>≤</u>	C	Other professional fees (attach schedule) .					
rat	17	Interest	***				
ist	18	Taxes (attach schedule) (see instructions)					
<u>=</u>	19	Depreciation (attach schedule) and depletion					3. 3.
튱	20	Occupancy					<u> </u>
₹ 5	21	Travel, conferences, and meetings					
Operating and Administrative	22	Printing and publications					
Ď	23	Other expenses (attach schedule)					
Ť	24	Total operating and administrative expenses.					
ers		Add lines 13 through 23	\$0		\$0	\$0	\$0
ď	25	Contributions, gifts, grants paid	\$19,500	٠, ٠,	, , ,	** , ,	\$19,500
_	26	Total expenses and disbursements. Add lines 24 and 25	\$19,500		\$0	\$0	\$19,500
	27	Subtract line 26 from line 12		, P.		, , ,	·
	а	Excess of revenue over expenses and disbursements	\$8,125	4 1			
	b	Net investment income (if negative, enter -0-)	2 2		\$0		
	l c	Adjusted net income (if negative, enter -0-)	• ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° °			l ¢n	16,4

SCANNED OCT 0.1 2020

For Paperwork Reduction Act Notice, see instructions.

Cat No 11289X

Form **990-PF** (2018)

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18 Grants payable		17	Appounts payable and approved expenses	\$u	\$8,125	\$8,125
19 Deferred revenue 20 Loans from officers, drectors, trustees, and other disqualified persons 21 Mortgages and other notes payable (attach schedule) 22 Other liabilities (describe ▶) 23 Total liabilities (add lines 17 through 22) \$0 \$0 Foundations that follow SFAS 117, check here ▶ ☑ and complete lines 24 through 26, and lines 30 and 31. 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted 27 Capital stock, trust principal, or current funds 28 Paid-in or capital surplus, or land, bldg , and equipment fund 29 Paid-in or capital surplus, or land, bldg , and equipment fund 30 Total net assets or fund balances (see instructions) 31 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 29 Enter amount from Part I, line 27a 2 \$8,125 10 Other increases not included in line 2 (itemize) ▶ 5 \$0 \$0.						
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4 Add lines 1, 2, and 3	3				3	\$0
5 Decreases not included in line 2 (itemize) ►	4	Add	lines 1, 2, and 3		4	\$8,125
-4	5	Dear	reases not included in line 2 (itemize) ▶		5	\$0
	6	Tota	I net assets or fund balances at end of year (line 4 minus line 5)—I	Part II, column (b), Iır	ne 30 6	\$8,125

