#20

29399270033404 0

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e)) 1906

OMB No. 1545-0687

2018

Department of the Treasury
Internal Revenue Service

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

▶ Go to *www.irs.gov/Form990T* for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

A ☐ Check box if address changed

B Exempt under section
☑ 501(C)(03)
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a)

C Book value of all assets at end of year 25,728,450

Print or Type

Name of organization (☐ Check box if name changed and see instructions)
CARRINGTON HEALTH CENTER

Number, street, and room or suite no If a P O box, see instructions
800 NORTH 4TH STREET

City or town, state or province, country, and ZIP or foreign postal code
CARRINGTON, ND 58421

D Employer identification number (Employees' trust, see instructions.)
45-0227311

E Unrelated business activity code (See instructions)
523000

F Group exemption number (See instructions.) ▶ 0928

G Check organization type ▶ ☑ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust

4

H Enter the number of the organization's unrelated trades or businesses. ▶ 1 Describe the only (or first) unrelated trade or business here ▶ PASSIVE INVESTMENTS. If only one, complete Parts I–V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III–V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ ☑ Yes ☐ No
If "Yes," enter the name and identifying number of the parent corporation. ▶ COMMONSPIRIT HEALTH 47-0617373

J The books are in care of ▶ KURT SARGENT Telephone number ▶ (701) 652-7178

Part I Unrelated Trade or Business Income

				(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 0					
b	Less returns and allowances 0	c Balance ▶	1c	0		
2	Cost of goods sold (Schedule A, line 7)		2	0		
3	Gross profit. Subtract line 2 from line 1c		3	0		0
4a	Capital gain net income (attach Schedule D)		4a	0		0
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b	0		0
c	Capital loss deduction for trusts		4c	0		0
5	Income (loss) from a partnership or an S corporation (attach statement)		5	1,482		1,482
6	Rent income (Schedule C)		6	0	0	0
7	Unrelated debt-financed income (Schedule E)		7	0	0	0
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		8	0	0	0
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9	0	0	0
10	Exploited exempt activity income (Schedule I)		10	0	0	0
11	Advertising income (Schedule J)		11	0	0	0
12	Other income (See instructions; attach schedule)		12	0		0
13	**Total.** Combine lines 3 through 12		13	1,482	0	1,482

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)			14	0
15	Salaries and wages			15	0
16	Repairs and maintenance			16	0
17	Bad debts			17	0
18	Interest (attach schedule) (see instructions)			18	0
19	Taxes and licenses			19	0
20	Charitable contributions (See instructions for limitation rules)			20	0
21	Depreciation (attach Form 4562)	21	0		
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	0	22b	0
23	Depletion			23	0
24	Contributions to deferred compensation plans			24	0
25	Employee benefit programs			25	0
26	Excess exempt expenses (Schedule I)			26	0
27	Excess readership costs (Schedule J)			27	0
28	Other deductions (attach schedule)			28	0
29	**Total deductions.** Add lines 14 through 28			29	0
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13			30	1,482
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)			31	
32	Unrelated business taxable income. Subtract line 31 from line 30			32	1,482

RECEIVED
JUL 30 2020
OGDEN, UT
B612 IRS-OSC

SCANNED OCT 26 2020

SEP 22 2020

Received In Garrison Office

31

For Paperwork Reduction Act Notice, see instructions. Cat. No 11291J Form 990-T (2018)

G10

Part III Total Unrelated Business Taxable Income

33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	1,482	
34	Amounts paid for disallowed fringes	34		
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	0	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	36	1,482	
37	Specific deduction (Generally $1,000, but see line 37 instructions for exceptions)	37	1,000	
38	**Unrelated business taxable income.** Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	38	482	

Part IV Tax Computation

39	**Organizations Taxable as Corporations.** Multiply line 38 by 21% (0.21)	39	101	
40	**Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 38 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041)	40		
41	**Proxy tax.** See instructions	41		
42	Alternative minimum tax (trusts only)	42		
43	**Tax on Noncompliant Facility Income.** See instructions	43		
44	**Total.** Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	101	

