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Form 990 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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2018 calendar year, or tax year beginning 07/01 , 2018, and ending 06/30 , 20 19

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

C Name of organization COMMONSPIRIT HEALTH RESEARCH INSTITUTE

Doing business as

Number and street (or P O box if mail is not delivered to street address) 198 INVERNESS DRIVE WEST

Room/suite

City or town, state or province, country, and ZIP or foreign postal code ENGLEWOOD, CO 80112

D Employer identification number 27-1050565

E Telephone number (720) 874-1127

G Gross receipts $ 3,422,320

F Name and address of principal officer AMANDA TRASK
SAME AS C ABOVE

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)

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

J Website: ► HTTP //WWW CHIRESEARCH ORG/

H(c) Group exemption number ►

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of formation 2009 M State of legal domicile CO

Part I Summary

1 Briefly describe the organization's mission or most significant activities: CIRI DELIVERS VALUE BY ENHANCING AND LEVERAGING CATHOLIC HEALTH INITIATIVES' LOCAL ASSETS TO ADVANCE AND TRANSFORM HEALTHCARE DELIVERY THROUGH RESEARCH AND INNOVATION.

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

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AUG 05 2020
IRS-OSC
OGDEN, UT

3	Number of voting members of the governing body (Part VI, line 1a)	3	3
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	39
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 38	7b	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,642,122	928,156
9	Program service revenue (Part VIII, line 2g)	2,767,508	2,402,764
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	61,250	91,400
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,470,880	3,422,320
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	644,676	503,674
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,848,160	2,572,504
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)	6,315,380	3,983,455
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	9,808,216	7,059,633
19	Revenue less expenses. Subtract line 18 from line 12	(5,337,336)	(3,637,313)

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	47,330,387	50,163,728
21	Total liabilities (Part X, line 26)	51,448,903	58,232,356
22	Net assets or fund balances. Subtract line 21 from line 20	(4,118,516)	(8,068,628)

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 DocuSigned by: Amanda Trask 47A3D5615AEF4CA... Date Jul 13, 2020

Type or print name and title AMANDA TRASK SVP-CLIN SVC LINES

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
PAMELA KROHN	Pamela R Krohn	7/13/2020		P01210500

Firm's name ► COMMONSPIRIT HEALTH — Firm's EIN ► 47-0617373

Firm's address ► 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112 — Phone no (303) 298-9100

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

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2018)

SCANNED JUL 12 2021

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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:

SEE SCHEDULE O

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 $ 4,740,427 including grants of $ 503,674) (Revenue $ 2,494,164)

SEE SCHEDULE O

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

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

4d Other program services (Describe in Schedule O)
(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ▶ 4,740,427

AB DI JRO

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	✓	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	✓	
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		✓
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		✓
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		✓
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		✓
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		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		✓
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		✓
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		✓
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		✓
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		✓
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		✓
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	✓	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	✓	
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	✓	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		✓
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	✓	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		✓
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
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		✓
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		✓
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		✓
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		✓
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		✓
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		✓
20 a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	✓	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		✓
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	✓	
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		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		✓
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		✓
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		✓
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		✓
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		✓
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		✓
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		✓
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		✓
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		✓
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		✓
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	✓	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	✓	
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		✓
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		✓
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	✓	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

			Yes	No
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 39			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		✓
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		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
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		✓
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		✓
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		✓
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		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		✓
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		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	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?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
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		✓
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15		✓
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		✓

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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 3			
	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 0			
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		✓
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		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓
6	Did the organization have members or stockholders?	6	✓	
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	✓	
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	✓	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
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		✓

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		✓
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		✓
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	✓	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓	
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	✓	
13	Did the organization have a written whistleblower policy?	13	✓	
14	Did the organization have a written document retention and destruction policy?	14	✓	
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		✓
b	Other officers or key employees of the organization	15b		✓
	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		✓
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 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 ▶
MICHAEL SALEEB, 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112, (720) 874-1392

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, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROBERT WEIL, MD	5 0									
CHAIR/CMO	45 0	✓		✓				0	1,245,202	152,605
(2) KATHLEEN SANFORD, RN, DBA, FACHE	1 0									
SECRETARY & TREASURER/ CHI SVP CNO (PARTIAL YEAR)	49 0	✓		✓				0	1,222,706	42,200
(3) CLIFF ROBERTSON, MD	1 0									
DIRECTOR/CEO CHI HEALTH (PARTIAL YEAR)	49 0	✓						0	2,055,384	202,344
(4) SHANNON DUVAL	1 0									
DIRECTOR	49 0	✓						0	519,565	41,850
(5) KEVIN MURPHY	1 0									
DIRECTOR	49 0	✓						0	398,459	41,762
(6) DAVID GARY	45 0									
SYS DIRECTOR HUMAN RESEARCH	0 0					✓		161,779	0	18,323
(7) KRISTA BRADLEY	40 0									
ASSOCIATE DIRECTOR RESEARCH OPPS	0 0					✓		150,008	0	33,480
(8) JARED ROWE	45 0									
SYS DIRECTOR CCR QUALITY	0 0					✓		136,512	0	17,046
(9) JULIA LINK	45 0									
SYS DIRECTOR NATL GRANTS	0 0					✓		115,560	0	12,715
(10) GWEN SAPPER	45 0									
MANAGER-CCR RESEARCH	0 0					✓		113,273	0	23,552
(11) STEPHEN MOORE, MD	0 0									
FORMER VICE CHAIR/CHI SVP CMO	50 0						✓	0	602,400	0
(12) THOMAS CLIFFORD DEVENY, MD	0 0									
FORMER CHAIR/SVP-PHYS SERV & CLIN INTEGR	0 0						✓	0	565,164	0
(13) JOHN DICOLA	0 0									
FORMER CHAIR/CHI EVP STRATEGY & BUSINESS DEVELOPMENT	0 0						✓	0	561,579	7,627
(14) DAMON HOSTIN	0 0									
FORMER HKE, BUS DEV MARKETING	40 0						✓	0	246,858	42,278

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			
(15) SHANNON DENNEY	0 0									
FORMER HKE, ASSOCIATE DIR INNOVATION PROGRAMS	40 0						✓	0	182,028	26,710
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b **Sub-total** ▶								677,132	7,599,345	662,492
c **Total from continuation sheets to Part VII, Section A** ▶								0	0	0
d **Total (add lines 1b and 1c)** ▶								677,132	7,599,345	662,492

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 ▶

		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*	✓	
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*	✓	
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*		✓

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
BIO-OPTRONICS INC, 1890 SOUTH WINTON ROAD SUITE 190, ROCHESTER, NY 14618	SOFTWARE AS A SERVICE-SOFTWARE PROGRAM	617,500

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 ▶ 1

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 0				
	b	Membership dues	1b 0				
	c	Fundraising events	1c 0				
	d	Related organizations	1d 0				
	e	Government grants (contributions)	1e 829,957				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 98,199				
	g	Noncash contributions included in lines 1a–1f $ 0					
	h	**Total.** Add lines 1a–1f ▶		928,156			
Program Service Revenue			Business Code				
	2a	CLINICAL TRIAL REVENUE	900099	2,402,764	2,402,764	0	0
	b			0	0	0	0
	c			0	0	0	0
	d			0	0	0	0
	e			0	0	0	0
	f	All other program service revenue		0	0	0	0
	g	**Total.** Add lines 2a–2f ▶		2,402,764			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		0	0	0	0
	4	Income from investment of tax-exempt bond proceeds ▶		0	0	0	0
	5	Royalties ▶		0	0	0	0
			(i) Real / (ii) Personal				
	6a	Gross rents	0 / 0				
	b	Less: rental expenses	0 / 0				
	c	Rental income or (loss)	0 / 0				
	d	Net rental income or (loss) ▶		0	0	0	0
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	0 / 0				
	b	Less: cost or other basis and sales expenses	0 / 0				
	c	Gain or (loss)	0 / 0				
	d	Net gain or (loss) ▶		0	0	0	0
	8a	Gross income from fundraising events (not including $ 0 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	0	0	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	0	0	0
	10a	Gross sales of inventory, less returns and allowances a 0					
	b	Less: cost of goods sold b 0					
	c	Net income or (loss) from sales of inventory ▶		0	0	0	0
		Miscellaneous Revenue	Business Code				
	11a	REVIEW OF IRB PROTOCOLS	900099	91,400	91,400	0	0
	b			0	0	0	0
	c			0	0	0	0
	d	All other revenue		0	0	0	0
	e	**Total.** Add lines 11a–11d ▶		91,400			
	12	**Total revenue.** See instructions ▶		3,422,320	2,494,164	0	0

Part IX Statement of Functional Expenses

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

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

	Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	503,674	503,674		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,094,168	1,256,501	837,667	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	106,051	63,630	42,421	
9	Other employee benefits	211,437	126,862	84,575	
10	Payroll taxes	160,848	96,509	64,339	
11	Fees for services (non-employees):				
a	Management				
b	Legal	25,286		25,286	
c	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	665,732	665,732	0	0
12	Advertising and promotion	9,680		9,680	
13	Office expenses	10,927	10,708	219	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	47,490	33,718	13,772	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,272	2,264	2,008	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	REIMBURSEMENT OF EXPENSES	2,528,051	1,289,306	1,238,745	
b	REPAIRS AND MAINTENANCE	589,450	589,450		
c	BAD DEBTS	98,522	98,522		
d	EDUCATION	3,671	3,487	184	
e	All other expenses	374	64	310	0
25	**Total functional expenses.** Add lines 1 through 24e	7,059,633	4,740,427	2,319,206	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 X . . . . . ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1	0
	2	Savings and temporary cash investments		2	0
	3	Pledges and grants receivable, net		3	0
	4	Accounts receivable, net	1,832,174	4	1,888,470
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	0
	7	Notes and loans receivable, net		7	0
	8	Inventories for sale or use		8	0
	9	Prepaid expenses and deferred charges	51,458	9	51,459
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 0			
	b	Less: accumulated depreciation — 10b: 0	0	10c	0
	11	Investments—publicly traded securities		11	0
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets		14	0
	15	Other assets. See Part IV, line 11	45,446,755	15	48,223,799
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	47,330,387	16	50,163,728
Liabilities	17	Accounts payable and accrued expenses	21,764,066	17	25,983,997
	18	Grants payable		18	0
	19	Deferred revenue		19	49,856
	20	Tax-exempt bond liabilities		20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	0
	23	Secured mortgages and notes payable to unrelated third parties		23	0
	24	Unsecured notes and loans payable to unrelated third parties		24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	29,684,837	25	32,198,503
	26	**Total liabilities.** Add lines 17 through 25	51,448,903	26	58,232,356
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	(4,118,516)	27	(8,068,628)
	28	Temporarily restricted net assets		28	0
	29	Permanently restricted net assets		29	0
		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	(4,118,516)	33	(8,068,628)
	34	Total liabilities and net assets/fund balances	47,330,387	34	50,163,728

Part XI Reconciliation 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	3,422,320
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,059,633
3	Revenue less expenses. Subtract line 2 from line 1	3	(3,637,313)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	(4,118,516)
5	Net unrealized gains (losses) on investments	5	
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	(312,799)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	(8,068,628)

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		✓
	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	✓	
	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	✓	
	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	✓	
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	✓	

SCHEDULE A (Form 990 or 990-EZ)

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.

▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization	Employer identification number
COMMONSPIRIT HEALTH RESEARCH INSTITUTE	27-1050565

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

f Enter the number of supported organizations 1

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

	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 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)
(A)	CATHOLIC HEALTH CARE FEDERATION	99-9999999	1 CHURCH SECTION 170(B)(1)(A)(I)	✓		0	0
(B)							
(C)							
(D)							
(E)							
Total						0	0

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 6, column (f) divided by line 11, column (f)) . . . . 14 %

15 Public support percentage from 2017 Schedule A, Part II, line 14 . . . . . 15 %

16a **33 1/3% support test—2018.** 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—2017.** 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—2018.** 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—2017.** 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 in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2018** (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from **2017** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2018.** 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—2017.** 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 in line 12 on 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 (as 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 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 (explain in Part VI). **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):			
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 2018 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-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in **Part VI**). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
c	From 2015			
d	From 2016			
e	From 2017			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2018 from Section D, line 7. $			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in **Part VI.** See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in **Part VI.** See instructions.			
7	**Excess distributions carryover to 2019.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2014			
b	Excess from 2015			
c	Excess from 2016			
d	Excess from 2017			
e	Excess from 2018			

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.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization	Employer identification number
COMMONSPIRIT HEALTH RESEARCH INSTITUTE	27-1050565

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 a 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 Tax 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 7/25/06, 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 on 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

a Board designated or quasi-endowment ▶ _____%
b Permanent endowment ▶ _____%
c Temporarily restricted endowment ▶ _____%

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

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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" on line 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				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				

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)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 13.)* ▶		

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

(a) Description	(b) Book value
(1) INTERCOMPANY RECEIVABLES	31,081,182
(2) INVESTMENTS IN UNCONSOLIDATED ORGS - CONTROLLING INTEREST	17,142,617
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	48,223,799

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	
(2) INTERCOMPANY PAYABLES	32,198,503
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	32,198,503

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.

SEE STATEMENT

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.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

COMMONSPIRIT HEALTH RESEARCH INSTITUTE

Employer identification number

27-1050565

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.

1 (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 noncash assistance	(h) Purpose of grant or assistance
(1) (SEE STATEMENT)	61-1334601	501(C)(3)	12,420				PROGRAM SERVICES
(2) SAINT ELIZABETH HOSPITAL 555 SOUTH 70TH STREET, LINCOLN, NE 68510	47-0379836	501(C)(3)	39,649				PROGRAM SERVICES
(3) GOOD SAMARITAN HOSPITAL PO BOX 1990, KEARNEY, NE 68848	47-0379755	501(C)(3)	31,379				PROGRAM SERVICES
(4) SAINT FRANCIS MEDICAL CENTER 2620 W FAIDLEY, GRAND ISLAND, NE 68802	47-0376601	501(C)(3)	126,912				PROGRAM SERVICES
(5) ALEGENT CREIGHTON HEALTH 12809 W DODGE RD, OMAHA, NE 68154	47-0757164	501(C)(3)	9,380				PROGRAM SERVICES
(6) FRANCISCAN HEALTH SYSTEM 1717 SOUTH J ST, TACOMA, WA 98405	91-0564491	501(C)(3)	9,350				PROGRAM SERVICES
(7) CATHOLIC HEALTH INITIATIVES - IOWA CORP 1111 6TH AVE, DES MOINES, IA 50314	42-0680448	501(C)(3)	56,511				PROGRAM SERVICES
(8) CENTURA HEALTH CORPORATION 9100 E MINERAL CIR, ENGLEWOOD, CO 80112	84-1335382	501(C)(3)	71,520				PROGRAM SERVICES
(9) TRINITY HEALTH SYSTEM 380 SUMMIT AVE, STEUBENVILLE, OH 43952	34-1818681	501(C)(3)	123,444				PROGRAM SERVICES
(10) COMMONSPIRIT HEALTH 198 INVERNESS DRIVE W, ENGLEWOOD, CO 80112	47-0617373	501(C)(3)	16,418				PROGRAM SERVICES
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 10

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash 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.

(SEE STATEMENT)

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.**
▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
COMMONSPIRIT HEALTH RESEARCH INSTITUTE

Employer identification number
27-1050565

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (such as maid, chauffeur, chef)		
b	If any of the boxes on 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, and officers, including the CEO/Executive Director, regarding the items checked on 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	✓	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	✓	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		✓
	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 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		✓
b	Any related organization?	5b		✓
	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		✓
b	Any related organization?	6b		✓
	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 nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	✓	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		✓
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 aren't listed on Form 990, Part VII.

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

	(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
			(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	ROBERT WEIL, MD	(i)	0	0	0	0	0	0	0
	CHAIR/CMO	(ii)	684,941	499,163	61,098	126,535	26,070	1,397,807	36,000
2	KATHLEEN SANFORD, RN, DBA, FACHE	(i)	0	0	0	0	0	0	0
	SECRETARY & TREASURER/ CHI SVP CNO (PARTIAL YEAR)	(ii)	654,511	439,136	129,059	16,130	26,070	1,264,906	0
3	CLIFF ROBERTSON, MD	(i)	0	0	0	0	0	0	0
	DIRECTOR/CEO CHI HEALTH (PARTIAL YEAR)	(ii)	1,021,091	870,115	164,178	173,553	28,791	2,257,728	133,018
4	SHANNON DUVAL	(i)	0	0	0	0	0	0	0
	DIRECTOR	(ii)	345,786	153,597	20,182	15,378	26,472	561,415	0
5	KEVIN MURPHY	(i)	0	0	0	0	0	0	0
	DIRECTOR	(ii)	295,976	80,583	21,900	15,908	25,854	440,221	0
6	DAVID GARY	(i)	147,291	12,513	1,975	9,600	8,723	180,102	0
	SYS DIRECTOR HUMAN RESEARCH	(ii)	0	0	0	0	0	0	0
7	KRISTA BRADLEY	(i)	136,332	12,238	1,438	9,071	24,409	183,488	0
	ASSOCIATE DIRECTOR RESEARCH OPPS	(ii)	0	0	0	0	0	0	0
8	JARED ROWE	(i)	125,291	10,663	558	8,464	8,582	153,558	0
	SYS DIRECTOR CCR QUALITY	(ii)	0	0	0	0	0	0	0
9	STEPHEN MOORE, MD	(i)	0	0	0	0	0	0	0
	FORMER VICE CHAIR/CHI SVP CMO	(ii)	0	0	602,400	0	0	602,400	0
10	THOMAS CLIFFORD DEVENY, MD	(i)	0	0	0	0	0	0	0
	FORMER CHAIR/SVP-PHYS SERV & CLIN INTEGR	(ii)	284	0	564,880	0	0	565,164	0
11	JOHN DICOLA	(i)	0	0	0	0	0	0	0
	FORMER CHAIR/CHI EVP STRATEGY & BUSINESS DEVELOPMENT	(ii)	3,684	0	557,895	0	7,627	569,206	0
12	DAMON HOSTIN	(i)	0	0	0	0	0	0	0
	FORMER HKE, BUS DEV MARKETING	(ii)	198,482	28,734	19,642	14,306	27,972	289,136	0
13	SHANNON DENNEY	(i)	0	0	0	0	0	0	0
	FORMER HKE ASSOCIATE DIR INNOVATION PROGRAMS	(ii)	166,045	14,458	1,525	11,012	15,698	208,738	0
14		(i)							
		(ii)							
15		(i)							
		(ii)							
16		(i)							
		(ii)							

