

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493186010000

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2018

Open to Public Inspection

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.

A For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

Port City Operating Company LLC

% LARA CARTOSCELLI - FINANCE

Doing business as

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

Room/suite

3400 Data Drive

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

Rancho Cordova, CA 95670

F Name and address of principal officer

DONALD WILEY PRESIDENTCEO

3400 Data Drive

Rancho Cordova, CA 95670

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

D Employer identification number

46-5322209

E Telephone number

(209) 943-2000

G Gross receipts \$ 687,464,501

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.DIGNITYHEALTH.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 2014

M State of legal domicile CA

Part I

Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

PORT CITY LLC IS COMMITTED TO FURTHERING THE HEALING MINISTRY OF JESUS THROUGH THE DELIVERY OF AFFORDABLE HEALTH CARE, ADVOCACY FOR THE POOR AND COMMUNITY PARTNERSHIPS

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

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

3 7

4 3

5 0

6 248

7a 247,136

7b

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Prior Year

Current Year

2,202,809

1,963,029

608,441,349

647,779,550

2,868,512

4,762,408

2,720,757

2,580,065

616,233,427

657,085,052

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

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)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

Prior Year

Current Year

12,721,068

11,665,745

0

0

0

0

561,057,916

591,542,367

573,778,984

603,208,112

42,454,443

53,876,940

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Beginning of Current Year

End of Year

458,215,003

592,142,580

169,655,835

172,415,126

288,559,168

419,727,454

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

2020-06-30

Date

NIKKI OCHOA CFO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date 2020-07-03

Check ☐ if self-employed

PTIN P01490170

Firm's name ▶ KPMG LLP

Firm's EIN ▶

Firm's address ▶ 55 SECOND STREET SUITE 1400

Phone no (415) 963-5100

SAN FRANCISCO, CA 94105

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)

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

PORT CITY LLC IS COMMITTED TO FURTHERING THE CHARITABLE AND COMMUNITY-BASED HEALTH CARE PURPOSES, MISSION, VISION AND CORE VALUES OF DIGNITY HEALTH AND KAISER FOUNDATION HOSPITALS BY PROMOTING HEALTH AND PROVIDING AND EXPANDING ACCESS TO HEALTH CARE SERVICES FOR A BROAD CROSS-SECTION OF THE INDIVIDUALS WHO RESIDE IN STOCKTON, CALIFORNIA AND THE SURROUNDING COMMUNITIES

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 \$ 497,276,828	including grants of \$ 11,665,745)	(Revenue \$ 613,364,156)
See Additional Data				

4b	(Code)	(Expenses \$ 24,189,374	including grants of \$)	(Revenue \$ 23,442,154)
See Additional Data				

4c	(Code)	(Expenses \$ 7,239,136	including grants of \$)	(Revenue \$ 10,973,240)
See Additional Data				

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

4e	Total program service expenses ▶	528,705,338
-----------	---	-------------

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22 Yes	

Part IV Checklist of Required Schedules (continued)

		Yes	No	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
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? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	231	
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		

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

Part VI

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records.
 LARA CARTOSCELLI - FINANCE 10901 GOLD CENTER DRIVE STE 300 Rancho Cordova, CA 95670 (916) 631-3337

Part VII

☒

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

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

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

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

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

[illegible]

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

[illegible]

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	0	7,949,960	929,170

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 ► 0

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

Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
ANESTHESIA SERVICES OF SAN JOAQUIN, 10 COMMERCE DR NEW ROCHELLE, NY 10801	Medical Services	6,833,681
INPATIENT SPECIALISTS OF CALIFORNIA, PO BOX 742936 LOS ANGELES, CA 900742936	Medical Services	5,986,896
MEDICAL SOLUTIONS LLC, 1010 N 102ND ST OMAHA, NE 68114	staffing services	4,482,611
COLIN CONSTRUCTION CO, 210 LINCOLN WAY AUBURN, CA 95603	Contractors	1,694,766
HILL PHYSICIAN MEDICAL GROUP, 2409 CAMINO RAMON SAN RAMON, CA 945830980	Medical Services	1,560,000