Part V Tax and Payments

45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a				
b	Other credits (see instructions)	45b				
c	General business credit. Attach Form 3800 (see instructions)	45c				
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d				
e	**Total credits.** Add lines 45a through 45d			45e	0	
46	Subtract line 45e from line 44			46	101	
47	Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule)			47	0	
48	**Total tax.** Add lines 46 and 47 (see instructions)			48	101	
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2			49		
50a	Payments: A 2017 overpayment credited to 2018	50a	239			
b	2018 estimated tax payments	50b	0			
c	Tax deposited with Form 8868	50c				
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d				
e	Backup withholding (see instructions)	50e				
f	Credit for small employer health insurance premiums (attach Form 8941)	50f				
g	Other credits, adjustments, and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other 0 Total ▶	50g	0			
51	**Total payments.** Add lines 50a through 50g			51	239	
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ ☐			52		
53	**Tax due.** If line 51 is less than the total of lines 48, 49, and 52, enter amount owed ▶			53	0	
54	**Overpayment.** If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid ▶			54	138	
55	Enter the amount of line 54 you want: **Credited to 2019 estimated tax** ▶ 138 **Refunded** ▶			55	0	

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

		Yes	No
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ▶		✓
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		✓
58	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ $		

Sign Here

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer	Date	Title	May the IRS discuss this return with the preparer shown below (see instructions)? ☑ Yes ☐ No
[signature]	7/8/2020	VP OF OPERATIONAL FINANCE	

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
MARK STOCKI	[signature]	7/8/2020		P00642127
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

Schedule A—Cost of Goods Sold. Enter method of inventory valuation ▶

1	Inventory at beginning of year	1	0	6	Inventory at end of year	6	0	
2	Purchases	2	0	7	**Cost of goods sold.** Subtract line 6 from line 5. Enter here and in Part I, line 2	7	0	
3	Cost of labor	3	0					
4a	Additional section 263A costs (attach schedule)	4a	0	8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		Yes	No
b	Other costs (attach schedule)	4b	0					
5	**Total.** Add lines 1 through 4b	5	0					

Schedule C—Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)
(2)
(3)
(4)

	2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
	(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)			
(2)			
(3)			
(4)			
Total	0	0	

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶ 0

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶ 0

Schedule E—Unrelated Debt-Financed Income (see instructions)

	1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				

	4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 × column 6)	8. Allocable deductions (column 6 × total of columns 3(a) and 3(b))
(1)			%		
(2)			%		
(3)			%		
(4)			%		
				Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B).
Totals ▶				0	0
Total dividends-received deductions included in column 8 ▶					0

Form **990-T** (2018)

Schedule F—Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

Exempt Controlled Organizations

1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)
Totals ▶			0	0

Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).
Totals ▶	0			0

Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
Totals ▶	0	0				0

Schedule J—Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) ▶	0	0	0			0

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols. 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I ▶	0	0				0
	Enter here and on page 1, Part I, line 11, col (A).	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1–5) ▶	0	0				0

Schedule K—Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14 ▶			0

Form **990-T** (2018)

Form 990T Part I, Line 5	Income (loss) from Partnership and S Corporations

Name of Partnership	EIN	UBI
PARTNERSHIP INCOME		
(1) CHI OPERATING INVESTMENT PROGRAM, LP	47-0727942	1,482
	Total for Part I, Line 5	**1,482**

Part II Supplemental Information.

Return Reference - Identifier	Explanation
PART II - LINE 7 - NAME	MEMORIAL HOSPITAL OF MISSOURI VALLEY

Part II Taxable Income Apportionment (continued)