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ	OMB No 1545-0047
Department of Treasury Internal Revenue Service	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 ▶ Go to www irs gov/Form990 for the latest information	2018 Open to Public Inspection

Name of the Organization	Employer Identification Number
COMMONSPIRIT HEALTH RESEARCH INSTITUTE	27-1050565

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 1 - MISSION STATEMENT	AS COMMONSPIRIT HEALTH, WE MAKE THE HEALING PRESENCE OF GOD KNOWN IN OUR WORLD BY IMPROVING THE HEALTH OF THE PEOPLE WE SERVE, ESPECIALLY THOSE WHO ARE VULNERABLE, WHILE WE ADVANCE SOCIAL JUSTICE FOR ALL
FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS	AS SET FORTH IN THE ARTICLES OF INCORPORATION AND BYLAWS, THE PRINCIPAL PURPOSE AND FUNCTIONS OF CATHOLIC HEALTH INITIATIVES INSTITUTE FOR RESEARCH AND INNOVATION ("CIRI") ARE TO ENGAGE PRIMARILY IN THE CONDUCT OF MEDICAL RESEARCH AND CARRY OUT OTHER FUNCTIONS THAT SUPPORT CATHOLIC HEALTH CARE FEDERATION ("CHCF") AND ITS AFFILIATED ENTITIES CIRI INTENDS TO CREATE A NATIONAL PROGRAM TO PIONEER THE ADVANCEMENT, TRANSFORMATION, AND INTEGRATION OF MEDICAL, CLINICAL AND TRANSLATIONAL RESEARCH AND HEALTH CARE INNOVATION ("R&I ACTIVITIES") THROUGHOUT THE HEALTH CARE SYSTEM OWNED AND/OR OPERATED BY CATHOLIC HEALTH INITIATIVES (THE "CHI HEALTHCARE SYSTEM"), FOR THE BENEFIT OF THE COMMUNITIES CHI SERVES ALL R&I ACTIVITIES WILL BE CONDUCTED USING CHI PATIENTS AS PARTICIPANTS IN THE RESEARCH STUDIES TO IMPROVE THE HEALTH OF CHI'S PATIENTS CENTRALIZED ADMINISTRATION AND MANAGEMENT OF R&I ACTIVITIES WILL ALLOW CIRI, THROUGH ITS CENTRAL ADMINISTRATIVE OFFICE, TO PROVIDE STRATEGIC, ADMINISTRATIVE, MANAGERIAL, AND FINANCIAL SUPPORT FOR R&I ACTIVITIES THROUGHOUT THE CHI HEALTHCARE SYSTEM THESE ACTIVITIES WILL TAKE PLACE AT HOSPITALS AND HEALTHCARE FACILITIES LOCATED IN A PARTICULAR GEOGRAPHIC REGION BEING REFERRED TO AS AN "MBO " CIRI'S CENTRALIZED ADMINISTRATION OF THESE ACTIVITIES WILL PROVIDE UNIFORM RESEARCH GUIDELINES AND OPERATING STANDARDS, BUSINESS SERVICES, AND A COMPLIANCE PROGRAM FOR CONDUCTING R&I ACTIVITIES BY CENTRALIZING THESE SERVICES, CIRI WILL REDUCE OR ELIMINATE THE DUPLICATION OF RESOURCES AT THE PARTICIPATING MBO LEVEL, AS WELL AS PROVIDE CONSISTENCY AND STANDARDIZATION FOR THE R&I ACTIVITIES THE CENTRALIZED SERVICES WILL BE CONDUCTED BY EMPLOYEES OF CIRI ALL DIRECT PATIENT R&I ACTIVITIES WILL BE CONDUCTED AT THE MBO'S BY EMPLOYEES, AGENTS OR INDEPENDENT CONTRACTORS OF THE MBO
FORM 990, PART VI, LINE 1A - DELEGATE BROAD AUTHORITY TO A COMMITTEE	PURSUANT TO SECTION 6 5 OF THE ORGANIZATION'S BYLAWS, THE EXECUTIVE COMMITTEE SHALL CONSIST OF DIRECTORS AND OFFICERS OF THE CORPORATION AND SHALL BE COMPOSED OF THE CHAIRMAN OF THE BOARD, THE VICE CHAIRPERSON OF THE BOARD, AND THE PRESIDENT AND CHIEF EXECUTIVE OFFICER, EACH OF WHOM SHALL SERVE AS AN EX OFFICIO VOTING MEMBER OF THE EXECUTIVE COMMITTEE AND TWO (2) VOTING MEMBERS SELECTED FROM AMONG THE OTHER DIRECTORS BY THE BOARD OF DIRECTORS AT LEAST ONE MEMBER OF THE EXECUTIVE COMMITTEE SHALL BE A DIRECTOR SERVING AS A REPRESENTATIVE FROM AN MBO EACH INDIVIDUAL APPOINTED TO THE EXECUTIVE COMMITTEE SHALL SERVE FOR A TERM OF TWO (2) YEARS OR UNTIL (I) THE EXPIRATION OF HIS OR HER TERM AS A DIRECTOR OR (II) HIS OR HER SUCCESSOR IS DULY APPOINTED BY THE BOARD OF DIRECTORS, WHICHEVER COMES FIRST ANY VACANCY OF AN APPOINTED EXECUTIVE COMMITTEE MEMBERSHIP MAY BE FILLED FOR THE UNEXPIRED PORTION OF THE TERM IN THE MANNER THAT THE ORIGINAL COMMITTEE MEMBER WAS APPOINTED EXCEPT AS PROVIDED BY LAW, THE EXECUTIVE COMMITTEE SHALL HAVE AND MAY EXERCISE SUCH POWERS AS MAY BE DELEGATED TO IT BY THE BOARD OF DIRECTORS ADDITIONALLY, THE EXECUTIVE COMMITTEE SHALL HAVE AND MAY EXERCISE SUCH POWERS TO TRANSACT ROUTINE BUSINESS OF THE CORPORATION IN THE INTERIM PERIOD BETWEEN REGULARLY SCHEDULED MEETINGS OF THE BOARD OF DIRECTORS, PROVIDED THAT SUCH ACTIONS TAKEN SHALL BE CONSISTENT WITH AND NOT CONFLICT WITH ANY ACTIONS OR POLICIES OF THE BOARD OF DIRECTORS OR THE CORPORATE MEMBER, WITH THESE BYLAWS OR WITH APPLICABLE LAW ALL ACTIONS TAKEN BY THE EXECUTIVE COMMITTEE SHALL BE PROMPTLY REPORTED TO THE BOARD OF DIRECTORS AT THE NEXT REGULAR OR ANNUAL MEETING OF THE BOARD OF DIRECTORS THE EXECUTIVE COMMITTEE SHALL MEET AT SUCH TIMES AS SHALL BE DETERMINED BY THE CHAIRPERSON OR THE PRESIDENT AND CHIEF EXECUTIVE OFFICER THE EXECUTIVE COMMITTEE SHALL KEEP REGULAR MINUTES OF ITS PROCEEDINGS AND REPORT THE SAME TO THE BOARD OF DIRECTORS AT EACH REGULAR MEETING OF THE BOARD
FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS	ACCORDING TO THE BYLAWS OF CHI INSTITUTE FOR RESEARCH AND INNOVATION, THE ENTITY'S SOLE MEMBER IS COMMONSPIRIT HEALTH, A COLORADO NONPROFIT ORGANIZATION
FORM 990, PART VI, LINE 7A - MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY	PURSUANT TO SECTION 6 5 OF THE ORGANIZATION'S BYLAWS, DIRECTORS OF THE CORPORATION, OTHER THAN EX OFFICIO DIRECTORS, IF ANY, SHALL BE APPOINTED BY THE CORPORATE MEMBER NO LATER THAN JUNE 30 OF EACH YEAR PRIOR TO EACH ANNUAL MEETING OF THE CORPORATE MEMBER, OR SUCH OTHER MEETING CALLED FOR THE PURPOSE OF APPOINTING DIRECTORS OF THE CORPORATION, THE BOARD OF DIRECTORS MAY SELECT A SLATE OF NOMINEES QUALIFIED TO SERVE ON THE BOARD OF DIRECTORS OF THE CORPORATION, IN ADDITION TO THE EX OFFICIO DIRECTORS THE NAMES AND QUALIFICATIONS OF EACH INDIVIDUAL SHALL BE SUBMITTED TO THE CORPORATE MEMBER, WHO SHALL THEN APPOINT OR REFUSE EACH NOMINEE IN ACCORDANCE WITH THE CORPORATE MEMBER'S BYLAWS AND WITH THE ENDORSEMENT OF THE EXECUTIVE VICE PRESIDENT AND CHIEF OPERATING OFFICER OR OTHER DESIGNEE NOTWITHSTANDING ANYTHING IN THE BYLAWS TO THE CONTRARY, THE CORPORATE MEMBER MAY UNILATERALLY APPOINT ONE OR MORE INDIVIDUALS TO THE BOARD OF DIRECTORS WHETHER OR NOT THE BOARD FURNISHES THE CORPORATE MEMBER WITH A LIST OF INDIVIDUALS QUALIFIED TO SERVE ON THE BOARD OF DIRECTORS OF THE CORPORATION IN ACCORDANCE WITH THE BYLAWS

Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 7B - DECISIONS REQUIRING APPROVAL BY MEMBERS OR STOCKHOLDERS	THE ORGANIZATION'S CORPORATE MEMBER IS COMMONSPIRIT HEALTH PURSUANT TO SECTION 5 4 OF THE ORGANIZATION'S BYLAWS, THE CORPORATE MEMBER SHALL HAVE THE SPECIFIC RIGHTS SET FORTH IN THE GOVERNANCE MATRIX PURSUANT TO THE GOVERNANCE MATRIX THE FOLLOWING RIGHTS ARE RESERVED TO THE COMMONSPIRIT HEALTH BOARD DIRECTLY OR THROUGH POWERS DELEGATED TO THE COMMONSPIRIT HEALTH CHIEF EXECUTIVE OFFICER * SUBSTANTIAL CHANGE IN THE MISSION OR PHILOSOPHY OF CHI INSTITUTE FOR RESEARCH AND INNOVATION ("CIRI"), * AMENDMENT OF THE CORPORATE DOCUMENTS OF CIRI, * APPROVE MEMBERS OF THE CIRI BOARD, * REMOVAL OF A MEMBER OF THE GOVERNING BODY OF CIRI, * APPROVAL OF ISSUANCE OF DEBT BY CIRI, * APPROVAL OF PARTICIPATION OF CIRI IN A JOINT VENTURE, * APPROVAL OF FORMATION OF A NEW CORPORATION BY CIRI, * APPROVAL OF A MERGER INVOLVING CIRI, * APPROVAL OF THE SALE OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF CIRI, * TO REQUIRE THE TRANSFER OF ASSETS BY CIRI TO COMMONSPIRIT HEALTH TO ACCOMPLISH COMMONSPIRIT HEALTH'S GOALS AND OBJECTIVES, AND TO SATISFY COMMONSPIRIT HEALTH DEBTS, AND * ADOPTION OF LONG RANGE AND STRATEGIC PLANS FOR CIRI PURSUANT TO SECTION 5 5 2 OF THE ORGANIZATION'S BYLAWS, COMMONSPIRIT HEALTH MAY, IN EXERCISE OF ITS APPROVAL POWERS, GRANT OR WITHHOLD APPROVAL IN WHOLE OR IN PART, OR MAY, IN ITS COMPLETE DISCRETION, AFTER CONSULTATION WITH THE BOARD AND THE PRESIDENT AND CHIEF EXECUTIVE OFFICER OF THE ORGANIZATION, RECOMMEND SUCH OTHER OR DIFFERENT ACTIONS AS IT DEEMS APPROPRIATE (CHCF RESERVED RIGHTS) EXCEPT AS OTHERWISE PROVIDED IN THE CORPORATION'S ARTICLES OF INCORPORATION OR THE LAWS OF THE STATE OF ORGANIZATION, CATHOLIC HEALTH CARE FEDERATION ("CHCF") SHALL HAVE SUCH RIGHTS AS ARE RESERVED TO THE CORPORATE MEMBER, ACTING IN ITS CAPACITY AS THE MEMBERSHIP BODY OF CHCF, UNDER THE GOVERNANCE MATRIX
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	CIRI'S MANAGEMENT WILL REVIEW THE FORM 990 FOR ACCURACY OF THE ANSWERS PROVIDED THROUGHOUT THE FORM, AS WELL AS VERIFYING THE ACCURACY OF THE FINANCIAL DATA SUBSEQUENT TO MANAGEMENT'S REVIEW, THE TAX DEPARTMENT FILES THE RETURN WITH THE APPROPRIATE FEDERAL AND STATE AGENCIES, MAKING ANY NON-SUBSTANTIVE CHANGES NECESSARY TO EFFECT E-FILING ANY SUCH CHANGES ARE NOT RE-SUBMITTED TO MANAGEMENT

Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	THE ORGANIZATION HAS A CONFLICTS OF INTEREST ("COI") POLICY (THE "POLICY") IN PLACE TO MAINTAIN THE INTEGRITY OF ITS ACTIVITIES THROUGH FEBRUARY 7, 2019, CONFLICTS WERE ADMINISTERED SOLELY THROUGH CATHOLIC HEALTH INITIATIVES' ("CHI") GOVERNANCE POLICY NO 1 (DESCRIBED BELOW) ON FEBRUARY 8, 2019, IN CONNECTION WITH THE ALIGNMENT OF THE CATHOLIC HEALTH MINISTRIES OF CHI AND DIGNITY HEALTH, THE COMMONSPIRIT HEALTH BOARD OF STEWARDSHIP TRUSTEES APPROVED COMMONSPIRIT HEALTH CORPORATE RESPONSIBILITY POLICY NO G-001, A COMMONSPIRIT HEALTH CONFLICTS OF INTEREST POLICY THIS POLICY STIPULATES THAT, AT MINIMUM, THE PRE-CLOSING CHI COI POLICIES AND PRE-CLOSING DIGNITY HEALTH COI POLICIES IDENTIFY THE INDIVIDUALS THAT ARE COVERED UNDER THE NEW POLICY IN ADDITION, SUBJECT TO CERTAIN EXCEPTIONS, PRE-CLOSING CHI COI POLICIES SHALL CONTINUE TO APPLY TO THE CHI ENTITIES AND THE INDIVIDUALS WHO WERE SUBJECT TO THE PRE-CLOSING CHI COI POLICIES, AND THE PRE-CLOSING DIGNITY HEALTH COI POLICIES SHALL CONTINUE TO APPLY TO THE DIGNITY HEALTH ENTITIES AND THE INDIVIDUALS WHO WERE SUBJECT TO THE PRE-CLOSING DIGNITY HEALTH COI POLICIES UNTIL COMMONSPIRIT HEALTH ADOPTS A SINGLE PROCESS FOR IDENTIFYING AND MANAGING CONFLICTS OF INTEREST FOR ALL SYSTEM ENTITIES, THE FOLLOWING INDIVIDUALS SHALL BE SUBJECT TO THE PRE-CLOSING CHI COI POLICIES FROM AND AFTER THE EFFECTIVE DATE OF CORPORATE RESPONSIBILITY POLICY NO G-001 1 MEMBERS OF THE COMMONSPIRIT HEALTH BOARD OF STEWARDSHIP TRUSTEES AND MEMBERS OF THE COMMITTEES OF THE BOARD OF STEWARDSHIP TRUSTEES, 2 CORPORATE OFFICERS OF COMMONSPIRIT HEALTH, 3 MEMBERS OF THE BOARD OF DIRECTORS OF DIGNITY HEALTH AND MEMBERS OF THE COMMITTEES OF THE BOARD OF DIRECTORS OF DIGNITY HEALTH CHI GOVERNANCE POLICY NO 1 THE POLICY APPLIES TO THE FOLLOWING PERSONS MEMBERS OF THE CHI BOARD OF STEWARDSHIP TRUSTEES AND ITS COMMITTEES, MEMBERS OF ANY CHI DIRECT AFFILIATE OR SUBSIDIARY (EACH A CHI ENTITY) BOARD AND THEIR COMMITTEES, EMPLOYEES OF CHI ENTITIES, AND ALL CHI RESEARCHERS (AS DEFINED IN THE POLICY) DISCLOSURE, REVIEW AND MANAGEMENT OF PERCEIVED, POTENTIAL OR ACTUAL CONFLICTS OF INTEREST ARE ACCOMPLISHED THROUGH A DEFINED COI DISCLOSURE REVIEW PROCESS A DISCLOSURE OBLIGATIONS 1 ONGOING EACH PERSON IS REQUIRED TO PROMPTLY AND FULLY DISCLOSE TO HIS/HER DIRECT MANAGER, SUPERVISOR, MEDICAL STAFF OFFICE, BOARD OR BOARD COMMITTEE CHAIR ANY SITUATION OR CIRCUMSTANCE THAT MAY CREATE A CONFLICT OF INTEREST THE PERSON MUST DISCLOSE THE ACTUAL OR POTENTIAL CONFLICT AS SOON AS SHE/HE BECOMES AWARE OF IT IN ANY SITUATION IN WHICH THE PERSON IS IN DOUBT IT IS EXPECTED THAT FULL DISCLOSURE BE MADE TO PERMIT AN IMPARTIAL AND OBJECTIVE DETERMINATION AS TO THE EXISTENCE OF A CONFLICT 2 PERIODIC WRITTEN IN ADDITION TO THE ONGOING DISCLOSURE OBLIGATION, PERIODIC WRITTEN CONFLICT OF INTEREST DISCLOSURE FORMS MUST BE COMPLETED AS FOLLOWS A) INITIALLY 1) UPON HIRING (EMPLOYEES), 2) APPOINTMENT (BOARD / COMMITTEE MEMBERS), 3) UPON CONSIDERATION OF AFFILIATION WITH RESEARCH SPONSOR (RESEARCHERS) B) ANNUALLY 1) BOARD / COMMITTEE MEMBERS, 2) EMPLOYEES AT THE LEVEL VICE PRESIDENT OR ABOVE, 3) RESEARCHERS, 4) SUPPLY CHAIN EMPLOYEES AT THE LEVEL OF VICE PRESIDENT AND ABOVE AND THOSE EMPLOYEES INVOLVED IN CONTRACTING REGARDLESS OF EMPLOYMENT LEVEL, 5) OTHER EMPLOYEES AS DETERMINED BY COMMONSPIRIT HEALTH LEADERSHIP 3 FAILURE TO DISCLOSE - AN INDIVIDUAL WHO FAILS TO DISCLOSE A PERCEIVED, POTENTIAL, OR ACTUAL CONFLICT OF INTEREST, OR ALL MATERIAL FACTS SURROUNDING AN ACTUAL OR POTENTIAL CONFLICT OR FAILS TO ABIDE BY THE FINAL DECISION REGARDING THE CONFLICT MAY BE SUBJECT TO DISCIPLINARY OR CORRECTIVE ACTIONS SUCH AS TERMINATION OF EMPLOYMENT, REMOVAL FROM A BOARD OR COMMITTEE, LOSS OR RESTRICTION OF CLINICAL PRIVILEGES, OR RESTRICTIONS ON RESEARCH ACTIVITIES IN ACCORDANCE WITH APPLICABLE LAWS, REGULATIONS, RULES, CONTRACTS, AND BYLAWS B CONFLICTS REVIEW 1 NO DISCLOSED CONFLICTS IN THE ABSENCE OF PERCEIVED, POTENTIAL OR ACTUAL CONFLICTS OF INTEREST, NO FOLLOW-UP CONFLICTS REVIEW IS REQUIRED OR PERFORMED 2 DISCLOSURE OF PERCEIVED, POTENTIAL OR ACTUAL CONFLICTS A) ARE INITIALLY REVIEWED BY NATIONAL OR REGIONAL LEGAL OR CORPORATE RESPONSIBILITY TEAM MEMBERS (DEPENDING UPON THE ROLE OF THE INDIVIDUAL DISCLOSING THE ACTUAL OR POTENTIAL CONFLICT) TO DETERMINE WHETHER AN ACTUAL OR POTENTIAL FOR A CONFLICT MAY EXIST B) IF IT IS DETERMINED THAT A POTENTIAL OR ACTUAL CONFLICT MAY EXIST,