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 ► 76

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a			
	b	Membership dues . . .	1b			
	c	Fundraising events . . .	1c			
	d	Related organizations	1d	1,856,739		
	e	Government grants (contributions)	1e			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	106,290		
	g	Noncash contributions included in lines 1a - 1f \$ 7,050				
	h	Total. Add lines 1a-1f		1,963,029		
Program Service Revenue			Business Code			
	2a	MEDICARE/MEDICAID PAYMENTS	900099	212,348,502	212,348,502	0
	b	PATIENT NET OF CHARITY & BAD DEBT/PRICE CONCESSI	900099	433,828,140	433,828,140	0
	c	MEDICAL OFFICE BUILDING	621300	614,797	614,797	0
	d	PROGRAM RELATED RENTAL INCOME(NOT MOB)	900099	560,666	560,666	0
	e	MANAGEMENT SERVICES	541610	249,743	249,743	0
	f	All other program service revenue		177,702	-69,434	247,136
	g	Total. Add lines 2a-2f		647,779,550		
Other Revenue	3		Investment income (including dividends, interest, and other similar amounts)	2,674,247		
	4		Income from investment of tax-exempt bond proceeds	0		
	5		Royalties	0		
	6a		Gross rents			
	b		Less rental expenses			
	c		Rental income or (loss)			
	d		Net rental income or (loss)	139,201		139,201
	7a		Gross amount from sales of assets other than inventory			
	b		Less cost or other basis and sales expenses			
	c		Gain or (loss)			
	d		Net gain or (loss)	2,088,161		2,088,161
	8a		Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	0		
	b		Less direct expenses	0		
	c		Net income or (loss) from fundraising events	0		
	9a		Gross income from gaming activities See Part IV, line 19	0		
	b		Less direct expenses	0		
	c		Net income or (loss) from gaming activities	0		
	10a		Gross sales of inventory, less returns and allowances	0		
b		Less cost of goods sold	0			
c		Net income or (loss) from sales of inventory	0			
Miscellaneous Revenue		Business Code				
11a		CAFETERIA	722514	1,412,472	0	
b		LIFELINE	900099	246,838	0	
c		RECEIPTS WRITE OFF	900099	57,606	0	
d		All other revenue		723,948	0	
e		Total. Add lines 11a-11d		2,440,864		
12		Total revenue. See Instructions		657,085,052	647,532,414	

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 ☒

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	11,577,653	11,577,653		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	88,092	88,092		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
4 Benefits paid to or for members.	0			
5 Compensation of current officers, directors, trustees, and key employees.	0			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
7 Other salaries and wages.	0			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	0			
9 Other employee benefits.	0			
10 Payroll taxes.	0			
11 Fees for services (non-employees):				
a Management.	0			
b Legal.	709,085		709,085	
c Accounting.	114,012		114,012	
d Lobbying.	47,449		47,449	
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees.	246,386		246,386	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	421,624,655	371,827,028	49,797,627	0
12 Advertising and promotion.	1,308,540	32,920	1,275,620	
13 Office expenses.	10,340,464	8,572,345	1,768,119	
14 Information technology.	19,018,550	426,047	18,592,503	
15 Royalties.	0			
16 Occupancy.	5,475,192	5,371,896	103,296	
17 Travel.	626,416	411,716	214,700	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	216,135	120,276	95,859	
20 Interest.	3,989,863	3,989,863		
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	24,503,728	24,503,728		
23 Insurance.	2,785,296	2,785,296		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a MEDICAL SUPPLIES	68,505,692	68,498,184	7,508	
b MEDI-CAL PROVIDER FEE	28,270,056	28,270,056		
c DUES AND SUBSCRIPTIONS	980,210	344,939	635,271	
d LICENSES AND TAXES	442,342	73,451	368,891	
e All other expenses	2,338,296	1,811,848	526,448	
25 Total functional expenses. Add lines 1 through 24e.	603,208,112	528,705,338	74,502,774	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 SheetCheck if Schedule O contains a response or note to any line in this Part IX ☒