_		(s) of property sold (for example, real , or common stock, 200 shs MLC Co		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo, day, yr)	(d) Date sold (mo , day, yr)
1a	NONE			-		
b						
С						
d						
е			,	<u> </u>		
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis inse of sale		n or (loss) (f) minus (g))
a						
_ <u>b</u>						
С						
<u>d</u>	···					
е	Complete politica position in	(a)	15	- 10/01/00		
	Complete only for assets snow	ing gain in column (h) and owned	by the toundation	on 12/31/69.		(h) gain minus
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		is of col (i) (i), if any		tiless than -0-) or from col (h))
a			 			·····
<u>b</u>						
<u> </u>						
d						
e			L			
2	Capital gain net income or (, also enter in Pa), enter -0- in Pa		2	
3	If gain, also enter in Part I,	or (loss) as defined in section line 8, column (c). See instr				
	Part I line x					
					3	
	V Qualification Under	r Section 4940(e) for Red	uced Tax on N	let Investment	Income	
sec Vas t	Qualification Under ptional use by domestic priva- tion 4940(d)(2) applies, leave the foundation liable for the se s," the foundation doesn't qu	r Section 4940(e) for Red ate foundations subject to the this part blank. ection 4942 tax on the distribution alify under section 4940(e). D	uced Tax on N section 4940(a) utable amount of	tax on nct invest tax on nct invest any year in the t his part	Income ment income) pase period?	_ Yes ☑ No
or o sec /as t	Qualification Under ptional use by domestic priva- tion 4940(d)(2) applies, leave the foundation liable for the se s," the foundation doesn't qu	r Section 4940(e) for Red ate foundations subject to the this part blank. ection 4942 tax on the distrib	uced Tax on N section 4940(a) utable amount of	tax on nct invest tax on nct invest any year in the t his part	Income ment income) pase period?	☐ Yes 🗹 No
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Part \	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	nstrı	ictio	ns)					
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1.)								
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)								
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check 1 \$0								
	here ▶ □ and enter 1% of Part I, line 27b								
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of Part I, line 12, col (b)								
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		\$0						
3	Add lines 1 and 2		\$0						
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)		\$0						
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		\$0						
6	Credits/Payments:			1					
а	2018 estimated tax payments and 2017 overpayment credited to 2018 6a 6a			1					
b	Exempt foreign organizations—tax withheld at source 6b								
C	Tax paid with application for extension of time to file (Form 8868) . 6c 6c								
d	Backup withholding erroneously withheld								
7	Total credits and payments Add lines 6a through 6d		\$0						
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8		\$0						
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		\$0						
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid . > 10		\$0						
11	Enter the amount of line 10 to be: Credited to 2019 estimated tax ► Refunded ► 11		\$0						
Part		_	Van	No					
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	Yes	No					
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1b		•					
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials								
	published or distributed by the foundation in connection with the activities								
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			1					
	(1) On the foundation. ► \$ (2) On foundation managers. ► \$								
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed								
_	on foundation managers. ► \$								
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities	2							
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles								
_	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes .	3							
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a							
	If "Yes," has it filed a tax return on Form 990-T for this year?	4b							
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	L-passa	<u>, , , , , , , , , , , , , , , , , , , </u>					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either								
6	By language in the governing instrument, or								
	, , , ,								
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	~						
7	conflict with the state law remain in the governing instrument? Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV.	7	~						
	Enter the states to which the foundation reports or with which it is registered. See instructions								
-	Delaware, Tennessee								
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General								
	(or designate) of each state as required by General Instruction G? If "No," attach explanation .	8b	~						
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			/					
	4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes,"			. 1					
	complete Part XIV	9		~ 0					
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their		ا را						
	names and addresses	10	0.05	(0047					
	Fo	orm 99	いしてト	(2018)					

Pari	VII-A Statements Regarding Activities (continued)	_		
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		~
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions	12		,
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	~	
	Website address ► N/A			
14	The books are in care of ▶ Board of Directors Telephone no. ▶			
	Located at ► 1A Burton Hills Boulevard Nashville, TN ZIP+4 ►	3721	5	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – check here.			▶ 🛚
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16	ļ	· ,
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶			
Dari	VII-B Statements Regarding Activities for Which Form 4720 May Be Required		L	1
ı aı	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	Τ	Yes	No
1a	During the year, did the foundation (either directly or indirectly):		165	NO
10	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?		}	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			li
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			1
	the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in			
	Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		V
_	Organizations relying on a current notice regarding disaster assistance, check here			
Ç	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2018?	1c		-
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			1
а	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and			'
	6e, Part XIII) for tax year(s) beginning before 2018?			1
	If "Yes," list the years ▶ 20, 20, 20, 20			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to		ļ	
	all years listed, answer "No" and attach statement – see instructions)	2b		ļ,
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ 20 , 20 , 20 , 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			
b	If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of			'
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			ļ
	foundation had excess business holdings in 2018)	3b		<u> </u>
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	<u> </u>	"
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b		