Return Reference - Identifier	Explanation
	I IN THE CASE OF BOARD OR COMMITTEE MEMBERS OR OFFICERS, ISSUES ARE ELEVATED TO THE EXECUTIVE COMMITTEE OF THE BOARD OR BOARD CHAIR II IN THE CASE OF OTHER PERSONS, CONFLICTS ISSUES ARE ELEVATED TO THE CONFLICTS OF INTEREST REVIEW COMMITTEE ("C-CIRC") C CONFLICTS DETERMINATION AND MANAGEMENT 1 MATTERS ELEVATED TO C-CIRC A) THE C-CIRC DETERMINES WHETHER A DISCLOSED OR OTHERWISE IDENTIFIED INTEREST IS A CONFLICT OF INTEREST IF THE C-CIRC DETERMINES THAT A COI EXISTS, AND ADEQUATE CONTROLS ARE NOT IN PLACE TO MITIGATE THE CONFLICT, THE C-CIRC FACILITATES DEVELOPMENT OF A COI MANAGEMENT PLAN DESIGNED TO MITIGATE THE CONFLICT DESIGNATED ENTITY STAFF ARE RESPONSIBLE FOR MONITORING THE COI MANAGEMENT PLAN AND FOR DOCUMENTING MONITORING ACTIVITIES NOTWITHSTANDING THE FOREGOING, AT ITS SOLE DISCRETION, AN ENTITY MAY REJECT A PERSON'S REQUEST TO ENTER INTO THE RELATIONSHIP IN QUESTION, OR REQUIRE THE RELATIONSHIP BE SUFFICIENTLY ALTERED TO AVOID A POTENTIAL CONFLICT OF INTEREST B) APPEAL - IF A PERSON DOES NOT AGREE WITH A DETERMINATION MADE BY THE C-CIRC, ITS INTERPRETATION OF THE COI POLICY, STILL SEEKS AN EXEMPTION OR EXCEPTION, OR SEEKS FURTHER CLARIFICATION OF THE C-CIRC 'S DECISION, THE INDIVIDUAL MAY APPEAL THE DECISION THROUGH HIS OR HER MANAGER FOR RECONSIDERATION BY THE C-CIRC, AND THE C-CIRC WILL REVIEW AND ISSUE A FINAL DETERMINATION BASED UPON ANY NEW OR ADDITIONAL INFORMATION PRESENTED 2 MATTERS ELEVATED TO THE EXECUTIVE COMMITTEE OR BOARD CHAIR. A) DETERMINATION OF EXISTENCE OF CONFLICT - THE BOARD CHAIR OR HIS OR HER DESIGNEE PERFORMS ANY FURTHER INVESTIGATION OF ANY CONFLICT OF INTEREST DISCLOSURES AS HE OR SHE MAY DEEM APPROPRIATE IF THE CONFLICT INVOLVES THE BOARD CHAIR, THE VICE CHAIR ASSUMES THE CHAIR'S ROLE OUTLINED IN THE COI POLICY BASED ON REVIEW AND EVALUATION OF THE RELEVANT FACTS AND CIRCUMSTANCES, THE BOARD CHAIR MAKES AN INITIAL DETERMINATION AS TO WHETHER A CONFLICT OF INTEREST EXISTS AND WHETHER, PURSUANT TO THE COI POLICY, REVIEW AND APPROVAL OR OTHER ACTION BY THE BOARD IS REQUIRED A WRITTEN RECORD OF THE BOARD CHAIR'S DETERMINATION, INCLUDING RELEVANT FACTS AND CIRCUMSTANCES, IS MADE THE BOARD CHAIR THEN MAKES AN APPROPRIATE REPORT TO THE EXECUTIVE COMMITTEE OF THE BOARD CONCERNING THE COI REVIEW, EVALUATION AND DETERMINATION IF A DIFFERENCE OF OPINION EXISTS BETWEEN THE BOARD CHAIR AND ANOTHER TRUSTEE AS TO WHETHER THE FACTS AND CIRCUMSTANCES OF A GIVEN SITUATION CONSTITUTE A CONFLICT OF INTEREST OR WHETHER BOARD REVIEW AND APPROVAL OR OTHER ACTION IS REQUIRED UNDER THE COI POLICY, THE MATTER IS SUBMITTED TO THE BOARD'S EXECUTIVE COMMITTEE, WHICH MAKES A FINAL DETERMINATION AS TO THE MATTER PRESENTED THAT DETERMINATION, INCLUDING RELEVANT FACTS AND CIRCUMSTANCES, IS REFLECTED IN THE EXECUTIVE COMMITTEE MINUTES AND IS REPORTED TO THE BOARD

Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 12C - CONFLICTS OF INTEREST POLICY	B) BOARD EVALUATION OF TRANSACTIONS INVOLVING AN OFFICER / BOARD MEMBER CONFLICT OF INTEREST - I THE BOARD CAREFULLY SCRUTINIZES AND MUST IN GOOD FAITH APPROVE OR DISAPPROVE ANY TRANSACTION IN WHICH CHI OR A CHI ENTITY IS A PARTY AND IN WHICH THE TRUSTEE OR A CORPORATE OFFICER EITHER 1 HAS A MATERIAL FINANCIAL INTEREST, OR 2 IS A TRUSTEE OR CORPORATE OFFICER OF THE OTHER PARTY (OTHER THAN A CHI AFFILIATED ORGANIZATION) II THE BOARD MUST APPROVE THE TRANSACTION BY A MAJORITY OF THE TRUSTEES ON THE BOARD (NOT COUNTING ANY INTERESTED TRUSTEE) IN REVIEWING SUCH TRANSACTIONS BETWEEN CHI OR CHI ENTITIES AND VENDORS OR OTHER CONTRACTORS WHO ARE, OR ARE AFFILIATED WITH, TRUSTEES OR CORPORATE OFFICERS, THE BOARD ACTS NO MORE OR LESS FAVORABLY THAN IT WOULD IN REVIEWING TRANSACTIONS WITH UNRELATED THIRD PARTIES THE TRANSACTION IS NOT APPROVED UNLESS THE BOARD DETERMINES THAT THE TRANSACTION IS FAIR TO CHI OR THE CHI ENTITY III A CONFLICTED TRUSTEE OR CORPORATE OFFICER IS NOT PERMITTED TO USE HIS OR HER PERSONAL INFLUENCE WITH RESPECT TO THE APPROVAL OR DISAPPROVAL OF THE CONFLICTED TRANSACTION HOWEVER, IF REQUESTED, SUCH TRUSTEE OR CORPORATE OFFICER IS NOT PREVENTED FROM BRIEFLY STATING HIS OR HER POSITION IN THE MATTER, NOR FROM ANSWERING PERTINENT QUESTIONS FROM TRUSTEES, AS HIS OR HER KNOWLEDGE MAY BE RELEVANT THE TRUSTEE OR CORPORATE OFFICER IS EXCUSED FROM THE MEETING DURING DISCUSSION AND VOTE ON THE CONFLICT OF INTEREST C) BOARD EVALUATION OF NON-TRANSACTIONAL CONFLICTS - I THE BOARD CAREFULLY REVIEWS AND SCRUTINIZES ANY NON-TRANSACTIONAL CONFLICT OF INTEREST (E G , DISCLOSURE OF NONPUBLIC INFORMATION, COMPETITION WITH CHI OR A CHI ENTITY, FAILURE TO DISCLOSE A CORPORATE OPPORTUNITY, EXCESSIVE GIFTS OR ENTERTAINMENT, ETC) II IN SUCH CIRCUMSTANCES, BY A MAJORITY VOTE OF THE DISINTERESTED TRUSTEES, THE BOARD TAKES WHATEVER ACTION IS DEEMED APPROPRIATE WITH RESPECT TO THE TRUSTEE OR CORPORATE OFFICER UNDER THE CIRCUMSTANCES (INCLUDING POSSIBLE DISCIPLINARY OR CORRECTIVE ACTION) TO BEST PROTECT THE INTERESTS OF CHI OR THE CHI ENTITY THE BOARD IS ENCOURAGED TO CONSULT WITH THE GENERAL COUNSEL OF CHI OR HIS OR HER DESIGNEE WHEN CONSIDERING DISCIPLINARY OR CORRECTIVE ACTION III THE CONFLICTED TRUSTEE OR CORPORATE OFFICER IS NOT PERMITTED TO USE HIS OR HER PERSONAL INFLUENCE WITH RESPECT TO THE CONFLICT MATTER HOWEVER, IF REQUESTED, SUCH TRUSTEE OR CORPORATE OFFICER IS NOT PREVENTED FROM BRIEFLY STATING HIS OR HER POSITION IN THE MATTER, NOR FROM ANSWERING PERTINENT QUESTIONS FROM TRUSTEES, AS HIS OR HER KNOWLEDGE MAY BE RELEVANT THE TRUSTEE OR CORPORATE OFFICER IS EXCUSED FROM THE MEETING DURING DISCUSSION AND VOTE ON THE CONFLICT OF INTEREST D) RECORD OF PROCEEDINGS - WITH RESPECT TO BOARD MEMBER AND OFFICER CONFLICTS OF INTEREST, MINUTES OF THE BOARD ARE EXPECTED TO REFLECT THE IDENTITY OF THE INDIVIDUAL MAKING THE DISCLOSURE, THE NATURE OF THE DISCLOSURE, DISCUSSION REGARDING ANY PROPOSED TRANSACTION, THE DECISION MADE BY THE BOARD, AND THAT THE INTERESTED TRUSTEE OR CORPORATE OFFICER WAS EXCUSED DURING THE DISCUSSION, AND THAT THE INTERESTED TRUSTEE ABSTAINED FROM VOTING D CONFLICTS REPORTING ALL CONFLICTS OF INTEREST ARE REPORTED BY CHI AS REQUIRED BY LAW, REGULATIONS, AND POLICY
FORM 990, PART VI, LINE 15A - TOP MANAGEMENT OFFICIAL COMPENSATION	THE ORGANIZATION'S TOP MANAGEMENT OFFICIAL'S COMPENSATION WAS PAID BY CATHOLIC HEALTH INITIATIVES ("CHI"), A RELATED ORGANIZATION CHI HAD A DEFINED COMPENSATION PHILOSOPHY BOTH THE EXECUTIVE AND NON-EXECUTIVE COMPENSATION STRUCTURES AND RANGES WERE REVIEWED ANNUALLY IN COMPARISON TO MARKET DATA CATHOLIC HEALTH INITIATIVES USED KORN FERRY AS THE INDEPENDENT THIRD PARTY TO ASSESS EXECUTIVE COMPENSATION PROGRAMS AND TO ENSURE THE REASONABLENESS OF ACTUAL SALARIES AND TOTAL COMPENSATION PACKAGES COMPENSATION OF THE SENIOR MOST EXECUTIVES WAS REVIEWED ANNUALLY KORN FERRY REVIEWED BOTH CASH AND TOTAL COMPENSATION FOR OVERALL REASONABLENESS, FOR ADHERENCE TO CATHOLIC HEALTH INITIATIVES' COMPENSATION PHILOSOPHY, AND FOR COMPARABILITY TO THE NOT-FOR-PROFIT HEALTHCARE MARKET THIS INDEPENDENT REVIEW WAS DELIVERED BY KORN FERRY TO THE CHI HR COMMITTEE OF THE BOARD OF STEWARDSHIP TRUSTEES ANNUALLY AT THEIR SEPTEMBER MEETING AND MINUTES SHARED WITH THE FULL BOARD AT THE DECEMBER MEETING THE LAST REVIEW WAS SEPTEMBER 25, 2018 IN ADDITION, KORN FERRY COMPLETED A COMPREHENSIVE REVIEW OF ALL POSITIONS AT THE LEVEL OF VICE PRESIDENT AND ABOVE IN THE FALL OF 2014 TO DETERMINE AND VALIDATE APPROPRIATE COMPENSATION LEVELS THESE LEVELS WERE REVIEWED ANNUALLY AND REVISED BASED ON MARKET DATA, WHERE APPLICABLE
FORM 990, PART VI, LINE 15B - PROCESS FOR DETERMINING COMPENSATION – OFFICERS/KEY EMPLOYEES	DURING THE TAX YEAR ENDED 6/30/2019, NO OFFICERS, DIRECTORS OR TRUSTEES RECEIVED COMPENSATION FROM THE ORGANIZATION ANY EXECUTIVE COMPENSATION PAID TO OFFICERS, DIRECTORS OR TRUSTEES BY RELATED ORGANIZATIONS WAS SET BY THE RELATED ORGANIZATION'S COMPENSATION COMMITTEE UTILIZING BOTH AN INDEPENDENT CONSULTANT AND COMPARABILITY STUDIES TO DETERMINE COMPENSATION THEREFORE, THESE QUESTIONS ARE MORE APPROPRIATELY ANSWERED AS N/A
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	THE ORGANIZATION'S FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST THE ORGANIZATION'S FINANCIAL STATEMENTS ARE INCLUDED IN COMMONSPIRIT HEALTH'S CONSOLIDATED AUDITED FINANCIAL STATEMENTS THAT ARE AVAILABLE AT WWW COMMONSPIRIT ORG OR WWW CATHOLICHEALTHINITIATIVES ORG

Return Reference - Identifier	Explanation	
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	(a) Description	(b) Amount
	TRANSACTIONS WITH AFFILIATED ORGANIZATION	- 312,799

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.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
COMMONSPIRIT HEALTH RESEARCH INSTITUTE

Employer identification number
27-1050565

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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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	No
(1) (SEE STATEMENT)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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) Disproportionate 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
(1) (SEE STATEMENT)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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
(1) (SEE STATEMENT)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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 organization 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		✓
b	Gift, grant, or capital contribution to related organization(s)	1b	✓	
c	Gift, grant, or capital contribution from related organization(s)	1c		✓
d	Loans or loan guarantees to or for related organization(s)	1d		✓
e	Loans or loan guarantees by related organization(s)	1e		✓
f	Dividends from related organization(s)	1f		✓
g	Sale of assets to related organization(s)	1g		✓
h	Purchase of assets from related organization(s)	1h		✓
i	Exchange of assets with related organization(s)	1i		✓
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		✓
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		✓
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		✓
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	✓	
o	Sharing of paid employees with related organization(s)	1o	✓	
p	Reimbursement paid to related organization(s) for expenses	1p	✓	
q	Reimbursement paid by related organization(s) for expenses	1q		✓
r	Other transfer of cash or property to related organization(s)	1r		✓
s	Other transfer of cash or property from related organization(s)	1s		✓

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)				
(2)				
(3)				
(4)				
(5)				
(6)				

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) Disproportionate allocations?		(i) Code V–UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part II **Identification of Related Tax-Exempt Organizations** (continued)