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	13,570	1	13,775
	2 Savings and temporary cash investments	56,758,423	2	33,320,531
	3 Pledges and grants receivable, net	92,846	3	101,843
	4 Accounts receivable, net	88,033,907	4	88,254,354
	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	0	6	0
	7 Notes and loans receivable, net	2,677,948	7	1,775,122
	8 Inventories for sale or use	5,255,601	8	5,741,494
	9 Prepaid expenses and deferred charges	97,553,058	9	80,717,708
	10a Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a 264,324,992		
	b Less: accumulated depreciation	10b 6,596,990		
		183,490,257	10c	257,728,002
	11 Investments—publicly traded securities	14,418,835	11	94,328,854
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	2,833,819	13	2,500,617
	14 Intangible assets	365,677	14	10,310,000
15 Other assets. See Part IV, line 11	6,721,062	15	17,350,280	
16 Total assets. Add lines 1 through 15 (must equal line 34)	458,215,003	16	592,142,580	
Liabilities	17 Accounts payable and accrued expenses	68,321,073	17	74,929,302
	18 Grants payable	0	18	0
	19 Deferred revenue	2,532,179	19	2,585,660
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	4,315,002	23	4,236,510
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	94,487,581	25	90,663,654
	26 Total liabilities. Add lines 17 through 25	169,655,835	26	172,415,126
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	288,559,168	27	419,727,454
	28 Temporarily restricted net assets	0	28	0
	29 Permanently restricted net assets	0	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	288,559,168	33	419,727,454	
34 Total liabilities and net assets/fund balances	458,215,003	34	592,142,580	

Part XI Reconciliation of Net AssetsCheck 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	657,085,052
2	Total expenses (must equal Part IX, column (A), line 25)	2	603,208,112
3	Revenue less expenses Subtract line 2 from line 1	3	53,876,940
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	288,559,168
5	Net unrealized gains (losses) on investments	5	-532,737
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	77,824,083
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	419,727,454

Part XII Financial Statements and ReportingCheck 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? 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	No	
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	Yes	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?	Yes	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

Additional Data

Software ID:
Software Version:
EIN: 46-5322209
Name: Port City Operating Company LLC

Form 990 (2018)

Form 990, Part III, Line 4a:

EFFECTIVE JUNE 1, 2016, DIGNITY HEALTH ASSIGNED, TRANSFERRED AND OTHERWISE CONVEYED ALL RIGHTS, TITLE AND INTEREST IN AND TO ALL ASSETS AND PROPERTIES, AND RELATED LIABILITIES, OF ST JOSEPH'S MEDICAL CENTER (SJMC) TO PORT CITY OPERATING COMPANY, LLC (PORT CITY) IN RETURN, DIGNITY HEALTH RETAINED 80% OWNERSHIP OF PORT CITY AND MANAGEMENT RIGHTS TO SJMC KAISER FOUNDATION HOSPITALS BOUGHT IN, FOR VALUED RECEIVED, THE REMAINING 20% OWNERSHIP OF PORT CITY ST JOSEPH'S MEDICAL CENTER, PRIOR TO JUNE 1, 2016, WAS A WHOLLY OWNED AFFILIATE OF DIGNITY HEALTH, SJMC IS NOW WHOLLY OWNED BY PORT CITY, A 501(C)(3) TAX EXEMPT ORGANIZATION, WHICH IS AN 80% AFFILIATE OF DIGNITY HEALTH SJMC CONTINUES TO OPERATE UNDER THE SAME (ASSIGNED) MEDICARE AND MEDI-CAL PROVIDER NUMBERS, AND IS LICENSED AT THE SAME LEVEL WITH THE STATE OF CALIFORNIA, SERVING THE COUNTY OF SAN JOAQUIN AND OUTLYING AREAS SJMC IS A 355-BED LICENSED ACUTE CARE FACILITY, PROVIDING GENERAL MEDICAL/ SURGICAL CARE, OBSTETRICS, NEONATAL ICU, EMERGENCY SERVICES, CANCER SERVICES, WITH SPECIALITIES IN CARDIAC SURGERY AND CARDIOVASCULAR CARE, RESPIRATORY, AND ORTHOPEDICS THERE ARE NUMEROUS ANCILLARY AND OUTPATIENT SUPPORT SERVICES

Form 990, Part III, Line 4b:

EFFECTIVE JUNE 1, 2016, DIGNITY HEALTH ASSIGNED, TRANSFERRED AND OTHERWISE CONVEYED ALL RIGHTS, TITLE AND INTEREST IN AND TO ALL ASSETS AND PROPERTIES, AND RELATED LIABILITIES OF ST JOSEPH'S BEHAVIORAL HEALTH CENTER (BHC) TO PORT CITY OPERATING COMPANY, LLC (PORT CITY) IN RETURN, DIGNITY HEALTH RETAINED 80% OWNERSHIP OF PORT CITY AND MANAGEMENT RIGHTS TO BHC KAISER FOUNDATION HOSPITALS BOUGHT IN, FOR VALUE RECEIVED, THE REMAINING 20% OWNERSHIP OF PORT CITY ST JOSEPH'S BEHAVIORAL HEALTH CENTER, PRIOR TO JUNE 1, 2016, WAS A WHOLLY OWNED AFFILIATE OF DIGNITY HEALTH BHC IS NOW WHOLLY OWNED BY PORT CITY, A 501(C)(3) TAX EXEMPT ORGANIZATION, WHICH IS AN 80% AFFILIATE OF DIGNITY HEALTH BHC CONTINUES TO OPERATE UNDER THE SAME (ASSIGNED) MEDICARE AND MEDI-CAL PROVIDER NUMBERS, AND IS LICENSED AT THE SAME LEVEL WITH THE STATE OF CALIFORNIA, SERVING THE COUNTY OF SAN JOAQUIN AND OUTLYING AREAS BHC IS A 35 BED ACUTE PSYCHIATRIC AND CHEMICAL DEPENDENCY HOSPITAL, PROVIDING BOTH INPATIENT AND OUTPATIENT SERVICES

Form 990, Part III, Line 4c:

EFFECTIVE JUNE 1, 2016, DIGNITY HEALTH ASSIGNED, TRANSFERRED AND OTHERWISE CONVEYED ALL RIGHTS, TITLE AND INTEREST IN AND TO ALL ASSETS AND PROPERTIES, AND RELATED LIABILITIES OF ST JOSEPH'S MEDICAL CENTER HOME HEALTH (SJHHA) TO PORT CITY OPERATING COMPANY, LLC (PORT CITY) IN RETURN, DIGNITY HEALTH RETAINED 80% OWNERSHIP OF PORT CITY AND MANAGEMENT RIGHTS TO SJHHA KAISER FOUNDATION HOSPITALS BOUGHT IN, FOR VALUE RECEIVED, THE REMAINING 20% OWNERSHIP OF PORT CITY SJHHA, PRIOR TO JUNE 1, 2016 WAS A HOSPITAL BASED HOME HEALTH AGENCY (ATTACHED TO SJMC), SEPARATELY LICENSED, AND THEREFORE A WHOLLY OWNED AFFILIATE OF DIGNITY HEALTH SJHHA CONTINUES TO BE ATTACHED TO ST JOSEPH'S MEDICAL CENTER, WHICH IS WHOLLY OWNED BY PORT CITY, THEREBY MAKING SJHHA WHOLLY OWNED BY PORT CITY PORT CITY IS A 501(C)(3) TAX EXEMPT ORGANIZATION, WHICH IS AN 80% AFFILIATE OF DIGNITY HEALTH SJHHA CONTINUES TO OPERATE UNDER THE SAME (ASSIGNED) MEDICARE AND MEDI-CAL PROVIDER NUMBERS, AND IS LICENSED AS A HOSPITAL BASED HOME HEALTH AGENCY WITH THE STATE OF CALIFORNIA SJHHA PROVIDES SKILLED NURSING CARE SERVICES, SOCIAL SERVICES, OCCUPATIONAL, PHYSICAL, AND SPEECH THERAPIES, AS WELL AS HOME HEALTH AIDES

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Port City Operating Company LLC

Employer identification number
46-5322209

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

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

1

☐

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

2

☐

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

3

☒

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

4

☐

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

5

☐

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

6

☐

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

7

☐

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

8

☐

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

9

☐

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

10

☐

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

11

☐

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

12

☐

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

a

☐

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

b

☐

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

c

☐

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

d

☐

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

e

☐

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

f

Enter the number of supported organizations

g

Provide the following information about the supported organization(s)

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2018

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)
(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)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 for 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 on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	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)? <i>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.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in 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).</i>	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? <i>If "Yes," provide detail in Part VI.</i>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	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))? <i>If "Yes," provide detail in Part VI.</i>	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? <i>If "Yes," provide detail in Part VI.</i>	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? <i>If "Yes," provide detail in Part VI.</i>	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)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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).		
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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
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? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 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 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is 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.			