(a) Group member's name	(a) Employer identification number	(b) Tax year end (Yr-Mo)	(c) Accumulated earnings credit	(d) Penalty for failure to pay estimated tax	(e) Other
(10) ALTERNATIVE INSURANCE MANAGEMENT SERVICES, INC	84-1112049	19-06	0	0	0
(11) BC HOLDING COMPANY, INC	31-1542851	19-06	0	0	0
(12) BRAZOSPORT HEALTH ALLIANCE	76-0518376	18-12	0	0	0
(13) CADUCEUS MEDICAL ASSOCIATES, INC	62-1570736	19-06	0	0	0
(14) CAPTIVE MANAGEMENT INITIATIVES, LTD	98-0663022	19-06	0	0	0
(15) CARRINGTON HEALTH CENTER	45-0227311	19-06	0	0	0
(16) CATHOLIC HEALTH INITIATIVES - IOWA, CORP	42-0680448	19-06	0	0	0
(17) CATHOLIC HEALTH INITIATIVES CENTER FOR TRANSLATIONAL RESEARCH	27-2269511	19-06	0	0	0
(18) CATHOLIC HEALTH INITIATIVES COLORADO	84-0405257	19-06	0	0	0
(19) CHI COLORADO FOUNDATION	84-0902211	19-06	0	0	0
(20) CHI HEALTH CONNECT AT HOME - FARGO	27-1966847	19-06	0	0	0
(21) CHI HEALTH FOUNDATION	47-0648586	19-06	0	0	0
(22) CHI KENTUCKY, INC	20-2741651	19-06	0	0	0
(23) CHI LIVING COMMUNITIES	34-1892096	19-06	0	0	0
(24) CHI ST. JOSEPH CHILDREN'S HEALTH	23-2342997	19-06	0	0	0
(25) CHI ST JOSEPH'S CHILDREN	71-0897107	19-06	0	0	0
(26) CHI ST VINCENT HOSPITAL HOT SPRINGS (FKA MERCY HOSPITAL HOT SPRINGS)	71-0236913	19-06	0	0	0
(27) CONSOLIDATED HEALTH SERVICES, INC & SUBS	31-1378212	19-06	0	0	0
(28) CONTINUING CARE HOSPITAL, INC	61-1400619	19-06	0	0	0
(29) DES MOINES MEDICAL CENTER, INC	42-0837382	19-05	0	0	0
(30) DIVERSIFIED HEALTH RESOURCES INC	76-0222679	18-12	0	0	0
(31) ENUMCLAW REGIONAL HOSPITAL ASSOCIATION	91-0715805	19-06	0	0	0
(32) FIRST INITIATIVES INSURANCE, LTD	98-0203038	19-06	0	0	0
(33) FRANCISCAN CITY URGENT CARE SERVICES	81-2174959	19-06	0	0	0
(34) FRANCISCAN FOUNDATION	91-1145592	19-06	0	0	0
(35) FRANCISCAN HEALTH SYSTEM	91-0564491	19-06	0	0	0
(36) FRANCISCAN SERVICES, INC AND SUBSIDIARIES	23-2487967	19-06	0	0	0
(37) GOOD SAMARITAN FOUNDATION OF CINCINNATI, INC	31-1206047	19-06	0	0	0
(38) GOOD SAMARITAN HOSPITAL	47-0379755	19-06	0	0	0
(39) GOOD SAMARITAN HOSPITAL FOUNDATION	47-0659443	19-06	0	0	0
(40) GOOD SAMARITAN OUTREACH SERVICES	47-0659440	19-06	0	0	0
(41) HARRISON MEDICAL CENTER	91-0565546	19-06	0	0	0
(42) HEALTH SYSTEMS ENTERPRISES, INC	47-0664558	19-06	0	0	0
(43) HEALTHCARE MGMT SERVICES ORGANIZATION, INC.	91-1865474	19-06	0	0	0