	0-PF (2018)									F	age 6
Part	VII-B Statements Regarding Activities			4720	May Be R	equire	ed (contu	nued)			
5a	During the year, did the foundation pay or incur: (1) Carry on propaganda, or otherwise attempt t (2) Influence the outcome of any specific public directly or indirectly, any voter registration dr	o influe c electi	ence legislatio	on 495		arry on	☐ Yes	☑ No ☑ No		Yes	No
	(3) Provide a grant to an individual for travel, stu(4) Provide a grant to an organization other than section 4945(d)(4)(A)? See instructions	dy, or one of a cha	other similar pritable, etc.,	ourpose organiz	es? ation desc	ribed in 	Yes	✓ No			
	(5) Provide for any purpose other than religious purposes, or for the prevention of cruelty to compare the prevention of cruelty the crue the prevention of cruelty the prevention of cruelty the prevention of cruelty the crue the prevention of cruelty the prevention of cruelty the crue the prevention of cruelty the crue the prevention of cruelty the crue the crue the crue the cruelty the crue the cru	, charit childrer	able, scientifi n or animals?	c, litera	ry, or educ		l ∐Yes	✓ No			
b	If any answer is "Yes" to 5a(1)–(5), did any of the in Regulations section 53.4945 or in a current no	tice req	garding disas	ter ass	stance? Se			cribed]
c	Organizations relying on a current notice regards If the answer is "Yes" to question 5a(4), does to because it maintained expenditure responsibility	he four	ndation claim	exem			 ∶ ∏Yes	►U			
6a	If "Yes," attach the statement required by Regula Did the foundation, during the year, receive any on a personal benefit contract?	funds,	directly or inc	directly	, to pay pre		· _				
b	Did the foundation, during the year, pay premium If "Yes" to 6b, file Form 8870.		ctly or indirec				☐ Yes t contract	∠ No ?	6b		<u> </u>
b	At any time during the tax year, was the foundation of if "Yes," did the foundation receive any proceeds	s or hav	ve any net ind	ome a	tributable i	to the t	☐ Yes ransactior	☑ No 1? .	7b		
8	Is the foundation subject to the section 4960 tar remuneration or excess parachute payment(s) du		•		han \$1,000	-	∏ Yes	₽ No			
Part	Information About Officers, Direction and Contractors	tors, 1	Trustees, Fo	ounda	tion Mana	agers,	Highly P	aid Er	nploy	ees,	
	List all officers, directors, trustees, and found	ation r	nanagers an	d their	compens	ation. S	See instru	ctions			
	(a) Name and address	(b) Title hou	e, and average rs per week ed to position	(c) Cor	mpensation totpaid, ter -0-)	(d) (emplo	Contributions byee benefit perred compe	s to ofans	(e) Expe	nse acc allowan	
See At	achment										
2	Compensation of five highest-paid employee "NONE."	es (oth	er than thos	se incli	uded on li	ne 1–	see instri	uctions). If no	one, e	∍nter
(a) Name and address of each employee paid more than \$50,00	0	(b) Title, and a hours per w devoted to pe	reek ັ	(c) Comper	nsation	(d) Contribution employee plans and compens	benefit leferred	(e) Expe other a	nse acc allowan	ount ces
NONE											
		-									
Total	number of other employees paid over \$50,000 .					•		•			

3 Five	and Contractors (continued) e highest-paid independent contractors for professional services. See instructions, if none, enter "NOI	VE."
-	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
ONE		
		- -
	ber of others receiving over \$50,000 for professional services	
Part IX-		_
List the fo	oundation's four largest direct charitable activities during the tax year Include relevant statistical information such as the number of ons and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1	The art of the periodical control of the art	
•		
		•
2		·
		•
3		.
4		-
		•
		•
Part IX-E		····
Describe	the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1		.
2		
		·
		1
All other p	rogram-related investments. See instructions	
3		.
		.
F-A-8 A - 1 1	lines 1 through 3	

Part	X Minimum Investment Return (All domestic foundations must complete this part. Foreign	gn found	ations,
	see instructions)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
а	Average monthly fair market value of securities	1a	\$0
b	Average of monthly cash balances	1b	\$484
C	Fair market value of all other assets (see instructions)	1c	\$(
d	Total (add lines 1a, b, and c)	1d	\$484
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	\$(
3	Subtract line 2 from line 1d	3	\$484
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	\$7
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	\$477
6_	Minimum investment return. Enter 5% of line 5	6	\$24
Part	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating f and certain foreign organizations, check here ► ☐ and do not complete this part)	oundation	าร
1	Minimum investment return from Part X, line 6	1	\$24
2a	Tax on investment income for 2018 from Part VI, line 5		
b	Income tax for 2018 (This does not include the tax from Part VI) 2b]	
C	Add lines 2a and 2b	2c	\$24
3	Distributable amount before adjustments Subtract line 2c from line 1	3	\$24
4	Recoveries of amounts treated as qualifying distributions	4	\$0
5	Add lines 3 and 4	5	\$24
6	Deduction from distributable amount (see instructions)	6	\$0
7	Distributable amount as adjusted. Subtract line 6 from line 5 Enter here and on Part XIII, line 1		
Dagt	XII Qualifying Distributions (see instructions)	7	\$24
			