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) ALEGENT CREIGHTON CLINIC (47-0765154) 12809 W DODGE RD, OMAHA, NE 68154	HOSPITAL	NE	501(C)(3)	3	ACH		✓
(2) ALEGENT CREIGHTON HEALTH (47-0757164) 12809 W DODGE RD, OMAHA, NE 68154	HOSPITAL	NE	501(C)(3)	3	CHI NEBRASKA		✓
(3) ALEGENT HEALTH - BERGAN MERCY HEALTH SYSTEM (47-0484764) 7500 MERCY RD, OMAHA, NE 68124	HOSPITAL	NE	501(C)(3)	3	CHI NEBRASKA		✓
(4) ALEGENT HEALTH - COMMUNITY MEMORIAL HOSPITAL OF MISSOURI VALLEY, IA (42-0776568) 631 N 8TH ST, MISSOURI VALLEY, IA 51555	HOSPITAL	IA	501(C)(3)	3	CHI NEBRASKA		✓
(5) ALEGENT HEALTH - IMMANUEL MEDICAL CENTER (47-0376615) 6901 N 72ND ST, OMAHA, NE 68122	HOSPITAL	NE	501(C)(3)	3	CHI NEBRASKA		✓
(6) ALEGENT HEALTH - MEMORIAL HOSPITAL SCHUYLER (47-0399853) 104 W 17TH ST, SCHUYLER, NE 68661	HOSPITAL	NE	501(C)(3)	3	CHI NEBRASKA		✓
(7) ALEGENT HEALTH - MERCY HOSPITAL, CORNING, IOWA (42-0782518) PO BOX 368, CORNING, IA 50841	HOSPITAL	IA	501(C)(3)	3	CHI NEBRASKA		✓
(8) ALVERNA APARTMENTS (41-1351177) 300 SE 8TH AVE, LITTLE FALLS, MN 56345	LTERM CARE	MN	501(C)(3)	10	CSH		✓
(9) APPLETREE COURT (41-1850500) 601 OAK ST, BRECKENRIDGE, MN 56520	SENIOR LIVING	MN	501(C)(3)	10	SFH		✓
(10) ARROYO GRANDE COMMUNITY HOSPITAL FOUNDATION (20-3256066) 345 S HALCYON RD, ARROYO GRANDE, CA 93420	FUNDRAISING FOUNDATION	CA	501(C)(3)	12 TYPE I	DH		✓
(11) BAKERSFIELD MEMORIAL HOSPITAL (95-1802779) 420 34TH STREET, BAKERSFIELD, CA 93301	HOSPITAL	CA	501(C)(3)	3	DCC		✓
(12) BARROW NEUROLOGICAL FOUNDATION (86-0174371) 350 WEST THOMAS ROAD, PHOENIX, AZ 85013	FUNDRAISING	AZ	501(C)(3)	7	DH		✓
(13) BAYLOR ST LUKE'S HEALTH VENTURES (27-4499340) 17200 ST LUKE'S WAY, STE 170, THE WOODLANDS, TX 77384	PHYSICIANS	TX	501(C)(3)	12 TYPE I	SLCHS		✓
(14) BAYLOR ST LUKE'S MEDICAL GROUP (76-0458535) 6624 FANNIN ST, STE 1100, HOUSTON, TX 77030	PHYSICIANS	TX	501(C)(3)	3	SLHS		✓
(15) BORNEMANN HEALTHCARE CORPORATION (23-2187242) 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112	HEALTHCARE	PA	501(C)(3)	12 TYPE I	CSH		✓
(16) BRAZOSPORT HEALTH FOUNDATION, INC (76-0080110) 1 WEST WAY CT, LAKE JACKSON, TX 77566	FUNDRAISING FOUNDATION	TX	501(C)(3)	12 TYPE I	BRHS		✓
(17) BRAZOSPORT REGIONAL PHYSICIAN SERVICES (80-0240261) 100 MEDICAL DRIVE, LAKE JACKSON, TX 77566	PHYSICIANS	TX	501(C)(3)	3	BRHS		✓
(18) BURLESON ST JOSEPH HEALTH CENTER (74-2759890) 2801 FRANCISCAN DRIVE, BRYAN , TX 77802	HOSPITAL	TX	501(C)(3)	3	SJSC		✓
(19) BURLESON ST JOSEPH MANOR (74-2913931) 2801 FRANCISCAN DRIVE, BRYAN , TX 77802	HEALTHCARE	TX	501(C)(3)	10	SJSC		✓
(20) CALIFORNIA HOSPITAL MEDICAL CENTER FOUNDATION (95-4000909) 1401 SOUTH GRAND AVENUE, LOS ANGELES, CA 90015	FUNDRAISING FOUNDATION	CA	501(C)(3)	12 TYPE I	DCC		✓
(21) CARRINGTON HEALTH CENTER (45-0227311) 800 N 4TH ST, CARRINGTON, ND 58421	HOSPITAL	ND	501(C)(3)	3	CSH		✓
(22) CATHOLIC HEALTH INITIATIVES - COLORADO (84-0405257) 9100 EAST MINERAL CIRCLE, CENTENNIAL, CO 80112	HOSPITAL	CO	501(C)(3)	3	CSH		✓

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(23) CATHOLIC HEALTH INITIATIVES - IOWA CORP (42-0680448) 1111 6TH AVE, DES MOINES, IA 50314	HOSPITAL	IA	501(C)(3)	3	CSH		✓
(24) CATHOLIC HEALTH INITIATIVES COLORADO FOUNDATION (84-0902211) 1150 KELLY JOHNSON BLVD, #204, COLORADO SPRINGS, CO 80920	FUNDRAISING FOUNDATION	CO	501(C)(3)	7	CHIC		✓
(25) CATHOLIC HEALTH INITIATIVES NATIONAL FOUNDATION (27-0930004) 1150 KELLY JOHNSON BLVD, #204, COLORADO SPRINGS, CO 80920	HEALTHCARE	CO	501(C)(3)	12 TYPE I	CSH		✓
(26) CATHOLIC HEALTH INITIATIVES VIRTUAL HEALTH SERVICES (46-0992796) 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112	PHYSICIANS	CO	501(C)(3)	12 TYPE I	CHINS		✓
(27) CENTENNIAL MEDICAL GROUP, INC (26-3946191) 2700 STEWART PKWY, ROSEBURG, OR 97471	SURGERY CENTER	OR	501(C)(3)	10	MMC		✓
(28) CENTRAL KANSAS MEDICAL CENTER (48-0543724) 3515 BROADWAY, GREAT BEND, KS 67530	HOSPITAL	KS	501(C)(3)	3	CSH		✓
(29) CHI HEALTH CONNECT AT HOME - FARGO (27-1966847) 4816 AMBER VALLEY PKWY S, FARGO, ND 58104	FUNDRAISING FOUNDATION	MN	501(C)(3)	10	CSH		✓
(30) CHI HEALTH FOUNDATION (47-0648586) 12809 W DODGE RD, OMAHA, NE 68154	FUNDRAISING FOUNDATION	NE	501(C)(3)	7	ACH		✓
(31) CHI KENTUCKY, INC. (20-2741651) 3900 OLYMPIC BLVD, STE 400, ERLANGER, KY 41018	HEALTHCARE	KY	501(C)(3)	12 TYPE I	CSH		✓
(32) CHI LIVING COMMUNITIES (34-1892096) 5942 RENAISSANCE PLACE STE A, TOLEDO, OH 43623	HEALTHCARE	OH	501(C)(3)	12 TYPE II	SFH		✓
(33) CHI MEMORIAL HOSPITAL - GEORGIA (82-2748395) 100 GROSS CRESCENT CIRCLE, FORT OGLETHORPE, GA 30742	HOSPITAL	GA	501(C)(3)	3	MHCS		✓
(34) CHI NATIONAL HOME CARE (45-1261716) 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112	HEALTHCARE	CO	501(C)(3)	10	CHI NS		✓
(35) CHI NATIONAL SERVICES (45-2532084) 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112	HEALTHCARE	CO	501(C)(3)	12 TYPE I	CSH		✓
(36) CHI NEBRASKA (36-3233121) 12809 WEST DODGE ROAD, OMAHA, NE 68510	HEALTHCARE	NE	501(C)(3)	12 TYPE I	CSH		✓
(37) CHI ST JOSEPH CHILDREN'S HEALTH (23-2342997) 1929 LINCOLN HWY E, STE 150, LANCASTER, PA 17602	HEALTHCARE	PA	501(C)(3)	12 TYPE I	CSH		✓
(38) CHI ST JOSEPH'S CHILDREN (71-0897107) 1516 5TH ST NW, ALBUQUERQUE, NM 87102	COMMUNITY	NM	501(C)(3)	12 TYPE I	CSH		✓
(39) CHI ST. VINCENT HOSPITAL HOT SPRINGS (71-0236913) 300 WERNER ST, HOT SPRINGS, AR 71913	HOSPITAL	AR	501(C)(3)	3	CHISVHS		✓
(40) CHI ST VINCENT HOT SPRINGS (26-1125064) 300 WERNER ST, HOT SPRINGS, AR 71913	HOLDING CO	AR	501(C)(3)	12 TYPE II	SVIMC		✓
(41) CHI ST VINCENT MEDICAL GROUP HOT SPRINGS (26-1125131) 300 WERNER ST, HOT SPRINGS, AR 71913	PHYSICIANS	AR	501(C)(3)	3	CHISVHS		✓
(42) COMMONSPIRIT HEALTH (47-0617373) 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112	HEALTHCARE	CO	501(C)(3)	12 TYPE I	N/A		✓
(43) COMMUNITY HOSPITAL OF SAN BERNARDINO (95-1643373) 1805 MEDICAL CENTER DRIVE, SAN BERNARDINO, CA 92411	HOSPITAL	CA	501(C)(3)	3	DCC		✓
(44) COMMUNITY LIMITED CARE DIALYSIS CENTER (23-7419853) 619 OAK ST, ACCOUNTING-3 W, CINCINNATI, OH 45206	HOLDING CO	OH	501(C)(4)		GSH		✓
(45) COMMUNITY MEMORIAL HOSPITAL MEDICAL SERVICE FOUNDATION (42-1294399) 631 N 8TH ST, MISSOURI VALLEY, IA 51555	FUNDRAISING FOUNDATION	IA	501(C)(3)	12 TYPE I	AH-CMHMV		✓

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						Yes	No
(46) CONTINUING CARE HOSPITAL (61-1400619) ONE SAINT JOSEPH DRIVE, LEXINGTON, KY 40504	HOSPITAL	KY	501(C)(3)	3	SJHS		✓
(47) DIGNITY COMMUNITY CARE (81-5009488) 185 BERRY STREET, SUITE 300, SAN FRANCISCO, CA 94107	HOSPITAL	CO	501(C)(3)	3	N/A		✓
(48) DIGNITY HEALTH (94-1196203) 185 BERRY STREET STE 300, SAN FRANCISCO, CA 94107	HOSPITAL	CA	501(C)(3)	3	CSH		✓
(49) DIGNITY HEALTH CONNECTED LIVING (23-7115371) 200 MERCY OAKS DRIVE , REDDING, CA 96003	SENIOR CENTER SERVICES	CA	501(C)(3)	7	DH		✓
(50) DIGNITY HEALTH FOUNDATION (46-2037641) 185 BERRY STREET, SAN FRANCISCO, CA 94107	FUNDRAISING FOUNDATION	CA	501(C)(3)	12 TYPE I	DH		✓
(51) DIGNITY HEALTH FOUNDATION - INLAND EMPIRE (23-7440086) 2101 N WATERMAN AVENUE, SAN BERNARDINO, CA 92404	FUNDRAISING FOUNDATION	CA	501(C)(3)	12 TYPE I	DH		✓
(52) DIGNITY HEALTH FOUNDATION EAST VALLEY (74-2418514) 475 SOUTH DOBSON ROAD, CHANDLER, AZ 85224	FUNDRAISING FOUNDATION	AZ	501(C)(3)	12 TYPE I	DH		✓
(53) DIGNITY HEALTH HPL SELF-INSURANCE TRUST (94-3006034) 185 BERRY STREET, SAN FRANCISCO, CA 94107	SELF INSURANCE	CA	501(C)(3)	12 TYPE I	DH		✓
(54) DIGNITY HEALTH INSURANCE NEVADA LTD (81-3800752) 185 BERRY STREET, SAN FRANCISCO, NV 94107	SELF INSURANCE	NV	501(C)(3)	12 TYPE I	DH		✓
(55) DIGNITY HEALTH MEDICAL FOUNDATION (68-0220314) 3400 DATA DRIVE, RANCHO CORDOVA, CA 95670	MULTI-SPECIALTY OUTPATIENT MEDICAL CLINIC	CA	501(C)(3)	12 TYPE I	DCC		✓
(56) DIGNITY HEALTH WORKERS' COMP SELF-INSURANCE TRUST (94-6612446) 185 BERRY STREET, SAN FRANCISCO, CA 94107	SELF INSURANCE	CA	501(C)(3)	12 TYPE I	DH		✓
(57) DOMINICAN HEALTH SERVICES (77-0056778) 1555 SOQUEL DRIVE, SANTA CRUZ, CA 95065	COMMUNITY HEALTH SYSTEM	CA	501(C)(3)	12 TYPE I	DH		✓
(58) DOMINICAN HOSPITAL FOUNDATION (94-2450442) 1555 SOQUEL DRIVE, SANTA CRUZ, CA 95065	FUNDRAISING FOUNDATION	CA	501(C)(3)	12 TYPE I	DH		✓
(59) DOMINICAN OAKS CORPORATION (77-0127719) 1555 SOQUEL DRIVE, SANTA CRUZ, CA 95065	OPERATION AND MANAGEMENT OF HOUSING COMPLEX TO ELDERLY PERSONS	CA	501(C)(3)	10	DHS		✓
(60) EAST TEXAS CLINICAL SERVICES (45-4736213) 2801 VIA FORTUNA, SUITE 500, AUSTIN, TX 78746	HEALTHCARE	TX	501(C)(3)	12 TYPE I	SLHS		✓
(61) ENUMCLAW REGIONAL HOSPITAL ASSOCIATION (91-0715805) 1455 BATTERSBY AVE, ENUMCLAW, WA 98022	HOSPITAL	WA	501(C)(3)	3	FHS		✓
(62) FLAGET HEALTHCARE, INC (61-1345363) 4305 NEW SHEPHERDSVILLE RD, BARDSTOWN, KY 40004	HOSPITAL	KY	501(C)(3)	3	KOH		✓
(63) FLAGET MEMORIAL HOSPITAL FOUNDATION, INC (56-2351341) 4305 NEW SHEPHERDSVILLE RD, BARDSTOWN, KY 40004	FUNDRAISING FOUNDATION	KY	501(C)(3)	12 TYPE I	FH		✓
(64) FRANCISCAN CARE CENTER (34-1931806) 4111 N HOLLAND-SYLVANIA RD, TOLEDO, OH 43623	HEALTHCARE	OH	501(C)(3)	10	FLC		✓
(65) FRANCISCAN FOUNDATION (91-1145592) 1717 SOUTH J ST, TACOMA, WA 98405	FUNDRAISING FOUNDATION	WA	501(C)(3)	10	FHS		✓
(66) FRANCISCAN HEALTH SYSTEM (91-0564491) 1717 SOUTH J ST, TACOMA, WA 98405	HOSPITAL	WA	501(C)(3)	3	CSH		✓
(67) FRANCISCAN HEALTH VENTURES FKA SJMGROUP (43-1882377) TACOMA FNC CTR BLDG, 1145 BROADWAY, TACOMA, WA 98402	PHYSICIANS	MO	501(C)(3)	10	CSH		✓

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						Yes	No
(68) FRANCISCAN MEDICAL GROUP (91-1939739) 1313 BROADWAY, STE 200, TACOMA, WA 98402	HEALTHCARE	WA	501(C)(3)	10	FHS		✓
(69) FRANCISCAN VILLA OF SOUTH MILWAUKEE, INC (39-1093829) 3601 S CHICAGO AVE, SOUTH MILWAUKEE, WI 53172	HEALTHCARE	WI	501(C)(3)	10	CSH		✓
(70) FRENCH HOSPITAL MEDICAL CENTER FOUNDATION (20-3256125) 1911 JOHNSON AVENUE, SAN LUIS OBISPO, CA 93401	FUNDRAISING FOUNDATION	CA	501(C)(3)	12 TYPE I	DCC		✓
(71) GARRISON MEMORIAL HOSPITAL (45-0227752) 407 THIRD AVENUE SOUTHEAST, GARRISON , ND 58540	HOSPITAL	ND	501(C)(3)	3	SAMC		✓
(72) GLENDALE MEMORIAL HEALTH FOUNDATION (95-3625651) 1420 SOUTH CENTRAL AVENUE, GLENDALE , CA 91204	FUNDRAISING FOUNDATION	CA	501(C)(3)	12 TYPE I	DCC		✓
(73) GLOBAL HEALTH INITIATIVES (20-1536108) 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112	MINISTRIES	CO	501(C)(3)	12 TYPE I	CSH		✓
(74) GOOD SAMARITAN COLLEGE OF NURSING & HEALTH SCIENCE (31-1778403) 619 OAK ST, ACCOUNTING-3 W, CINCINNATI, OH 45206	EDUCATION	OH	501(C)(3)	2	GSH		✓
(75) GOOD SAMARITAN FOUNDATION OF CINCINNATI, INC (31-1206047) 619 OAK ST, ACCOUNTING-3 W, CINCINNATI, OH 45206	FUNDRAISING FOUNDATION	OH	501(C)(3)	12 TYPE I	GSH		✓
(76) GOOD SAMARITAN HOSPITAL (47-0379755) PO BOX 1990, KEARNEY, NE 68848	HOSPITAL	NE	501(C)(3)	3	CHI NEBRASKA		✓
(77) GOOD SAMARITAN HOSPITAL FOUNDATION (47-0659443) 111 W 31ST ST, KEARNEY, NE 68847	FUNDRAISING FOUNDATION	NE	501(C)(3)	7	GSH		✓
(78) HARRISON MEDICAL CENTER (91-0565546) 2520 CHERRY AVE, BREMERTON, WA 98310	HOSPITAL	WA	501(C)(3)	3	FHS		✓
(79) HARRISON MEDICAL CENTER FOUNDATION (91-1197626) 2520 CHERRY AVE, BREMERTON, WA 98310	FUNDRAISING FOUNDATION	WA	501(C)(3)	7	HMC		✓
(80) HEALTH FOUNDATION OF KENTUCKYONE INC (83-2170324) 1451 HARRODSBURG RD STE D-308, LEXINGTON, KY 40504	FUNDRAISING FOUNDATION	KY	501(C)(3)	12 TYPE II	KOH		✓
(81) HEALTHCARE AND WELLNESS FOUNDATION (76-0761782) 2400 ST FRANCIS DR, BRECKENRIDGE, MN 56520	FUNDRAISING FOUNDATION	MN	501(C)(3)	12 TYPE I	SFMC		✓
(82) HIGHLINE MEDICAL CENTER (91-0712166) 16251 SYLVESTER RD SW, BURIEN, WA 98166	HOSPITAL	WA	501(C)(3)	3	FHS		✓
(83) HOUSE OF MERCY (42-1323808) 1111 6TH AVE, DES MOINES, IA 50314	SHELTER	IA	501(C)(3)	7	CHI-IA CORP		✓
(84) JEWISH HOSPITAL AND ST MARY'S HEALTHCARE, INC (61-1029768) 250 E LIBERTY ST, STE 500, LOUISVILLE, KY 40202	HOSPITAL	KY	501(C)(3)	3	KOH		✓
(85) KENTUCKYONE HEALTH MEDICAL GROUP, INC. (61-1352729) 100 E LIBERTY ST, STE 800, LOUISVILLE, KY 40202	HEALTHCARE	KY	501(C)(3)	10	JHSMH		✓
(86) KENTUCKYONE HEALTH, INC. (61-1029769) 200 ABRAHAM FLEXNER WAY, LOUISVILLE, KY 40202	HEALTHCARE	KY	501(C)(3)	12 TYPE II	CSH		✓
(87) LAKEWOOD HEALTH CENTER (41-0758434) 600 MAIN AVE S, BAUDETTE, MN 56623	HOSPITAL	MN	501(C)(3)	3	CSH		✓
(88) LAKEWOOD REGIONAL HEALTHCARE FOUNDATION (41-1893795) 600 MAIN AVE S, BAUDETTE, MN 56623	FUNDRAISING FOUNDATION	ND	501(C)(3)	7	LHC		✓
(89) LINUS OAKES, INC (93-0821381) 2700 STEWART PKWY, ROSEBURG, OR 97471	SENIOR LIVING	OR	501(C)(3)	10	MMC		✓
(90) LISBON AREA HEALTH SERVICES (82-0558836) 905 MAIN ST, LISBON, ND 58054	HOSPITAL	ND	501(C)(3)	3	CSH		✓
(91) LUFKIN VISION ACQUISITIONS (82-0563768) PO BOX 1447, LUFKIN, TX 75901	PROPERTY MGMT	TX	501(C)(3)	12 TYPE I	MHSET		✓