(a) Group member's name	(a) Employer identification number	(b) Tax year end (Yr-Mo)	(c) Accumulated earnings credit	(d) Penalty for failure to pay estimated tax	(e) Other
(44) HIGHLINE MEDICAL CENTER	91-0712166	19-06	0	0	0
(45) HIGHLINE MEDICAL GROUP, INC	91-1407026	18-12	0	0	0
(46) JEWISH HOSPITAL & ST MARY'S HEALTHCARE, INC	61-1029768	19-06	0	0	0
(47) KENTUCKYONE HEALTH MEDICAL GROUP, INC.	61-1352729	19-06	0	0	0
(48) KENTUCKYONE HEALTH, INC	61-1029769	19-06	0	0	0
(49) LAKEWOOD HEALTH CENTER	41-0758434	19-06	0	0	0
(50) LAKEWOOD REGIONAL HEALTHCARE FOUNDATION	41-1893795	19-06	0	0	0
(51) MADISON ST JOSEPH HEALTH CENTER	74-2761145	19-06	0	0	0
(52) MADONNA MANOR, INC	61-0654635	19-06	0	0	0
(53) MEDQUEST	45-0392137	19-06	0	0	0
(54) MEMORIAL CV SERVICE LINE MANAGEMENT COMPANY LLC	46-3622849	18-12	0	0	0
(55) MEMORIAL HEALTH CARE SYSTEM FOUNDATION, INC	62-1839548	19-06	0	0	0
(56) MEMORIAL HEALTH CARE SYSTEM, INC	62-0532345	19-06	0	0	0
(57) MEMORIAL HEALTH PARTNERS FOUNDATION, INC	03-0417049	19-06	0	0	0
(58) MEMORIAL HEALTH SYSTEM OF EAST TEXAS	75-0755367	19-06	0	0	0
(59) MEMORIAL MEDICAL CENTER - LIVINGSTON	76-0436439	19-06	0	0	0
(60) MERCY COLLEGE OF HEALTH SCIENCES	42-1511682	19-06	0	0	0
(61) MERCY FOUNDATION OF DES MOINES, IOWA	23-7358794	19-06	0	0	0
(62) MERCY HOSPITAL OF DEVILS LAKE	45-0227012	19-06	0	0	0
(63) MERCY HOSPITAL OF VALLEY CITY	45-0226553	19-06	0	0	0
(64) MERCY MEDICAL CENTER	45-0231183	19-06	0	0	0
(65) MERCY MEDICAL CENTER - CENTERVILLE	42-0680308	19-06	0	0	0
(66) MERCY MEDICAL CENTER - NEWTON	42-1470935	19-06	0	0	0
(67) MERCY MEDICAL CENTER, INC	93-0386868	19-06	0	0	0
(68) MERCY MEDICAL FOUNDATION	45-0381803	19-06	0	0	0
(69) MERCY PARK APARTMENTS, LTD	42-1202422	19-06	0	0	0
(70) MERCY SERVICES CORPORATION	93-0824308	19-06	0	0	0
(71) MHI CLINICAL SERVICES	46-1967952	18-12	0	0	0
(72) MOUNTAIN MANAGEMENT SERVICES, INC	62-1570739	19-06	0	0	0
(73) PROVIDENCE CARE CENTER	34-1658625	19-06	0	0	0
(74) QUALCHOICE HEALTH, INC. & SUBSIDIARIES	46-1222808	18-12	0	0	0
(75) ROSS PARK PHARMACY	34-1832654	19-06	0	0	0
(76) SAINT CLARE'S PRIMARY CARE, INC	22-2441202	19-06	0	0	0
(77) SAINT ELIZABETH REGIONAL MEDICAL CENTER	47-0379836	19-06	0	0	0
(78) SAINT FRANCIS MEDICAL CENTER	47-0376601	19-06	0	0	0
(79) SAINT FRANCIS MEDICAL CENTER FOUNDATION	47-0630267	19-06	0	0	0
(80) SAINT JOSEPH HEALTH SYSTEM, INC	61-1334601	19-06	0	0	0
(81) SJL PHYSICIAN MANAGEMENT SERVICES, INC	27-0164198	19-06	0	0	0

(a) Group member's name	(a) Employer identification number	(b) Tax year end (Yr-Mo)	(c) Accumulated earnings credit	(d) Penalty for failure to pay estimated tax	(e) Other
(82) ST JOSEPH REGIONAL HEALTH CENTER	74-1282696	19-06	0	0	0
(83) ST LUKE'S COMMUNITY DEVELOPMENT CORPORATION – SUGAR LAND	26-1947374	19-06	0	0	0
(84) ST ALEXIUS MEDICAL CENTER	45-0226711	19-06	0	0	0
(85) ST ANTHONY DEVELOPMENT COMPANY	93-1216943	19-06	0	0	0
(86) ST ANTHONY HOSPITAL	93-0391614	19-06	0	0	0
(87) ST CATHERINE HOSPITAL	48-0543721	19-06	0	0	0
(88) ST DOMINIC OF ONTARIO, OREGON	93-0433692	19-06	0	0	0
(89) ST FRANCIS HOME	41-0729978	19-06	0	0	0
(90) ST FRANCIS LIFE CARE CORPORATION	22-2536017	19-06	0	0	0
(91) ST FRANCIS MEDICAL CENTER	41-0695598	19-06	0	0	0
(92) ST JOSEPH'S AREA HEALTH SERVICES	41-0695603	19-06	0	0	0
(93) ST JOSEPH'S HOSPITAL AND HEALTH CENTER	45-0226429	19-06	0	0	0
(94) ST JOSEPH'S HOSPITAL FOUNDATION	36-3418207	19-06	0	0	0
(95) ST. LEONARD	34-1940863	19-06	0	0	0
(96) ST LUKE'S COMMUNITY HEALTH SERVICES	76-0536234	19-06	0	0	0
(97) ST LUKE'S HEALTH SYSTEM CORPORATION	76-0536232	19-06	0	0	0
(98) ST. LUKE'S HEALTH SYSTEM HOLDINGS, INC	76-0637138	18-12	0	0	0
(99) ST LUKE'S HOSPITAL AT THE VINTAGE	26-3734606	19-06	0	0	0
(100) ST MARY'S COMMUNITY HOSPITAL	47-0443636	19-06	0	0	0
(101) ST VINCENT COMMUNITY HEALTH SERVICES, INC	71-0710785	19-06	0	0	0
(102) ST VINCENT FOUNDATION	51-0169537	19-06	0	0	0
(103) ST. VINCENT INFIRMARY MEDICAL CENTER	71-0236917	19-06	0	0	0
(104) STE HOLDINGS, INC.	82-2383629	19-06	0	0	0
(105) SUGAR LAND DOCTOR GROUP	45-4270163	18-12	0	0	0
(106) SYLVANIA FRANCISCAN HEALTH	34-1412964	19-06	0	0	0
(107) THE GOOD SAMARITAN HOSPITAL OFCINCINNATI, OH	31-0537486	19-06	0	0	0
(108) THE PHYSICIAN NETWORK	47-0780857	19-06	0	0	0
(109) TRINITY HEALTH FOUNDATION	31-1329423	19-06	0	0	0
(110) TRINITY HEALTH SYSTEM - TRINITY EAST	34-0714474	19-06	0	0	0
(111) TRINITY HEALTH SYSTEM - TRINITY WEST	34-0875691	19-06	0	0	0
(112) TRINITY HOSPITAL HOLDING COMPANY	34-1842025	19-06	0	0	0
(113) TRINITY MANAGEMENT SERVICES ORGANIZATION, INC	34-1471026	19-06	0	0	0
(114) UNITY FAMILY HEALTHCARE	41-0721642	19-06	0	0	0
(115) DIGNITY HEALTH CONNECTED LIVING	23-7115371	19-06	0	0	0
(116) INLAND HEALTH ORG OF SOUTHERN CALIFORNIA	33-0578944	19-06	0	0	0
(117) TRINITYCARE INFUSION SERVICES	33-0828794	19-06	0	0	0
(118) COMCARE SERVICES, INC	84-0904813	19-06	0	0	0
(119) DIGNITY HEALTH HOLDING CORP & SUBSIDIARIES	46-0675371	18-12	0	0	0