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes.		
a	Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26	1a	\$19,500
ь 2	Program-related investments – total from Part IX-B	1b	\$0
2	purposes		
_		2	\$0
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	\$C
b	Cash distribution test (attach the required schedule)	3b	\$C
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	\$19,500
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b See instructions	_	
6	·	5	\$0
6	Adjusted qualifying distributions. Subtract line 5 from line 4		\$19,500
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculatin qualifies for the section 4940(e) reduction of tax in those years	g whether	the foundation

	XIII Undistributed Income (see instructions	s)			Page 9
		(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1	Distributable amount for 2018 from Part XI, line 7				
2	Undistributed income, if any, as of the end of 2018.				\$24
a	Enter amount for 2017 only			\$0	
b	Total for prior years: 20 , 20 , 20		\$0	***	
3	Excess distributions carryover, if any, to 2018:				
а	From 2013				
b	From 2014				
C	From 2015				
d	From 2016				
e	From 2017				
f	Total of lines 3a through e	\$0			
4	Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ \$19,500	İ			
9	line 4 ▶ \$			20	
a	Applied to undistributed income of prior years			\$0	
D	(Election required—see instructions)		\$0		
С	Treated as distributions out of corpus (Election		,		
А	required – see instructions)	\$0			
e	Remaining amount distributed out of corpus	\$19,476			\$24
5	Excess distributions carryover applied to 2018	\$19,476			
•	(If an amount appears in column (d), the same				
	amount must be shown in column (a).)	\$0			\$0
6	Enter the net total of each column as				1
	indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	\$19,476			general supplies and supplies a
b	Prior years' undistributed income. Subtract				
	line 4b from line 2b		\$0		
C	Enter the amount of prior years' undistributed				1
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a) tax has been previously assessed				
	• •		\$0		
d	Subtract line 6c from line 6b. Taxable amount—see instructions		\$0		-
e	Undistributed income for 2017 Subtract line				
-	4a from line 2a. Taxable amount—see	ļ]
	instructions			\$0	
f	Undistributed income for 2018 Subtract lines				· · · · · · · · · · · · · · · · · · ·
	4d and 5 from line 1 This amount must be				
	distributed in 2019				\$0
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be				
_	required—see instructions)	\$0			
8	Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions).	- 0			
	· · · · · · · · · · · · · · · · · · ·	\$0		···	
9	Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a	\$1 9,476	,	;	
10	Analysis of line 9:	\$19,470			
а	Excess from 2014				Į.
b	Excess from 2015	-		1	į
C	Excess from 2016 .				
d	Excess from 2017			į.	
е	Excess from 2018 \$19,476				