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						Yes	No
(92) MADISON ST. JOSEPH HEALTH CENTER (74-2761145) 2801 FRANCISCAN DRIVE, BRYAN , TX 77802	HOSPITAL	TX	501(C)(3)	3	SJSC		✓
(93) MADONNA MANOR, INC (61-0654635) 2344 AMSTERDAM ROAD, VILLA HILLS, KY 51017	LIVING ASSIST	KY	501(C)(3)	10	FLC		✓
(94) MARIAN REGIONAL MEDICAL CENTER FOUNDATION (95-3818027) 1400 E CHURCH STREET, SANTA MARIA, CA 93454	FUNDRAISING FOUNDATION	CA	501(C)(3)	12 TYPE I	DH		✓
(95) MARK TWAIN MEDICAL CENTER (68-0127677) 768 MOUNTAIN RANCH ROAD, SAN ANDREAS, CA 95249	HOSPITAL	CA	501(C)(3)	3	N/A		✓
(96) MEMORIAL HEALTH CARE SYSTEM FOUNDATION, INC (62-1839548) 2525 DE SALES AVE, CHATTANOOGA, TN 37404	FUNDRAISING FOUNDATION	TN	501(C)(3)	7	MHCS		✓
(97) MEMORIAL HEALTH CARE SYSTEM, INC (62-0532345) 2525 DE SALES AVE, CHATTANOOGA, TN 37404	HOSPITAL	TN	501(C)(3)	3	CSH		✓
(98) MEMORIAL HEALTH PARTNERS FOUNDATION, INC (03-0417049) 5600 BRAINERD RD, STE 500, CHATTANOOGA, TN 37411	HEALTHCARE	TN	501(C)(3)	10	MHCS		✓
(99) MEMORIAL HEALTH SYSTEM OF EAST TEXAS (75-0755367) PO BOX 1447, LUFKIN, TX 75902	HOSPITAL	TX	501(C)(3)	3	SLHS		✓
(100) MEMORIAL MEDICAL CENTER - LIVINGSTON (76-0436439) PO BOX 1447, LUFKIN, TX 75902	HOSPITAL	TX	501(C)(3)	3	MHSET		✓
(101) MEMORIAL MEDICAL CENTER - SAN AUGUSTINE (75-2663904) PO BOX 1447, LUFKIN, TX 75902	HOSPITAL	TX	501(C)(3)	3	MHSET		✓
(102) MEMORIAL MULTISPECIALTY ASSOCIATES (75-2721155) 1201 FRANK AVE, LUFKIN, TX 95904	PHYSICIANS	TX	501(C)(3)	12 TYPE I	MHSET		✓
(103) MEMORIAL SPECIALTY HOSPITAL (75-2492741) PO BOX 1447, LUFKIN, TX 95902	HOSPITAL	TX	501(C)(3)	3	MHSET		✓
(104) MERCY AUXILIARY OF CENTRAL IOWA (42-6076069) 1111 6TH AVE, DES MOINES, IA 50314	AUXILIARY	IA	501(C)(3)	12 TYPE I	MF-DM IA		✓
(105) MERCY CLINICS, INC (42-1193699) 1111 6TH AVE, DES MOINES, IA 50314	PHYSICIANS	IA	501(C)(3)	10	CHI-IA CORP		✓
(106) MERCY COLLEGE OF HEALTH SCIENCES (42-1511682) 1111 6TH AVE, DES MOINES, IA 50314	EDUCATION	IA	501(C)(3)	2	CHI-IA CORP		✓
(107) MERCY FOUNDATION BAKERSFIELD (77-0201321) PO BOX 119, BAKERSFIELD, CA 93302	FUNDRAISING FOUNDATION	CA	501(C)(3)	12 TYPE I	DH		✓
(108) MERCY FOUNDATION OF DES MOINES, IA (23-7358794) 1111 6TH AVE, DES MOINES, IA 50314	FUNDRAISING FOUNDATION	IA	501(C)(3)	7	CHI-IA CORP		✓
(109) MERCY FOUNDATION, INC (93-6088946) 2700 STEWART PKWY, ROSEBURG, OR 97471	FUNDRAISING FOUNDATION	OR	501(C)(3)	7	MMC		✓
(110) MERCY HEALTH CARE FOUNDATION (42-1461064) PO BOX 368, CORNING, IA 50841	FUNDRAISING FOUNDATION	IA	501(C)(3)	12 TYPE I	AHMH-CORNING		✓
(111) MERCY HEALTHCARE FOUNDATION (45-0435338) 570 CHAUTAUQUA BLVD, VALLEY CITY, ND 58072	FUNDRAISING FOUNDATION	ND	501(C)(3)	12 TYPE I	MHVC		✓
(112) MERCY HOSPITAL FOUNDATION, COUNCIL BLUFFS (42-1178204) 800 MERCY DR, COUNCIL BLUFFS, IA 51503	FUNDRAISING FOUNDATION	IA	501(C)(3)	12 TYPE I	AHBMHS		✓
(113) MERCY HOSPITAL OF DEVILS LAKE (45-0227012) 1031 7TH ST NE, DEVILS LAKE, ND 58301	HOSPITAL	ND	501(C)(3)	3	CSH		✓
(114) MERCY HOSPITAL OF DEVILS LAKE FOUNDATION (35-2367360) 1031 7TH ST NE, DEVILS LAKE, ND 58301	FUNDRAISING FOUNDATION	ND	501(C)(3)	7	MHDL		✓
(115) MERCY HOSPITAL OF VALLEY CITY (45-0226553) 570 CHAUTAUQUA BLVD, VALLEY CITY, ND 58072	HOSPITAL	ND	501(C)(3)	3	CSH		✓

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						Yes	No
(116) MERCY MCMAHON TERRACE (68-0117340) 3865 J STREET, SACRAMENTO, CA 95816	SENIOR CITIZEN'S HOUSING/RETIREMENT COMMUNITIES	CA	501(C)(3)	10	DCC		✓
(117) MERCY MEDICAL CENTER (45-0231183) 1301 15TH AVE WEST, WILLISTON, ND 58801	HOSPITAL	ND	501(C)(3)	3	CSH		✓
(118) MERCY MEDICAL CENTER - CENTERVILLE (42-0680308) ONE ST. JOSEPH'S DRIVE, CENTERVILLE, IA 52544	HOSPITAL	IA	501(C)(3)	3	CHI-IA CORP		✓
(119) MERCY MEDICAL CENTER - NEWTON DBA SKIFF MEDICAL CENTER (42-1470935) 204 N 4TH AVE E, NEWTON, IA 50314	HOSPITAL	IA	501(C)(3)	3	CHI-IA CORP		✓
(120) MERCY MEDICAL CENTER MERCED FOUNDATION (77-0035928) 301 E 13TH STREET, MERCED, CA 95340	FUNDRAISING FOUNDATION	CA	501(C)(3)	12 TYPE I	DH		✓
(121) MERCY MEDICAL CENTER, INC (93-0386868) 2700 STEWART PKWY, ROSEBURG, OR 97471	HOSPITAL	OR	501(C)(3)	3	CSH		✓
(122) MERCY MEDICAL FOUNDATION (45-0381803) 1301 15TH AVE WEST, WILLISTON, ND 58801	FUNDRAISING FOUNDATION	ND	501(C)(3)	12 TYPE I	MMC		✓
(123) NEBRASKA HEART HOSPITAL (39-2031968) 7500 S 91ST ST, LINCOLN, NE 68526	HOSPITAL	NE	501(C)(3)	3	CHI NEBRASKA		✓
(124) NORTHLAND HEALTHCARE ALLIANCE (91-1845296) 2223 EAST ROSSER AVENUE, BISMARCK, ND 58501	MANAGEMENT	ND	501(C)(3)	7	NCHA		✓
(125) NORTHRIDGE HOSPITAL FOUNDATION (23-7444901) 18300 ROSCOE BLVD, NORTHRIDGE, CA 91328	FUNDRAISING FOUNDATION	CA	501(C)(3)	12 TYPE I	DCC		✓
(126) OAKES COMMUNITY HOSPITAL (45-0231675) 1200 N 7TH ST, OAKES, ND 58474	HOSPITAL	ND	501(C)(3)	3	CSH		✓
(127) OAKES COMMUNITY HOSPITAL FOUNDATION (71-0966606) 1200 N 7TH ST, OAKES, ND 58474	FUNDRAISING FOUNDATION	ND	501(C)(3)	12 TYPE I	OCH		✓
(128) PACIFIC CENTRAL COAST HEALTH CENTERS (77-0447575) 1400 E CHURCH STREET, SANTA MARIA, CA 93454	CLINIC	CA	501(C)(3)	3	DH		✓
(129) PINEYWOODS MEDICAL DEVELOPMENT CORP (75-2493116) PO BOX 1447, LUFKIN, TX 75902	PROPERTY MGMT	TX	501(C)(3)	12 TYPE I	MHSET		✓
(130) PORT CITY OPERATING COMPANY LLC (46-5322209) 3400 DATA DRIVE, RANCHO CORDOVA, CA 95670	HOSPITAL	CA	501(C)(3)	3	DH		✓
(131) PROVIDENCE CARE CENTER (34-1658625) 2025 HAYES AVENUE, SANDUSKY , OH 44870	HEALTHCARE	OH	501(C)(3)	10	FLC		✓
(132) PROVIDENCE CARE CENTERS (34-1826099) 2025 HAYES AVENUE, SANDUSKY , OH 44870	HOLDING CO	OH	501(C)(3)	12 TYPE II	FLC		✓
(133) PROVIDENCE RESIDENTIAL COMMUNITY CORPORATION (34-1896807) 5055 PROVIDENCE DRIVE, SANDUSKY , OH 44870	LIVING COMM	OH	501(C)(3)	10	FLC		✓
(134) PUEBLO STEPUP (84-1234295) 1925 E ORMAN AVE, STE G52, PUEBLO, CO 81004	COMMUNITY	CO	501(C)(3)	7	CHIC		✓
(135) REGIONAL HOSPITAL FOR RESPIRATORY AND COMPLEX CARE (91-1170040) 16251 SYLVESTER ROAD SW, BURIEN, WA 98166	HOSPITAL	WA	501(C)(3)	3	FHS		✓
(136) S E T OF COLORADO SPRINGS, INC (84-1183335) 9100 E MINERAL CIRCLE, CENTENNIAL, CO 80112	SENIOR CENTER SERVICES	CO	501(C)(3)	7	CHIC		✓
(137) SAINT CLARE'S COMMUNITY CARE, INC (22-2876836) 25 POCONO RD, DENVILLE, NJ 07834	HEALTHCARE	NJ	501(C)(3)	10	SCHS		✓

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						Yes	No
(138) SAINT CLARE'S FOUNDATION, INC. (22-2502997) 25 POCONO RD, DENVILLE, NJ 07834	FUNDRAISING FOUNDATION	NJ	501(C)(3)	7	SCHS		✓
(139) SAINT CLARE'S HEALTH SERVICES, INC (22-3639733) 25 POCONO RD, DENVILLE, NJ 07834	MANAGEMENT	NJ	501(C)(3)	10	CSH		✓
(140) SAINT CLARE'S HOSPITAL, INC (22-3319886) 25 POCONO RD, DENVILLE, NJ 07834	HEALTHCARE	NJ	501(C)(3)	3	SCHS		✓
(141) SAINT ELIZABETH FOUNDATION (47-0625523) 555 S 70TH ST, LINCOLN, NE 68510	FUNDRAISING FOUNDATION	NE	501(C)(3)	7	SERMC		✓
(142) SAINT ELIZABETH HEALTH SERVICES (36-3233120) 555 S 70TH ST, LINCOLN, NE 68510	HOSPITAL	NE	501(C)(3)	3	SERMC		✓
(143) SAINT ELIZABETH REGIONAL MEDICAL CENTER (47-0379836) 555 S 70TH ST, LINCOLN, NE 68510	HOSPITAL	NE	501(C)(3)	3	CHI NEBRASKA		✓
(144) SAINT FRANCIS MEDICAL CENTER (47-0376601) 2620 W FAIDLEY, GRAND ISLAND, NE 68803	HOSPITAL	NE	501(C)(3)	3	CHI NEBRASKA		✓
(145) SAINT FRANCIS MEDICAL CENTER FOUNDATION (47-0630267) PO BOX 9804, GRAND ISLAND, NE 68802	FUNDRAISING FOUNDATION	NE	501(C)(3)	7	SFMC		✓
(146) SAINT FRANCIS MEMORIAL HOSPITAL (94-1156295) 900 HYDE STREET, SAN FRANCISCO, CA 94109	HOSPITAL	CA	501(C)(3)	3	DCC		✓
(147) SAINT JOSEPH BEREA HOSPITAL FOUNDATION, INC (26-0152877) 305 ESTILL ST, BEREA, KY 40403	FUNDRAISING FOUNDATION	KY	501(C)(3)	7	SJHS		✓
(148) SAINT JOSEPH HEALTH SYSTEM, INC (61-1334601) 200 ABRAHAM FLEXNER WAY, LOUISVILLE, KY 40202	HOSPITAL	KY	501(C)(3)	3	KOH		✓
(149) SAINT JOSEPH HOSPITAL FOUNDATION, INC (61-1159649) 701 BOB OLINK DR, #200, LEXINGTON, KY 40504	FUNDRAISING FOUNDATION	KY	501(C)(3)	12 TYPE I	SJHS		✓
(150) SAINT JOSEPH LONDON FOUNDATION, INC (26-0438748) 1001 SAINT JOSEPH LANE, LONDON, KY 40741	FUNDRAISING FOUNDATION	KY	501(C)(3)	7	SJHS		✓
(151) SAINT JOSEPH MOUNT STERLING FOUNDATION, INC. (27-2884584) 225 FALCON DR, MOUNT STERLING, KY 40353	FUNDRAISING FOUNDATION	KY	501(C)(3)	7	SJHS		✓
(152) SAINT JOSEPH'S HOSPITAL FOUNDATION (36-3418207) 2500 FAIRWAY STREET, DICKINSON, ND 58601	FUNDRAISING FOUNDATION	ND	501(C)(3)	12 TYPE I	SJHHC		✓
(153) SAN GABRIEL VALLEY MEDICAL CENTER FOUNDATION (95-3430341) 438 WEST LAS TUNAS DRIVE, SAN GABRIEL, CA 91776	INACTIVE	CA	501(C)(3)	12 TYPE I	DH		✓
(154) SCHUYLER MEMORIAL HOSPITAL FOUNDATION, INC (36-3630014) 104 W 17TH ST, SCHUYLER, NE 68661	FUNDRAISING FOUNDATION	NE	501(C)(3)	12 TYPE I	AHMHS		✓
(155) SIERRA NEVADA MEMORIAL-MINERS HOSPITAL (94-1439787) 155 GLASSON WAY, GRASS VALLEY, CA 95945	HOSPITAL	CA	501(C)(3)	3	DCC		✓
(156) SJRMC, JOPLIN MISSOURI (44-0545809) 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112	HOSPITAL	MO	501(C)(3)	3	CSH		✓
(157) ST FRANCIS FOUNDATION OF SANTA BARBARA (23-7137119) 2323 DE LA VINA ST SUITE 104, SANTA BARBARA, CA 93105	FUNDRAISING FOUNDATION	CA	501(C)(3)	12 TYPE I	DH		✓
(158) ST FRANCIS HOSPITAL SUPPORT CORPORATION (77-0022302) 601 E MICHELTORENA STREET, SANTA BARBARA, CA 93103	INACTIVE	CA	501(C)(3)	12 TYPE I	DH		✓
(159) ST JOHN'S HEALTHCARE FOUNDATION (20-2865781) 1600 NORTH ROSE AVENUE, OXNARD, CA 93030	FUNDRAISING FOUNDATION	CA	501(C)(3)	12 TYPE I	DH		✓
(160) ST JOSEPH'S FOUNDATION (PHOENIX) (94-2941245) 350 WEST THOMAS ROAD, PHOENIX, AZ 85013	FUNDRAISING FOUNDATION	AZ	501(C)(3)	12 TYPE I	DH		✓
(161) ST JOSEPH'S FOUNDATION OF SAN JOAQUIN (51-0432777) 1800 N CALIFORNIA STREET, STOCKTON, CA 95204	FUNDRAISING FOUNDATION	CA	501(C)(3)	12 TYPE I	DH		✓
(162) ST MARY MEDICAL CENTER FOUNDATION (23-7153876) 1050 LINDEN AVENUE, LONG BEACH, CA 90813	FUNDRAISING FOUNDATION	CA	501(C)(3)	12 TYPE I	DH		✓