(a) Group member's name	(a) Employer identification number	(b) Tax year end (Yr-Mo)	(c) Accumulated earnings credit	(d) Penalty for failure to pay estimated tax	(e) Other
(120) PORT CITY OPERATING COMPANY LLC	46-5322209	19-06	0	0	0
(121) DIGNITY HEALTH PROVIDER RESOURCES, INC	47-3366764	19-06	0	0	0
(122) MARK TWAIN MEDICAL CENTER	68-0127677	19-06	0	0	0
(123) DIGNITY HEALTH MEDICAL FOUNDATION	68-0220314	19-06	0	0	0
(124) KOMG-LOUISVILLE REGION, INC	83-2481198	19-06	0	0	0
(125) HEALTH SERVICES OF THE PACIFIC CENTRAL COAST	77-0074057	18-11	0	0	0
(126) MANAGEMENT SERVICE ORG OF SANTA MARIA	77-0318135	18-12	0	0	0
(127) DIGNITY COMMUNITY CARE	81-5009488	19-06	0	0	0
(128) SAINT FRANCIS MEMORIAL HOSPITAL	94-1156295	19-06	0	0	0
(129) DIGNITY HEALTH	94-1196203	19-06	0	0	0
(130) SIERRA NEVADA MEMORIAL-MINERS HOSPITAL, INC	94-1439787	19-06	0	0	0
(131) COMMUNITY HOSPITAL OF SAN BERNARDINO	95-1643373	19-06	0	0	0
(132) BAKERSFIELD MEMORIAL HOSPITAL	95-1802779	19-06	0	0	0
(133) ST MARY'S HEALTH VENTURES, INC	95-1912528	19-06	0	0	0
(134) GLENDALE MEMORIAL SERVICES CORPORATION	95-4051021	19-06	0	0	0
(135) HARRISON MEDICAL CENTER FOUNDATION	91-1197626	19-06	0	0	0
(136) SAINT ELIZABETH FOUNDATION	47-0625523	19-06	0	0	0
(137) MERCY MEDICAL FOUNDATION	45-0381803	19-06	0	0	0
(138) MERCY MEDICAL CENTER	45-0231183	19-06	0	0	0
(139) ALEGENT HEALTH-MEMORIAL HOSPITAL, SCHUYLER	47-0399853	19-06	0	0	0
(140) ALEGENT HEALTH-MERCY HOSPITAL, CORNING, IA	42-0782518	19-06	0	0	0