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Page 10

Part	XIV Private Operating Founda	itions (see instru	ictions and Part	VII-A, question 9)			
1a	If the foundation has received a ruling						
	foundation, and the ruling is effective fo						
b	Check box to indicate whether the four	ndation is a private	operating founda	ition described in se	ction	(3) or 4942(j)(5)	
2a	2a Enter the lesser of the adjusted net Tax year Pnor 3 years						
	income from Part I or the minimum investment return from Part X for	(a) 2018	(b) 2017	(c) 2016	(d) 2015	(e) Total	
	each year listed	· · · · · · · · · · · · · · · · · · ·		1	.,,		
b	85% of line 2a					_	
C	Qualifying distributions from Part XII.			1		_	
	line 4 for each year listed						
d	Amounts included in line 2c not used directly						
	for active conduct of exempt activities						
e	Qualifying distributions made directly			1			
•	for active conduct of exempt activities.						
	Subtract line 2d from line 2c						
3	Complete 3a, b, or c for the			 			
_	alternative test relied upon:						
а	"Assets" alternative test—enter		`				
u	(1) Value of all assets						
	(2) Value of assets qualifying under					 	
	section 4942(j)(3)(B)(i)						
b	"Endowment" alternative test-enter 43					-	
	of minimum investment return shown in Part X, line 6 for each year listed						
С	"Support" alternative test—enter						
•	• •						
	(1) Total support other than gross investment income (interest.						
	dividends, rents, payments on						
	securities loans (section				\		
	512(a)(5)), or royalties) (2) Support from general public				· · · · · · · · · · · · · · · · · · ·		
	and 5 or more exempt						
	organizations as provided in section 4942(j)(3)(B)(iii)						
	(3) Largest amount of support from					 	
	an exempt organization						
	(4) Gross investment income				 		
Part		n (Complete th	is part only if t	the foundation ha	ed \$5,000 or m	ore in accets at	
ı art	any time during the year-	•	•	ne roundauon ne	iα φυ,υσο σε πε	iore in assets at	
1	Information Regarding Foundation		13.7	·			
a	List any managers of the foundation		ited more than 20	% of the total contri	butions received	Lby the foundation	
_	before the close of any tax year (but of					oy alo localidadion	
N/A	, , , , , , , , , , , , , , , , , , ,	,,		4 - , , - ((-,,(-,,,		
b	List any managers of the foundation	who own 10% or	r more of the sto	ck of a corporation	(or an equally la	arge portion of the	
	ownership of a partnership or other ei					3- p	
None		,,		3			
2	Information Regarding Contribution	ı. Grant. Gift. Loa	n. Scholarship.	etc. Programs			
	Check here ▶ ☑ If the foundation			· -	roanizations and	d does not accept	
	unsolicited requests for funds If the f						
	complete items 2a, b, c, and d. See ir		g, g,	,	9	· · · · · · · · · · · · · · · · ·	
а	The name, address, and telephone nu		dress of the perso	on to whom applicat	ons should be a	ddressed	
_	,,	5. 5.71411 441	222 3. 0.0 past	аррион		 	
b	The form in which applications should	be submitted and	d information and	materials they shou	ıld include		
_	approacons strong						
С	Any submission deadlines.	·					
-	,						
d	Any restrictions or limitations on av	vards, such as by	y geographical a	reas, charitable fie	lds, kinds of ins	stitutions, or other	
	factors	,		,		, ==.=.	

Part	XV Supplementary Information (con	tinued)			
3_	Grants and Contributions Paid During	the Year or Approv	ed for Fu	ture Payment	
	Reapient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	Name and address (home or business)	or substantial contributor	recipient	GO/INIDAGOT	
а	Paid during the year				
See A	ttachment				
			i I		
		:			
	Total			<u> ▶ </u>	3a
D	Approved for falare payment				
	Total			•	3h