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(163) ST MARY PROFESSIONAL BUILDING INC (23-7373088) 1050 LINDEN AVENUE, LONG BEACH, CA 90813	INACTIVE	CA	501(C)(3)	12 TYPE I	DH		✓
(164) ST MARY'S MEDICAL CENTER FOUNDATION (94-3336143) 450 STANYAN STREET, SAN FRANCISCO, CA 94117	FUNDRAISING FOUNDATION	CA	501(C)(3)	12 TYPE I	DH		✓
(165) ST ROSE DOMINICAN HEALTH FOUNDATION (88-0349432) 3001 ST ROSE PARKWAY, HENDERSON, NV 89052	FUNDRAISING FOUNDATION	NV	501(C)(3)	12 TYPE I	DH		✓
(166) ST ALEXIUS MEDICAL CENTER (45-0226711) 900 EAST BROADWAY AVENUE, BISMARCK, ND 58501	HOSPITAL	ND	501(C)(3)	3	CSH		✓
(167) ST ANTHONY HOSPITAL (93-0391614) 2801 ST ANTHONY WAY, PENDLETON, OR 97801	HOSPITAL	OR	501(C)(3)	3	CSH		✓
(168) ST. ANTHONY HOSPITAL FOUNDATION (93-0992727) 2801 ST ANTHONY WAY, PENDLETON, OR 97801	FUNDRAISING FOUNDATION	OR	501(C)(3)	12 TYPE I	SAH		✓
(169) ST ANTHONY'S HOSPITAL ASSOCIATION (71-0245507) FOUR HOSPITAL DR, MORRILTON, AR 72110	HOSPITAL	AR	501(C)(3)	3	SVIMC		✓
(170) ST CATHERINE HOSPITAL (48-0543721) 401 EAST SPRUCE ST, GARDEN CITY, KS 67846	HOSPITAL	KS	501(C)(3)	3	CSH		✓
(171) ST CATHERINE HOSPITAL DEVELOPMENT FOUNDATION (20-0598702) 401 EAST SPRUCE ST, GARDEN CITY, KS 67846	FUNDRAISING FOUNDATION	KS	501(C)(3)	12 TYPE I	SCH		✓
(172) ST. CLARE COMMONS (27-0163752) 12469 FIVE POINT ROAD, TOLEDO, OH 43551	LIVING COMM	OH	501(C)(3)	10	FLC		✓
(173) ST DOMINIC OF ONTARIO, OREGON (93-0433692) 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112	HEALTHCARE	OR	501(C)(4)		CSH		✓
(174) ST FRANCIS HOME (41-0729978) 2400 ST FRANCIS DR, BRECKENRIDGE, MN 56520	LTERM CARE	MN	501(C)(3)	10	CSH		✓
(175) ST FRANCIS LIFE CARE CORPORATION (22-2536017) 19 POCONO RD, DENVILLE, NJ 07834	ELDERLY CARE	NJ	501(C)(3)	10	SCHS		✓
(176) ST FRANCIS MEDICAL CENTER (41-0695598) 2400 ST FRANCIS DR, BRECKENRIDGE, MN 56520	HOSPITAL	MN	501(C)(3)	3	CSH		✓
(177) ST JOSEPH FOUNDATION OF BRYAN TEXAS (74-2351158) 2801 FRANCISCAN DRIVE, BRYAN , TX 77802	FUNDRAISING FOUNDATION	TX	501(C)(3)	12 TYPE II	SJSC		✓
(178) ST JOSEPH MANOR (74-2847594) 2801 FRANCISCAN DRIVE, BRYAN , TX 77802	HEALTHCARE	TX	501(C)(3)	10	SJSC		✓
(179) ST JOSEPH MEDICAL CENTER, INC (52-0591461) 201 INTERNATIONAL CIRCLE, STE 212, HUNT VALLEY, MD 21030	HOSPITAL	MD	501(C)(3)	3	CSH		✓
(180) ST. JOSEPH PHYSICIAN ASSOCIATES (20-3159302) 2801 FRANCISCAN DRIVE, BRYAN , TX 77802	PHYSICIANS	TX	501(C)(3)	3	SJSC		✓
(181) ST JOSEPH PHYSICIAN ENTERPRISE, INC (52-1311775) 201 INTERNATIONAL CIRCLE, STE 212, HUNT VALLEY, MD 21030	PHYSICIANS	MD	501(C)(3)	12 TYPE I	SJMC		✓
(182) ST JOSEPH REGIONAL HEALTH CENTER (74-1282696) 2801 FRANCISCAN DRIVE, BRYAN , TX 77802	HOSPITAL	TX	501(C)(3)	3	SJSC		✓
(183) ST JOSEPH REGIONAL HEALTH PARTNERS (45-4088170) 2801 FRANCISCAN DRIVE, BRYAN , TX 77802	HOSPITAL	TX	501(C)(3)	3	SJSC		✓
(184) ST JOSEPH REGIONAL HEALTH PARTNERS ACO (46-3265423) 2801 FRANCISCAN DRIVE, BRYAN , TX 77802	HEALTHCARE	TX	501(C)(3)	10	SJSC		✓
(185) ST JOSEPH SERVICES CORPORATION (74-2455161) 2801 FRANCISCAN DRIVE, BRYAN , TX 77802	MANAGEMENT	TX	501(C)(3)	12 TYPE I	SLHS		✓
(186) ST. JOSEPH'S AREA HEALTH SERVICES (41-0695603) 600 PLEASANT AVE, PARK RAPIDS, MN 56470	HOSPITAL	MN	501(C)(3)	3	CSH		✓

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(187) ST. JOSEPH'S HOSPITAL AND HEALTH CENTER (45-0226429) 2500 FAIRWAY ST , DICKINSON, ND 58601	HOSPITAL	ND	501(C)(3)	3	CSH		✓
(188) ST LEONARD (34-1940863) 8100 CLYO ROAD, CENTERVILLE, OH 45458	LIVING COMM	OH	501(C)(3)	10	FLC		✓
(189) ST. LUKE'S COMMUNITY DEVELOPMENT CORPORATION - PMC (27-3733278) 6624 FANNIN ST, STE 2505, HOUSTON, TX 77030	HOSPITAL	TX	501(C)(3)	3	SLHS		✓
(190) ST LUKE'S COMMUNITY DEVELOPMENT CORPORATION - SUGAR LAND (26-1947374) 6624 FANNIN ST, STE 2505, HOUSTON, TX 77030	HOSPITAL	TX	501(C)(3)	3	SLHS		✓
(191) ST LUKE'S COMMUNITY DEVELOPMENT CORPORATION - THE WOODLANDS (26-0335902) 6624 FANNIN ST, STE 2505, HOUSTON, TX 77030	HOSPITAL	TX	501(C)(3)	3	SLHS		✓
(192) ST LUKE'S COMMUNITY HEALTH SERVICES (76-0536234) 6624 FANNIN ST, STE 1100, HOUSTON, TX 77030	HOSPITAL	TX	501(C)(3)	3	SLHS		✓
(193) ST LUKE'S FOUNDATION (45-3811485) 1213 HERMANN DRIVE, STE 855, HOUSTON, TX 77004	FUNDRAISING FOUNDATION	TX	501(C)(3)	7	SLHS		✓
(194) ST LUKE'S HEALTH SYSTEM CORPORATION (76-0536232) PO BOX 20269, HOUSTON, TX 77225	MANAGEMENT	TX	501(C)(3)	12 TYPE I	CSH		✓
(195) ST LUKE'S HOSPITAL AT THE VINTAGE (26-3734606) 6624 FANNIN ST, STE 2505, HOUSTON, TX 77030	HOSPITAL	TX	501(C)(3)	3	SLHS		✓
(196) ST LUKE'S PROPERTIES CORPORATION (76-0531716) 1213 HERMANN DRIVE, STE 855 , HOUSTON, TX 77004	PROPERTY MGMT	TX	501(C)(3)	12 TYPE I	SLHS		✓
(197) ST LUKE'S SUGAR LAND PROPERTIES CORPORATION (45-4120549) 6624 FANNIN ST, STE 2505, HOUSTON, TX 77030	PROPERTY MGMT	TX	501(C)(3)	12 TYPE I	SLCDC-SL		✓
(198) ST MARY'S COMMUNITY HOSPITAL (47-0443636) 1301 GRUNDMAN BOULEVARD, NEBRASKA CITY, NE 68410	HOSPITAL	NE	501(C)(3)	3	CHI NEBRASKA		✓
(199) ST MARY'S HOSPITAL FOUNDATION (47-0707604) 1314 3RD AVE, NEBRASKA CITY, NE 68410	FUNDRAISING FOUNDATION	NE	501(C)(3)	7	SMCH		✓
(200) ST. VINCENT FOUNDATION (51-0169537) TWO ST. VINCENT CIRCLE, LITTLE ROCK, AR 72205	FUNDRAISING FOUNDATION	AR	501(C)(3)	12 TYPE I	SVIMC		✓
(201) ST. VINCENT INFIRMARY MEDICAL CENTER (71-0236917) TWO ST VINCENT CIRCLE, LITTLE ROCK, AR 72205	HOSPITAL	AR	501(C)(3)	3	CSH		✓
(202) ST VINCENT MEDICAL GROUP (71-0830696) TWO ST VINCENT CIRCLE, LITTLE ROCK, AR 72205	HEALTHCARE	AR	501(C)(3)	10	SVIMC		✓
(203) SYLVANIA FRANCISCAN HEALTH (34-1412964) 1715 INDIAN WOOD CIR, #200, MAUMEE, OH 43537	HEALTHCARE	OH	501(C)(3)	12 TYPE I	CSH		✓
(204) SYLVANIA FRANCISCAN HEALTH FOUNDATION (45-5357161) 1715 INDIAN WOOD CIR, #200, MAUMEE, OH 43537	FUNDRAISING FOUNDATION	OH	501(C)(3)	12 TYPE I	FLC		✓
(205) THE COMMONS OF PROVIDENCE (34-1826097) 5000 PROVIDENCE DRIVE, SANDUSKY , OH 44870	ASSIST LIVING	OH	501(C)(3)	10	FLC		✓
(206) THE COMMUNITY HOSPITAL OF BRAZOSPORT (74-1385192) 100 MEDICAL DRIVE, LAKE JACKSON, TX 77566	HOSPITAL	TX	501(C)(3)	3	SLHS		✓
(207) THE GOOD SAMARITAN HOSPITAL OF CINCINNATI, OH (31-0537486) 619 OAK ST, ACCOUNTING-3 W, CINCINNATI, OH 45206	HOSPITAL	OH	501(C)(3)	3	CSH		✓
(208) THE PHYSICIAN NETWORK (47-0780857) 2000 Q ST, STE 500, LINCOLN, NE 68503	PHYSICIANS	NE	501(C)(3)	12 TYPE I	CHI NEBRASKA		✓
(209) TOTAL HEALTHCARE (84-0927232) 9100 E MINERAL CIRCLE, CENTENNIAL, CO 80112	HOSPITAL	CO	501(C)(3)	3	CHIC		✓

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(210) TRINITY HEALTH FOUNDATION (31-1329423) 380 SUMMIT AVENUE, STEUBENVILLE , OH 43952	FUNDRAISING FOUNDATION	OH	501(C)(3)	12 TYPE I	THS		✓
(211) TRINITY HEALTH SYSTEM (34-1818681) 380 SUMMIT AVENUE, STEUBENVILLE , OH 43952	HEALTHCARE	OH	501(C)(3)	12 TYPE I	N/A		✓
(212) TRINITY HOSPITAL TWIN CITY (27-5401105) 819 NORTH FIRST STREET, DENNISON, OH 44621	HOSPITAL	OH	501(C)(3)	3	SFH		✓
(213) TRI-STATE HEALTH SERVICES, INC (34-1522484) ONE ROSS PARK BLVD, STEUBENVILLE , OH 43952	ASSIST LIVING	OH	501(C)(3)	7	THS		✓
(214) UNITY FAMILY HEALTHCARE (41-0721642) 815 SE 2ND ST, LITTLE FALLS, MN 56345	HOSPITAL	MN	501(C)(3)	3	CSH		✓
(215) VILLA NAZARETH, INC. (45-0226714) 801 PAGE DR, FARGO, ND 58103	LTERM CARE	ND	501(C)(3)	10	CSH		✓
(216) VISITING NURSE ASSOCIATION OF ST CLARE'S, INC. (22-1768334) 191 WOODPORT RD, SPARTA, NJ 07871	HOME HEALTH	NJ	501(C)(3)	10	SCHS		✓

Part III Identification of Related Organizations Taxable as a Partnership (continued)

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income related, unrelated, excluded from tax under sections 512-514	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) Disproportionate allocations? No	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) General or managing partner? No	(k) Percentage ownership
(1) AGH PHOENIX, LLC (47-1584330) 220 E LAS COLINAS BLVD SUITE 1000, IRVING, TX 75039	HOLDING COMPANY	AZ	N/A	N/A	N/A	N/A		✓	N/A		✓	N/A
(2) AMERICAN MERCY HOME CARE, LLC (83-0486150) 1700 EDISON DR, MILFORD, OH 45150	HOME HEALTH	OH	N/A	N/A	N/A	N/A		✓	N/A		✓	N/A
(3) ARIZONA CARE NETWORK LLC (ACN LLC) (45-4494682) 350 W THOMAS RD, PHOENIX, AZ 85013	CARE NETWORK	AZ	N/A	N/A	N/A	N/A		✓	N/A		✓	N/A
(4) AUDUBON LAND COMPANY, LLC (84-1513085) 630 SOUTHPOINTE COURT #200, COLORADO SPRINGS, CO 80906	REAL ESTATE	CO	N/A	N/A	N/A	N/A		✓	N/A		✓	N/A
(5) AVON EMERGENCY AND URGENT CARE CENTER, LLC (81-1727282) 9100 E MINERAL CIRCLE, CENTENNIAL, CO 80112	HEALTHCARE SRVC	CO	N/A	N/A	N/A	N/A		✓	N/A		✓	N/A
(6) BAYLOR CHI ST LUKES HEALTH SERVICES LLC (47-2079184) 6624 FANNIN ST , STE 1100, HOUSTON, TX 77030	HEALTHCARE SRVC	TX	N/A	N/A	N/A	N/A		✓	N/A		✓	N/A
(7) BERGAN MERCY SURGERY CENTER, LLC (20-8671994) 7710 MERCY RD, STE 200, OMAHA, NE 68124	AMBUL SURG CTR	NE	N/A	N/A	N/A	N/A		✓	N/A		✓	N/A
(8) BERYWOOD OFFICE PROPERTIES, LLC (62-1875199) 2501 CITICO AVENUE, CHATTANOGA, TN 37404	PHYS OFFICE	TN	N/A	N/A	N/A	N/A		✓	N/A		✓	N/A
(9) BLUEGRASS REGIONAL IMAGING CENTER (61-1386736) 1218 SOUTH BROADWAY, STE 310, LEXINGTON, KY 40504	DIAGNOSTIC IMAGING	KY	N/A	N/A	N/A	N/A		✓	N/A		✓	N/A
(10) CBCC OUTSMARTING CANCER, LLC (46-1602286) 6501 TRUXTUN AVENUE, BAKERSFIELD, CA 93309	RADIATION / ONCOLOGY INCLUDING CYBERKNIFE	CA	N/A	N/A	N/A	N/A		✓	N/A		✓	N/A
(11) CENTRAL NEBRASKA REHABILITATION SERVICES, LLC (81-0653461) 3004 W FAIDLEY AVENUE, GRAND ISLAND, NE 68803	PHYSICAL THERAPY	NE	N/A	N/A	N/A	N/A		✓	N/A		✓	N/A
(12) CENTURA-SCA HOLDINGS, LLC (47-4823023) 569 BROOK VILLAGE, STE 901, BIRMINGHAM, AL 35209	OP SURGERY CENTER	AL	N/A	N/A	N/A	N/A		✓	N/A		✓	N/A
(13) CHI OPERATING INVESTMENT PROGRAM, LP (47-0727942) 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112	INVESTMENTS	CO	N/A	N/A	N/A	N/A		✓	N/A		✓	N/A
(14) CHIC/AMSURG SURGERY CENTERS, LLC (46-5683027) 1A BURTON HILLS BLVD, NASHVILLE, TN 37215	SURGERY CENTER	CO	N/A	N/A	N/A	N/A		✓	N/A		✓	N/A

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income related, unrelated, excluded from tax under sections 512-514	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(15) CHIC/LARKIN VENTURES LLC (47-4210888) 9100 E MINERAL CIRCLE, CENTENNIAL, CO 80112	URGENT CARE	CO	N/A	N/A	N/A	N/A		✓	N/A		✓	N/A
(16) COLORADO SPRINGS CK LEASING LLC (26-2982714) 630 SOUTHPOINTE COURT #200, COLORADO SPRINGS, CO 80906	REAL ESTATE	CO	N/A	N/A	N/A	N/A		✓	N/A		✓	N/A
(17) COMMUNITY MERCY HOME CARE SERVICES OF SPRINGFIELD, LLC (31-1746556) 1700 EDISON DR, MILFORD, OH 45150	HOME HEALTH	OH	N/A	N/A	N/A	N/A		✓	N/A		✓	N/A
(18) DE JV LLC (32-0496548) 8686 NEW TRAILS DRIVE, THE WOODLANDS, TX 77381	EMERGENCY CARE	NV	N/A	N/A	N/A	N/A		✓	N/A		✓	N/A
(19) DH/HP SURGERY CENTERS LLC (83-1847466) 1513 S GRAND AVENUE STE 350, LOS ANGELES, CA 90015	SURGERY	CA	N/A	N/A	N/A	N/A		✓	N/A		✓	N/A
(20) DHRT HOLDINGS, LLC (35-2484591) 185 BERRY STREET, SUITE 300, SAN FRANCISCO, CA 94107	HOLDING COMPANY	DE	N/A	N/A	N/A	N/A		✓	N/A		✓	N/A
(21) DIGNITY- GOHEALTHURGENT CARE MANAGEMENT LLC (35-2548698) 5555 GLENRIDGE CONNECTOR, SUITE 700, ATLANTA , GA 30342	MANAGEMENT SERVICES	DE	N/A	N/A	N/A	N/A		✓	N/A		✓	N/A
(22) DIGNITY HEALTH AT HOME, LLC (82-4674115) 1700 EDISON DR, MILFORD, OH 45150	HEALTHCARE SRVC	DE	N/A	N/A	N/A	N/A		✓	N/A		✓	N/A
(23) DIGNITY HEALTH SPECIALTY PHARMACY LLC (32-0589462) 185 BERRY STREET, SUITE 300, SAN FRANCISCO, CA 94107	SPECIALTY PHARMACY SERVICES	DE	N/A	N/A	N/A	N/A		✓	N/A		✓	N/A
(24) DIGNITY/USP LAS VEGAS SURGERY CENTERS, LLC (20-2999237) 15305 DALLAS PARKWAY, SUITE 1600 LB 28, ADDISON , TX 75001	SURGERY	TX	N/A	N/A	N/A	N/A		✓	N/A		✓	N/A
(25) DIGNITY/USP NORCAL SURGERY CENTERS LLC (20-2468509) 15306 DALLAS PARKWAY, SUITE 1600 LB 28, ADDISON , TX 75001	SURGERY	TX	N/A	N/A	N/A	N/A		✓	N/A		✓	N/A
(26) DIGNITY/USP PHOENIX SURGERY CENTERS, LLC (13-4248908) 15307 DALLAS PARKWAY, SUITE 1600 LB 28, ADDISON , TX 75001	SURGERY	TX	N/A	N/A	N/A	N/A		✓	N/A		✓	N/A
(27) DIGNITY/USP/JOHN MUIR EAST BAY SURG CTRS LLC (35-2584991) 15308 DALLAS PARKWAY, SUITE 1600 LB 28, ADDISON , TX 75001	SURGERY	TX	N/A	N/A	N/A	N/A		✓	N/A		✓	N/A
(28) DIGNITY-ABRAZO HEALTH NETWORK LLC (46-5477985) 3030 N CENTRAL AVENUE SUITE 1402, PHOENIX, AZ 85012	MANAGEMENT SERVICES	AZ	N/A	N/A	N/A	N/A		✓	N/A		✓	N/A