		Analysis of Income-Producing Ac	·		1-		· · · · · · · · · · · · · · · · · · ·
Ente	r gro	ss amounts unless otherwise indicated.	Unrelated bu	Isiness income	Excluded by sect	ion 512, 513, or 514	(5)
			(a)	(b)	(c)	(d)	Related or exempt function income
4	Droc	gram service revenue:	Business code	Amount	Exclusion code	Amount	(See instructions.)
•	_ `		ļ				,
			-				
	C _						
	ď_						
	е _						
	f			, .			
		Fees and contracts from government agencies					
2		nbership dues and assessments					
3		est on savings and temporary cash investments					
4	Divid	dends and interest from securities					
5	Net	rental income or (loss) from real estate					
	a (Debt-financed property					
	1 d	Not debt-financed property					
6		rental income or (loss) from personal property				-	
		er investment income					
		or (loss) from sales of assets other than inventory					
		income or (loss) from special events					
		ss profit or (loss) from sales of inventory					· · · · · · · · · · · · · · · · · · ·
11	Oth	er revenue: a					
••	b						
	C -						
	d -				-		
	_						
	е						
40	Calle						
		total. Add columns (b), (d), and (e)		\$0	1	\$0	
13	Tota	al. Add line 12, columns (b), (d), and (e)					
13 (See	Tota work	sheet in line 13 instructions to verify calculation	 IS.)				
13 (See Pa	Tota work	Asheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) Accomplishm	ent of Exemp	t Purposes	13	\$0
13 (See Pa Lin	Tota work it XV e No	Asheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) Accomplishm	ent of Exemp	t Purposes	13	\$0
13 (See Pa Lin	Tota work	sheet in line 13 instructions to verify calculation	s.) Accomplishm	ent of Exemp	t Purposes	13	\$0
13 (See Pa Lin	Tota work it XV e No	Asheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) Accomplishm	ent of Exemp	t Purposes	13	\$0
13 (See Pa Lin	Tota work it XV e No	Asheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) Accomplishm	ent of Exemp	t Purposes	13	\$0
13 (See Pa Lin	Tota work it XV e No	Asheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) Accomplishm	ent of Exemp	t Purposes	13	\$0
13 (See Pa Lin	Tota work it XV e No	Asheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) Accomplishm	ent of Exemp	t Purposes	13	\$0
13 (See Pa Lin	Tota work it XV e No	Asheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) Accomplishm	ent of Exemp	t Purposes	13	\$0
13 (See Pa Lin	Tota work it XV e No	Asheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) Accomplishm	ent of Exemp	t Purposes	13	\$0
13 (See Pa Lin	Tota work it XV e No	Asheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) Accomplishm	ent of Exemp	t Purposes	13	\$0
13 (See Pa Lin	Tota work it XV e No	Asheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) Accomplishm	ent of Exemp	t Purposes	13	\$0
13 (See Pa Lin	Tota work it XV e No	Asheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) Accomplishm	ent of Exemp	t Purposes	13	\$0
13 (See Pa Lin	Tota work it XV e No	Asheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) Accomplishm	ent of Exemp	t Purposes	13	\$0
13 (See Pa Lin	Tota work it XV e No	Asheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) Accomplishm	ent of Exemp	t Purposes	13	\$0
13 (See Pa Lin	Tota work it XV e No	Asheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) Accomplishm	ent of Exemp	t Purposes	13	\$0
13 (See Pa Lin	Tota work it XV e No	Asheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) Accomplishm	ent of Exemp	t Purposes	13	\$0
13 (See Pa Lin	Tota work it XV e No	Asheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) Accomplishm	ent of Exemp	t Purposes	13	\$0
13 (See Pa Lin	Tota work it XV e No	Asheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) Accomplishm	ent of Exemp	t Purposes	13	\$0
13 (See Pa Lin	Tota work it XV e No	Asheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) Accomplishm	ent of Exemp	t Purposes	13	\$0
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13 (See Pa Lin	Tota work it XV e No	Asheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) Accomplishm	ent of Exemp	t Purposes	13	\$0
13 (See Pa Lin	Tota work it XV e No	Asheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) Accomplishm	ent of Exemp	t Purposes	13	\$0

Form 990-PF (2018)

Part	XVII	Informatio Organizatio	_	ling Tran	sfers to	and Trans	saction	s and F	Relationsh	ips W	ith N	loncha	ritabk	е Ехе	mpt
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Schedule B

,(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Name of the organization

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

Employer identification number

Envision Healthcare Chantable Fund 82-4054697 Organization type (check one) Filers of: Section: Form 990 or 990-EZ ☐ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation ☐ 527 political organization Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation ☐ 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990 EZ), Part II, line 13. 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1 Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific. literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year . **▶** \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Envision Healthcare Charitable Fund

82-4054697

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional space is needed							
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
	Envision Healthcare 1A Burton Hills Boulevard Nashville, TN 37215	\$ 27,625	Person Payroll Noncash (Complete Part II for noncash contributions)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person Payroll Moncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person					

Attachment to Form 990-PF

Envision Healthcare Charitable Fund 1A Burton Hills Boulevard Nashville, TN 37215 EIN # 82-4054697

Part VII-A. Line 10. Substantial Contributor

Envision Healthcare became a substantial contributor in 2018.

Part VIII. Line 1. Directors

President – David Esler Secretary – Craig Wilson Treasurer – Kenneth Zongor

Directors and officers of the foundation serve without compensation.

Part XV. Line 3. Grants and Contributions

Name and Address	Relationship	Charity Status	Purpose	Amount
University of Illinois Foundation 1305 W Green St Urbana, IL 61801	None	509(a)(1)	General	\$16,000
AMR Foundation for Education & Research 6363 S Fiddlers Green Cir Greenwood Village, CO 80111	None	509(a)(1)	General	\$3,500