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income related, unrelated, excluded from tax under sections 512-514	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(29) DOMINICAN MAGNETIC RESONANCE IMAGING CENTER (77-0095477) 1545 SOQUEL DRIVE, SANTA CRUZ, CA 94065	IMAGING CENTER	CA	N/A	N/A	N/A	N/A		✓	N/A		✓	N/A
(30) FOLSOM SIERRA ENDOSCOPY CENTER LP (68-0482416) 1650 CREEKSIDE DRIVE #1600, FOLSOM , CA 95630	ENDOSCOPY	CA	N/A	N/A	N/A	N/A		✓	N/A		✓	N/A
(31) FRANCISCAN MEDICAL PAVILION BONNEY LAKE, LLC (46-3494108) 6622 WOLLOCHET DR NW, GIG HARBOR, WA 98335	REAL ESTATE	WA	N/A	N/A	N/A	N/A		✓	N/A		✓	N/A
(32) FRANCISCAN SPECIALTY CARE, LLC (81-3725123) 680 SOUTH FOURTH STREET, LOUISVILLE, KY 40202	HEALTHCARE SRVC	WA	N/A	N/A	N/A	N/A		✓	N/A		✓	N/A
(33) GOOD SAMARITAN HOME CARE SERVICES OF VINCENNE, IN, LLC (20-1792869) 1700 EDISON DR, MILFORD, OH 45150	HOME HEALTH	OH	N/A	N/A	N/A	N/A		✓	N/A		✓	N/A
(34) HC SL VINTAGE I, LLC (27-0453767) 18000 W SARAH LANE, STE 250, BROOKFIELD, WI 53045	PROPERTY HOLDING	WI	N/A	N/A	N/A	N/A		✓	N/A		✓	N/A
(35) HEALTHCARE SUPPORT SERVICES, LLC (72-1546196) PO BOX 9804, GRAND ISLAND, NE 68802	LAUNDRY	NE	N/A	N/A	N/A	N/A		✓	N/A		✓	N/A
(36) HEARTLAND ONCOLOGY, LLC (46-4265403) 2337 E CRAWFORD ST, SALINA, KS 67401	ONCOLOGY	KS	N/A	N/A	N/A	N/A		✓	N/A		✓	N/A
(37) HIGHLINE PHYSICAL THERAPY GROUP (91-1431904) 181 S 333RD STREET STE 250, FEDERAL WAY, WA 98003	PHYSICAL THERAPY	WA	N/A	N/A	N/A	N/A		✓	N/A		✓	N/A
(38) LAKESIDE AMBULATORY SURGICAL CENTER, LLC (20-4267902) 17031 LAKESIDE HILLS DR, OMAHA, NE 68130	AMBUL SURG CTR	NE	N/A	N/A	N/A	N/A		✓	N/A		✓	N/A
(39) LAKESIDE ENDOSCOPY CENTER, LLC (20-5544496) 17001 LAKESIDE HILLS PLZ, STE 201, OMAHA, NE 68130	ENDOSCOPY SRVC	NE	N/A	N/A	N/A	N/A		✓	N/A		✓	N/A
(40) LINCOLN CK LEASING, LLC (26-2496856) 555 SOUTH 70TH STREET, LINCOLN, NE 68510	REAL ESTATE	NE	N/A	N/A	N/A	N/A		✓	N/A		✓	N/A
(41) MERCY DAVIS CANCER CENTER MANAGEMENT CO LLC (94-3358445) 2740 M STREET, MERCED, CA 95340	MANAGEMENT OF CANCER CENTER	CA	N/A	N/A	N/A	N/A		✓	N/A		✓	N/A
(42) MERCY REHABILITATION HOSPITAL, LLC (81-4437201) 680 SOUTH FOURTH STREET, LOUISVILLE, KY 40202	HEALTHCARE SRVC	TX	N/A	N/A	N/A	N/A		✓	N/A		✓	N/A
(43) MILITARY ROAD PROPERTIES, LLC (91-2067879) 181 S 333RD STREET STE 250, FEDERAL WAY, WA 98003	REAL ESTATE	WA	N/A	N/A	N/A	N/A		✓	N/A		✓	N/A

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income related, unrelated, excluded from tax under sections 512-514	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(44) NEBRASKA SPINE HOSPITAL, LLC (27-0263191) 6901 N 72ND ST, STE 20300, OMAHA, NE 68122	SPINE HOSPITAL	NE	N/A	N/A	N/A	N/A		✓	N/A		✓	N/A
(45) NICU OPERATING CO OF SANTA CRUZ LLC (46-0502935) 1555 SOQUEL DRIVE, SANTA CRUZ, CA 95065	NEONATAL HEALTHCARE	CA	N/A	N/A	N/A	N/A		✓	N/A		✓	N/A
(46) NORTH RIVER SURGERY CENTER, LLC (71-0799771) 2209 WILDWOOD AVE, SHERWOOD, AR 72120	AMBUL SURG CTR	AR	N/A	N/A	N/A	N/A		✓	N/A		✓	N/A
(47) NSC CHANNEL ISLANDS LLC (77-0418197) 3000 RIVERCHASE GALLERIA SUITE 500, BIRMINGHAM, AL 35244	AMBULATORY SURGICAL CENTER	CA	N/A	N/A	N/A	N/A		✓	N/A		✓	N/A
(48) OMG ARIZONA LLC (47-1708588) 130 SUTTER STREET 2ND FLR, SAN FRANCISCO, CA 94104	MEDICAL OFFICE	AZ	N/A	N/A	N/A	N/A		✓	N/A		✓	N/A
(49) ORTHOCOLORADO, LLC (37-1577105) 11650 WEST 2ND PLACE, LAKEWOOD, CO 80228	ORTHO HOSPITAL	CO	N/A	N/A	N/A	N/A		✓	N/A		✓	N/A
(50) PARK RAPIDS AREA HEALTH CARE (20-4926259) 600 PLEASANT AVENUE S, PARK RAPIDS, MN 56470	HEALTHCARE SRVC	MN	N/A	N/A	N/A	N/A		✓	N/A		✓	N/A
(51) PASADENA URGENCY CENTER, LLC (81-2482854) 4600 E SAM HOUSTON PKWY SOUTH, PASADENA, TX 77505	URGENT CARE	TX	N/A	N/A	N/A	N/A		✓	N/A		✓	N/A
(52) PATIENT TRANSPORT SERVICES OF COLUMBUS, INC (26-4601285) 1700 EDISON DR, MILFORD, OH 45150	AMBULANCE	OH	N/A	N/A	N/A	N/A		✓	N/A		✓	N/A
(53) PENINSULA RADIATION ONCOLOGY, LLC (87-0808610) 314 MLK JR WAY, STE 11, TACOMA, WA 98405	HEALTHCARE SRVC	WA	N/A	N/A	N/A	N/A		✓	N/A		✓	N/A
(54) PENRAD IMAGING, LLC (84-1072619) 1390 KELLY JOHNSON BLVD, COLORADO SPRINGS, CO 80920	MEDICAL IMAGING	CO	N/A	N/A	N/A	N/A		✓	N/A		✓	N/A
(55) PERFORMANCE MEDICAL EQUIPMENT & RESPIRATORY SVSC, LLC (45-2901632) 19625 62ND AVENUE SOUTH, STE 101, KENT, WA 98032	HOLDING COMPANY	WA	N/A	N/A	N/A	N/A		✓	N/A		✓	N/A
(56) PLAZA SURGERY CENTER LP (77-0573567) 525 E PLAZA DRIVE SUITE 100, SANTA MARIA, CA 93454	SURGERY	CA	N/A	N/A	N/A	N/A		✓	N/A		✓	N/A
(57) PMC HOSPITAL, LLC (27-3280598) 3100 MAIN ST STE 500, HOUSTON, TX 77002	HOSPITAL	TX	N/A	N/A	N/A	N/A		✓	N/A		✓	N/A
(58) PRECISION MEDICINE ALLIANCE, LLC (35-2569159) 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112	DIAGNOSTIC SERVICES	CO	N/A	N/A	N/A	N/A		✓	N/A		✓	N/A
(59) PUEBLO AMBULATORY SURGERY CENTER, LLC (62-1488737) 25 MONTEBELLO RD, PUEBLO, CO 81003	SURGERY CENTER	CO	N/A	N/A	N/A	N/A		✓	N/A		✓	N/A

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income related, unrelated, excluded from tax under sections 512-514	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(60) RADIATION ONCOLOGY CENTERS OF VENTURA COUNTY (77-0191706) 1700 N ROSE AVENUE, SUITE 120, OXNARD, CA 93030	IMAGING	CA	N/A	N/A	N/A	N/A		✓	N/A		✓	N/A
(61) RBR MANAGEMENT LLC (27-1466450) 91 CORPORATE PARK DRIVE SUITE 120, HENDERSON, NV 89074	AMBULANCE	NV	N/A	N/A	N/A	N/A		✓	N/A		✓	N/A
(62) REID-ANC HOME CARE SERVICES, LLC (37-1454747) 1700 EDISON DR, MILFORD, OH 45150	HOME HEALTH	IN	N/A	N/A	N/A	N/A		✓	N/A		✓	N/A
(63) SAINT JOSEPH - SCA HOLDINGS, LLC (45-3801157) 1451 HARRODSBURG RD, LEXINGTON, KY 40503	OP SURGERY	DE	N/A	N/A	N/A	N/A		✓	N/A		✓	N/A
(64) SAINT JOSEPH-ANC HOME CARE SERVICES (26-3330545) 1700 EDISON DR, MILFORD, OH 45150	HOME HEALTH	KY	N/A	N/A	N/A	N/A		✓	N/A		✓	N/A
(65) SANTA CRUZ COMPREHENSIVE IMAGING LLC (01-0550623) 1661 SOQUEL DRIVE SUITE G, SANTA CRUZ, CA 95065	IMAGING	CA	N/A	N/A	N/A	N/A		✓	N/A		✓	N/A
(66) SANTA CRUZ LAND & BUILDING LP (77-0285236) 1555 SOQUEL DRIVE, SANTA CRUZ, CA 95065	REAL ESTATE	CA	N/A	N/A	N/A	N/A		✓	N/A		✓	N/A
(67) SANTA CRUZ SURGERY CENTER, LLC (77-0194916) 3003 PAUL SWEET ROAD, SANTA CRUZ, CA 95065	SURGERY	CA	N/A	N/A	N/A	N/A		✓	N/A		✓	N/A
(68) SMI IMAGING LLC (26-4000683) 6740 E CAMELBACK ROAD, SUITE 101, SCOTTSDALE, AZ 85251	IMAGING CENTER	CA	N/A	N/A	N/A	N/A		✓	N/A		✓	N/A
(69) SOUTHEASTERN HOME CARE, LLC (27-1219638) 1700 EDISON DR, MILFORD, OH 45150	HOME HEALTH	OH	N/A	N/A	N/A	N/A		✓	N/A		✓	N/A
(70) ST JOSEPH'S SURGERY CENTER LP (20-1019390) 15305 DALLAS PARKWAY, SUITE 1600 LB 28, ADDISON , TX 75001	SURGERY	TX	N/A	N/A	N/A	N/A		✓	N/A		✓	N/A
(71) ST ELIZABETH HOME CARE SERVICES, LLC (26-1236191) 1700 EDISON DR, MILFORD, OH 45150	HOME HEALTH	KY	N/A	N/A	N/A	N/A		✓	N/A		✓	N/A
(72) ST. FRANCIS LAND COMPANY (26-3134100) 5390 N ACADEMY BLVD, STE 300, COLORADO SPRINGS, CO 80918	REAL ESTATE	CO	N/A	N/A	N/A	N/A		✓	N/A		✓	N/A
(73) ST LUKE'S DIAGNOSTIC CATH LAB, LLP (71-0959365) 6624 FANNIN ST, STE 800, HOUSTON, TX 77030	DIAGNOSTICS	TX	N/A	N/A	N/A	N/A		✓	N/A		✓	N/A
(74) ST. LUKE'S LAKESIDE HOSPITAL, LLC (30-0427437) 6624 FANNIN, STE 2505, HOUSTON, TX 77030	HOSPITAL	TX	N/A	N/A	N/A	N/A		✓	N/A		✓	N/A

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income related, unrelated, excluded from tax under sections 512-514	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(75) ST LUKE'S THE WOODLANDS SLEEP CENTER, LLC (46-2795726) 6624 FANNIN, STE 800, HOUSTON, TX 77030	DIAGNOSTICS	TX	N/A	N/A	N/A	N/A		✓	N/A		✓	N/A
(76) TEMPLETON SURGERY CENTER LLC (20-2246616) 1310 LAS TABLAS ROAD, SUITE 104, TEMPLETON, CA 94365	SURGERY	CA	N/A	N/A	N/A	N/A		✓	N/A		✓	N/A
(77) THE MEDICAL PAVILION AT ST JOHN'S (77-0332349) 1700 ROSE AVENUE, OXNARD, CA 93030	REAL ESTATE	CA	N/A	N/A	N/A	N/A		✓	N/A		✓	N/A
(78) THREE SPRING IMAGING, LLC (81-3571570) 1 MERCADO ST. STE 200A, DURANGO, CO 81301	HEALTHCARE SRVC	CO	N/A	N/A	N/A	N/A		✓	N/A		✓	N/A
(79) VALLEY PHYSICIANS SURGERY CENTER AT NORTHRIDGE, LLC (80-0864336) 18330 ROSCOE BLVD, NORTHRIDGE, CA 91328	SURGERY	CA	N/A	N/A	N/A	N/A		✓	N/A		✓	N/A
(80) WEST LAKES SURGERY CENTER, LLC (20-5345295) 12499 UNIVERSITY AVENUE, STE 100, CLIVE, IA 50325	HEALTHCARE SRVC	IA	N/A	N/A	N/A	N/A		✓	N/A		✓	N/A

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (continued)

(a) Name, address and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C-corp, S-corp or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) ALEGENT HEALTH/CREIGHTON ST JOSEPH MANAGED CARE SERVICES, INC (47-0802396) 12809 WEST DODGE RD, OMAHA, NE 68154	MANAGED CARE	NE	N/A	C CORPORATION	N/A	N/A	N/A		✓
(2) ALL SAINTS INSURANCE COMPANY SPC, LTD (98-0556913) PO BOX 10073, APO, GEORGETOWN, GRAND CAYMAN, KY1-1001, CJ	INSURANCE	CAYMAN ISLANDS	N/A	C CORPORATION	N/A	N/A	N/A		✓
(3) ALLIANCE HEALTH PROVIDERS OF BRAZOS VALLEY, INC (74-2466914) 2801 FRANCISCAN DRIVE, BRYAN , TX 77802	HEALTHCARE	TX	N/A	C CORPORATION	N/A	N/A	N/A		✓
(4) ALTERNATIVE INSURANCE MANAGEMENT SERVICE, INC (84-1112049) 3900 OLYMPIC BLVD, STE 400, ERLANGER, KY 41018	MANAGEMENT SERVICES	CO	N/A	C CORPORATION	N/A	N/A	N/A		✓
(5) AMERICAN NURSING CARE, INC (31-1085414) 1700 EDISON DR, MILFORD, OH 45150	HOME HEALTH	OH	N/A	C CORPORATION	N/A	N/A	N/A		✓
(6) AMERIMED, INC (31-1158699) 1700 EDISON DR, MILFORD, OH 45150	HOME HEALTH	OH	N/A	C CORPORATION	N/A	N/A	N/A		✓
(7) BC HOLDING COMPANY, INC (31-1542851) 1850 BLUEGRASS AVE, LOUISVILLE, KY 40215	FITNESS CLUB	KY	N/A	C CORPORATION	N/A	N/A	N/A		✓
(8) BRAZOSPORT HEALTH ALLIANCE (76-0518376) 1 WEST WAY COURT, LAKE JACKSON, TX 77566	HEALTH CARE	TX	N/A	C CORPORATION	N/A	N/A	N/A		✓
(9) CADUCEUS MEDICAL ASSOCIATES, INC (62-1570736) 5600 BRAINERD ROAD, STE 500, CHATTANOOGA, TN 37411	HEALTHCARE	TN	N/A	C CORPORATION	N/A	N/A	N/A		✓
(10) CAPTIVE MANAGEMENT INITIATIVES, LTD (98-0663022) PO BOX 10073, APO, GEORGETOWN, GRAND CAYMAN, KY1-1001, CJ	CAPTIVE MANAGEMENT	CAYMAN ISLANDS	N/A	C CORPORATION	N/A	N/A	N/A		✓
(11) CATHOLIC HEALTH INITIATIVES CENTER FOR TRANSLATIONAL RESEARCH (27-2269511) 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112	RESEARCH	CO	CIRI	C CORPORATION	565,788	1,957,014	100 00	✓	
(12) CHI ST. LUKE'S HEALTH - MEMORIAL CONDOMINIUM ASSOCIATION INC (83-4184717) 1201 W FRANK AVE, LUFKIN, TX 75904	CONDO ASSOC	TX	N/A	C CORPORATION	N/A	N/A	N/A		✓
(13) CLEARRIVER HEALTH (46-4495960) 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112	INSURANCE	TN	N/A	C CORPORATION	N/A	N/A	N/A		✓
(14) COASTAL SURGICAL SPECIALISTS, INC (74-3000596) 921 OAK PARK BLVD SUITE 101, PISMO BEACH, CA 93449	HEALTHCARE	CA	N/A	S CORPORATION	N/A	N/A	N/A		✓
(15) COMCARE SERVICES, INC (84-0904813) 5570 DTC PARKWAY, ENGLEWOOD, CO 80111	INACTIVE	CO	N/A	C CORPORATION	N/A	N/A	N/A		✓
(16) CONSOLIDATED HEALTH SERVICES (31-1378212) 1700 EDISON DR, MILFORD, OH 45150	HOME HEALTH	OH	N/A	C CORPORATION	N/A	N/A	N/A		✓
(17) DES MOINES MEDICAL CENTER, INC (42-0837382) 1111 6TH AVE, DES MOINES, IA 50314	REAL ESTATE	IA	N/A	C CORPORATION	N/A	N/A	N/A		✓
(18) DIGNITY HEALTH HOLDING CORPORATION (46-0675371) 185 BERRY STREET SUITE 300, SAN FRANCISCO, CA 94107	HOLDING CO	NV	N/A	C CORPORATION	N/A	N/A	N/A		✓

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								Yes	No
(19) DIGNITY HEALTH INSURANCE LTD (CAYMAN ISLAND CORPORATION) (98-1065338) PO BOX 1051 KY1-1102, GRAND CAYMAN ISLANDS, GRAND CAYMAN, KY1-1001, CJ	INSURANCE	CAYMAN ISLANDS	N/A	C CORPORATION	N/A	N/A	N/A		✓
(20) DIGNITY HEALTH PROVIDER RESOURCES INC (47-3366764) 185 BERRY STREET SUITE 300, SAN FRANCISCO, CA 94107	HEALTH PLAN	CA	N/A	C CORPORATION	N/A	N/A	N/A		✓
(21) DIVERSIFIED HEALTH RESOURCES, INC (76-0222679) 100 MEDICAL DRIVE, LAKE JACKSON, TX 77566	HEALTH CARE	TX	N/A	C CORPORATION	N/A	N/A	N/A		✓
(22) FIRST INITIATIVES INSURANCE, LTD (98-0203038) PO BOX 10073, APO, GEORGETOWN, GRAND CAYMAN, KY1-1001, CJ	INSURANCE	CAYMAN ISLANDS	N/A	C CORPORATION	N/A	N/A	N/A		✓
(23) FRANCISCAN CITY URGENT CARE SERVICES, P S DBA CITY MD - FRANCISCAN URGENT CARE (81-2174959) C/O CPGUSA 1345 AVE OF THE AMERICAS, NEW YORK, NY 10105	HEALTHCARE	NY	N/A	C CORPORATION	N/A	N/A	N/A		✓
(24) FRANCISCAN SERVICES, INC (23-2487967) 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112	HEALTHCARE	CO	N/A	C CORPORATION	N/A	N/A	N/A		✓
(25) GOOD SAMARITAN OUTREACH SERVICES (47-0659440) PO BOX 1990, KEARNEY, NE 68848	MEDICAL CLINIC	NE	N/A	C CORPORATION	N/A	N/A	N/A		✓
(26) HARVESTPLAINS HEALTH OF IOWA (47-3451750) 32129 WEYERHAEUSER WAY S, STE 201, FEDERAL WAY, WA 98001	INSURANCE	WA	N/A	C CORPORATION	N/A	N/A	N/A		✓
(27) HEALTH SERVICES OF THE PACIFIC CENTRAL COAST, INC (77-0074057) 1400 E CHURCH STREET, SANTA MARIA, CA 93454	HEALTHCARE	CA	N/A	C CORPORATION	N/A	N/A	N/A		✓
(28) HEALTH SYSTEMS ENTERPRISES, INC (47-0664558) PO BOX 1990, KEARNEY, NE 68848	MGMT	NE	N/A	C CORPORATION	N/A	N/A	N/A		✓
(29) HEALTHCARE MGMT SERVICES ORGANIZATION, INC (91-1865474) 1149 MARKET ST , TACOMA, WA 98402	HEALTH ORG	WA	N/A	C CORPORATION	N/A	N/A	N/A		✓
(30) HEARTLANDPLAINS HEALTH (46-4368223) 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112	INSURANCE	NE	N/A	C CORPORATION	N/A	N/A	N/A		✓
(31) HIGHLINE MEDICAL GROUP (91-1407026) 1717 S J STREET, TACOMA, WA 98405	MEDICAL SERVICES	WA	N/A	C CORPORATION	N/A	N/A	N/A		✓
(32) INTEGRATED MEDICAL SERVICES (86-0783428) 9250 N 3RD STREET SUITE 4010, PHOENIX, AZ 85020	MULTI-SPECIALTY PHYSICIANS GROUP	AZ	N/A	C CORPORATION	N/A	N/A	N/A		✓
(33) KOMG-LOUISVILLE REGION INC (83-2481198) 201 ABRAHAM FLEXNER WAY, LOUISVILLE, KY 40202	HEALTHCARE	KY	N/A	C CORPORATION	N/A	N/A	N/A		✓
(34) MANAGEMENT SERVICES ORGANIZATION OF SANTA MARIA INC (77-0318135) 1400 E CHURCH STREET, SANTA MARIA, CA 93454	HEALTH CARE MGMT	CA	N/A	C CORPORATION	N/A	N/A	N/A		✓
(35) MEDICAL OFFICE BUILDING HORIZONTAL PROPERTY REGIME, INC (71-0720429) 300 WERNER ST, HOT SPRINGS, AR 71913	REAL ESTATE	AR	N/A	C CORPORATION	N/A	N/A	N/A		✓
(36) MEDQUEST (45-0392137) 1301 15TH AVENUE WEST, WILLISTON, ND 58801	SALE OF DME	ND	N/A	C CORPORATION	N/A	N/A	N/A		✓

(a) Name, address and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C-corp, S-corp or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(37) MEMORIAL CV SERVICE LINE MANAGEMENT COMPANY, LLC (46-3622849) 1201 W FRANK AVE, LUFKIN, TX 75904	HEATH CARE	TX	N/A	C CORPORATION	N/A	N/A	N/A		✓
(38) MERCY PARK APARTMENTS, LTD (42-1202422) 1111 6TH AVE, DES MOINES, IA 50314	HOUSING	IA	N/A	C CORPORATION	N/A	N/A	N/A		✓
(39) MERCY SERVICES CORP (93-0824308) 2700 STEWART PARKWAY, ROSEBURG, OR 97471	RETAIL SALES	OR	N/A	C CORPORATION	N/A	N/A	N/A		✓
(40) MHI CLINICAL SERVICES (46-1967952) 1201 W. FRANK AVE, LUFKIN, TX 75904	HEALTHCARE	TX	N/A	C CORPORATION	N/A	N/A	N/A		✓
(41) MILLENIUM SURGERY CENTER INC (77-0513445) 9300 STOCKDALE HWY, #200, BAKERSFIELD, CA 93311	HEALTHCARE	CA	N/A	S CORPORATION	N/A	N/A	N/A		✓
(42) MOUNTAIN MANAGEMENT SERVICES, INC (62-1570739) 6028 SHALLOWFORD RD, CHATTANOOGA, TN 37421	MGMT SVC ORG	TN	N/A	C CORPORATION	N/A	N/A	N/A		✓
(43) NORTH CENTRAL HEALTH CARE ALLIANCE (45-0439894) PO BOX 5538 , BISMARK, ND 58506	HEALTHCARE	ND	N/A	C CORPORATION	N/A	N/A	N/A		✓
(44) PATIENT TRANSPORT SERVICES, INC. (31-1100798) 1700 EDISON DR, MILFORD, OH 45150	HOME HEALTH	OH	N/A	C CORPORATION	N/A	N/A	N/A		✓
(45) QCA HEALTH PLAN, INC (71-0794605) 12615 CHENAL PARKWAY, STE 300, LITTLE ROCK , AR 72211	INSURANCE	AR	N/A	C CORPORATION	N/A	N/A	N/A		✓
(46) QUALCHOICE ADVANTAGE (47-3433912) 32129 WEYERHAEUSER WAY S, STE 201, FEDERAL WAY, WA 98001	INSURANCE	WA	N/A	C CORPORATION	N/A	N/A	N/A		✓
(47) QUALCHOICE HEALTH PLAN SERVICES, INC (FKA COLLABHEALTH PLAN SERVICES, INC) (46-1224037) 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112	ADMIN SERVICES	CO	N/A	C CORPORATION	N/A	N/A	N/A		✓
(48) QUALCHOICE HEALTH, INC (FKA COLLABHEALTH MANAGED SOLUTIONS, INC) (46-1222808) 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112	HOLDING CO	CO	N/A	C CORPORATION	N/A	N/A	N/A		✓
(49) QUALCHOICE HOLDINGS, INC (27-4075520) 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112	HOLDING CO	AR	N/A	C CORPORATION	N/A	N/A	N/A		✓
(50) QUALCHOICE LIFE AND HEALTH INSURANCE COMPANY, INC. (71-0386640) 12615 CHENAL PARKWAY, STE 300, LITTLE ROCK , AR 72211	INSURANCE	AR	N/A	C CORPORATION	N/A	N/A	N/A		✓
(51) QUALCHOICE OF NEBRASKA (81-0738827) 2401 S 73RD ST, OMAHA, NE 68124	INACTIVE	NE	N/A	C CORPORATION	N/A	N/A	N/A		✓
(52) RIVERLINK HEALTH (46-4380824) 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112	INSURANCE	OH	N/A	C CORPORATION	N/A	N/A	N/A		✓
(53) RIVERLINK HEALTH OF KENTUCKY, INC (46-4828332) 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112	INSURANCE	KY	N/A	C CORPORATION	N/A	N/A	N/A		✓
(54) ROSS PARK PHARMACY, INC (34-1832654) 380 SUMMIT AVE, STEUBENVILLE , OH 43952	PHARMACY	OH	N/A	C CORPORATION	N/A	N/A	N/A		✓
(55) RUSHWINC PROPERTIES INC (75-3160650) 25124 SPRINGFIELD COURT SUITE 200, VALENCIA, CA 91355	LEASE NEGOTIATIONS	GA	N/A	C CORPORATION	N/A	N/A	N/A		✓
(56) SAINT CLARE'S PRIMARY CARE, INC. (22-2441202) 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112	BILLING SERVICES	NJ	N/A	C CORPORATION	N/A	N/A	N/A		✓

(a) Name, address and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C-corp, S-corp or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(57) SJH SERVICES CORPORATION (23-2307408) 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112	HEALTHCARE	CO	N/A	C CORPORATION	N/A	N/A	N/A		✓
(58) SJL PHYSICIAN MANAGEMENT SERVICES, INC (27-0164198) 424 LEWIS HARGETT CR, STE 160, LEXINGTON, KY 40503	MGMT	KY	N/A	C CORPORATION	N/A	N/A	N/A		✓
(59) SOUNDPATH HEALTH, INC (42-1720801) 32129 WEYERHAEUSER WAY S, STE 201, FEDERAL WAY, WA 98001	INSURANCE	WA	N/A	C CORPORATION	N/A	N/A	N/A		✓
(60) ST MARY HEALTH VENTURES INC (95-1912528) 1050 LINDEN AVENUE, LONG BEACH, CA 90813	RETAIL PHARMACY	CA	N/A	C CORPORATION	N/A	N/A	N/A		✓
(61) ST ANTHONY DEVELOPMENT COMPANY (93-1216943) 1415 SOUTHGATE, PENDLETON, OR 97801	ATHLETIC CLUB	OR	N/A	C CORPORATION	N/A	N/A	N/A		✓
(62) ST. JOSEPH DEVELOPMENT COMPANY, INC. (91-1480569) 1717 SOUTH J ST, TACOMA, WA 98405	RENTAL	WA	N/A	C CORPORATION	N/A	N/A	N/A		✓
(63) ST LUKE'S HEALTH SYSTEM HOLDINGS, INC (76-0637138) 6624 FANNIN, STE 800, HOUSTON, TX 77030	HOLDING CO	TX	N/A	C CORPORATION	N/A	N/A	N/A		✓
(64) ST MARY'S MULTI SPECIALTY CLINIC (11-3763590) 1625 PRATER WAY SUITE 102, SPARKS, NV 89434	HEALTHCARE	NV	N/A	C CORPORATION	N/A	N/A	N/A		✓
(65) ST VINCENT COMMUNITY HEALTH SERVICES, INC (71-0710785) TWO ST VINCENT CIRCLE, LITTLE ROCK, AR 72205	HEALTHCARE	AR	N/A	C CORPORATION	N/A	N/A	N/A		✓
(66) STABLEVIEW HEALTH, INC (46-4373713) 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112	INSURANCE	KY	N/A	C CORPORATION	N/A	N/A	N/A		✓
(67) STE HOLDINGS (82-2383629) 12809 WEST DODGE RD, OMAHA, NE 68154	HOLDING CO	NE	N/A	C CORPORATION	N/A	N/A	N/A		✓
(68) SUGAR LAND DOCTOR GROUP (45-4270163) 1317 LAKE POINT PARKWAY, SUGAR LAND, TX 77478	MEDICAL CLINIC	TX	N/A	C CORPORATION	N/A	N/A	N/A		✓
(69) TOWSON MANAGEMENT, INC (52-1710750) 7601 OSLER DR, TOWSON, MD 21204	MGMT SERVICES	MD	N/A	C CORPORATION	N/A	N/A	N/A		✓
(70) TRINITY MANAGEMENT SERVICES ORGANIZATION (34-1471026) 380 SUMMIT AVE, STEUBENVILLE , OH 43952	MGMT SERVICES	OH	N/A	C CORPORATION	N/A	N/A	N/A		✓
(71) US HEALTHWORKS INC (58-2420844) 25124 SPRINGFIELD COURT SUITE 200, VALENCIA, CA 91355	OCCUPATIONAL MEDICAL SERVICES	CA	N/A	C CORPORATION	N/A	N/A	N/A		✓
(72) US HEALTHWORKS MEDICAL GROUP OF ALASKA LLC (63-1219117) 25124 SPRINGFIELD COURT SUITE 200, VALENCIA, CA 91355	OCCUPATIONAL MEDICAL SERVICES	AK	N/A	C CORPORATION	N/A	N/A	N/A		✓
(73) US HEALTHWORKS MEDICAL GROUP OF ARIZONA INC (58-2625710) 25124 SPRINGFIELD COURT SUITE 200, VALENCIA, CA 91355	OCCUPATIONAL MEDICAL SERVICES	AZ	N/A	C CORPORATION	N/A	N/A	N/A		✓
(74) US HEALTHWORKS MEDICAL GROUP OF FLORIDA INC (58-2654983) 25124 SPRINGFIELD COURT SUITE 200, VALENCIA, CA 91355	OCCUPATIONAL MEDICAL SERVICES	FL	N/A	C CORPORATION	N/A	N/A	N/A		✓

(a) Name, address and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C-corp, S-corp or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(75) US HEALTHWORKS MEDICAL GROUP OF GEORGIA INC (58-2625714) 25124 SPRINGFIELD COURT SUITE 200, VALENCIA, CA 91355	OCCUPATIONAL MEDICAL SERVICES	GA	N/A	C CORPORATION	N/A	N/A	N/A		✓
(76) US HEALTHWORKS MEDICAL GROUP OF KENTUCKY INC (47-3277440) 25124 SPRINGFIELD COURT SUITE 200, VALENCIA, CA 91355	OCCUPATIONAL MEDICAL SERVICES	KY	N/A	C CORPORATION	N/A	N/A	N/A		✓
(77) US HEALTHWORKS MEDICAL GROUP OF MAINE INC (58-2654976) 25124 SPRINGFIELD COURT SUITE 200, VALENCIA, CA 91355	OCCUPATIONAL MEDICAL SERVICES	ME	N/A	C CORPORATION	N/A	N/A	N/A		✓
(78) US HEALTHWORKS MEDICAL GROUP OF OHIO INC (31-1540841) 25124 SPRINGFIELD COURT SUITE 200, VALENCIA, CA 91355	OCCUPATIONAL MEDICAL SERVICES	OH	N/A	C CORPORATION	N/A	N/A	N/A		✓
(79) US HEALTHWORKS OF COLORADO, INC (81-1053593) 25124 SPRINGFIELD COURT SUITE 200, VALENCIA, CA 91355	OCCUPATIONAL MEDICAL SERVICES	CO	N/A	C CORPORATION	N/A	N/A	N/A		✓
(80) US HEALTHWORKS OF ILLINOIS INC (46-1384805) 25124 SPRINGFIELD COURT SUITE 200, VALENCIA, CA 91355	OCCUPATIONAL MEDICAL SERVICES	IL	N/A	C CORPORATION	N/A	N/A	N/A		✓
(81) US HEALTHWORKS OF INDIANA INC (35-1991196) 25124 SPRINGFIELD COURT SUITE 200, VALENCIA, CA 91355	OCCUPATIONAL MEDICAL SERVICES	IN	N/A	C CORPORATION	N/A	N/A	N/A		✓
(82) US HEALTHWORKS OF KANSAS CITY INC (46-2754415) 25124 SPRINGFIELD COURT SUITE 200, VALENCIA, CA 91355	OCCUPATIONAL MEDICAL SERVICES	KS	N/A	C CORPORATION	N/A	N/A	N/A		✓
(83) US HEALTHWORKS OF MINNESOTA INC (45-2494357) 25124 SPRINGFIELD COURT SUITE 200, VALENCIA, CA 91355	OCCUPATIONAL MEDICAL SERVICES	MN	N/A	C CORPORATION	N/A	N/A	N/A		✓
(84) US HEALTHWORKS OF NEW JERSEY INC (04-3323869) 25124 SPRINGFIELD COURT SUITE 200, VALENCIA, CA 91355	OCCUPATIONAL MEDICAL SERVICES	NJ	N/A	C CORPORATION	N/A	N/A	N/A		✓
(85) US HEALTHWORKS OF NORTH CAROLINA INC (56-2029468) 25124 SPRINGFIELD COURT SUITE 200, VALENCIA, CA 91355	OCCUPATIONAL MEDICAL SERVICES	NC	N/A	C CORPORATION	N/A	N/A	N/A		✓
(86) US HEALTHWORKS OF PENNSYLVANIA INC (58-2660955) 25124 SPRINGFIELD COURT SUITE 200, VALENCIA, CA 91355	OCCUPATIONAL MEDICAL SERVICES	PA	N/A	C CORPORATION	N/A	N/A	N/A		✓
(87) US HEALTHWORKS OF TENNESSEE INC (45-2697510) 25124 SPRINGFIELD COURT SUITE 200, VALENCIA, CA 91355	OCCUPATIONAL MEDICAL SERVICES	TN	N/A	C CORPORATION	N/A	N/A	N/A		✓
(88) US HEALTHWORKS OF WASHINGTON INC (91-1173613) 25124 SPRINGFIELD COURT SUITE 200, VALENCIA, CA 91355	OCCUPATIONAL MEDICAL SERVICES	WA	N/A	C CORPORATION	N/A	N/A	N/A		✓
(89) US HEALTHWORKS OF WISCONSIN INC (46-1384564) 25124 SPRINGFIELD COURT SUITE 200, VALENCIA, CA 91355	OCCUPATIONAL MEDICAL SERVICES	WI	N/A	C CORPORATION	N/A	N/A	N/A		✓

(a) Name, address and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C-corp, S-corp or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(90) USHW HOLDING CORPORATION (20-8050895) 25124 SPRINGFIELD COURT SUITE 200, VALENCIA, CA 91355	OCCUPATIONAL MEDICAL SERVICES	DE	N/A	C CORPORATION	N/A	N/A	N/A		✓
(91) USHW OF CALIFORNIA INC (95-4585828) 25124 SPRINGFIELD COURT SUITE 200, VALENCIA, CA 91355	OCCUPATIONAL MEDICAL SERVICES	CA	N/A	C CORPORATION	N/A	N/A	N/A		✓
(92) USHW OF TEXAS INC (74-2785392) 25124 SPRINGFIELD COURT SUITE 200, VALENCIA, CA 91355	OCCUPATIONAL MEDICAL SERVICES	TX	N/A	C CORPORATION	N/A	N/A	N/A		✓