Additional Data

Software ID:
Software Version:
EIN: 46-5322209
Name: Port City Operating Company LLC

Part VI

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization Port City Operating Company LLC	Employer identification number 46-5322209
---	---

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

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")	
2	Political campaign activity expenditures (see instructions)	▶ \$
3	Volunteer hours for political campaign activities (see instructions)	

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

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

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

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

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

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

g Grassroots nontaxable amount (enter 25% of line 1f)**h** Subtract line 1g from line 1a If zero or less, enter -0-**i** Subtract line 1f from line 1c If zero or less, enter -0-**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?☐ **Yes** ☐ **No****4-Year Averaging Period Under section 501(h)****(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)****Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		47,449
j	Total. Add lines 1c through 1i			47,449
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
SCHEDULE C, PART II-B, LINE 1	LOBBYING EXPENDITURES PAID DIRECTLY BY THE FILING ORGANIZATION FOR ANNUAL MEMBERSHIP DUES AMERICAN COLLEGE OF HEALTHCARE EXECUTIVES \$ 3 AMERICAN SOCIETY OF HEALTH SYSTEM PHARMACISTS \$ 64 CALIFORNIA SOCIETY OF HEALTH SYSTEMS PHARMACISTS \$ 41 GREATER STOCKTON CHAMBER OF COMMERCE \$ 10 CALCPA \$ 20 INTERNATIONAL FACILITY MANAGEMENT ASSOCIATION \$ 22 AMERICAN ACADEMY OF EMERGENCY MEDICINE \$ 26 LOBBYING EXPENDITURES PAID BY THE PARENT ORGANIZATION FOR ANNUAL MEMBERSHIP DUES WHERE EXPENSES ARE ALLOCATED TO THE HOSPITAL 340 B HEALTH \$ 230 CATHOLIC HEALTH ASSOCIATION \$ 3,326 HOSPITAL ASSOCIATION OF SOUTHERN CALIFORNIA \$ 28,235 AMERICAN HOSPITAL ASSOCIATION \$ 7,668 ALLIANCE OF CATHOLIC HEALTH \$ 7,492 CALIFORNIA ASSOCIATION FOR HEALTH SERVICES \$ 90 ELEVATING HOME \$ 132 NATIONAL ASSOCIATION FOR HOME CARE & HOSPICE \$ 90 ----- TOTAL EXPENDITURES PAID TO ORGANIZATIONS \$ 47,449 =====

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 the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Port City Operating Company LLC

Employer identification number
46-5322209

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 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

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

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

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

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
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

(i) unrelated organizations

(ii) related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	13,660,000		13,660,000
b Buildings		189,827,027	2,890,561	186,936,466
c Leasehold improvements		267,900	14,985	252,915
d Equipment		45,641,716	3,657,592	41,984,124
e Other	0	14,928,349	33,852	14,894,497
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				257,728,002

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

Part X

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

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	0
DUE TO RELATED PARTIES	74,453,995
PENSION PAYABLE	10,437,358
ASSET RETIREMENT OBLIGATION LI	5,741,601
OTHER LONG-TERM LIABILITIES	30,700
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	90,663,654

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 46-5322209
Name: Port City Operating Company LLC

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART VI LAND, BUILDING, AND EQUIPMENT	DUE TO THE ACQUISITION ACCOUNTING TREATMENT APPLIED TO THE AFFILIATION BETWEEN DIGNITY HEALTH AND CHI, THE ASSETS AND LIABILITIES OF DIGNITY HEALTH AND ITS RELATED ORGANIZATIONS WERE MEASURED AND RECORDED AT FAIR VALUE UPON THE EFFECTIVE DATE OF FEBRUARY 1, 2019

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PART X, LINE 2 - FN48(ASC 740) FOOTNOTE	ST JOSEPH'S MEDICAL CENTER OF STOCKTON AND ST JOSEPH'S BEHAVIORAL HEALTH CENTER REVIEW I TS TAX QUARTERLY AND HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THA T REQUIRE RECOGNITION IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93493186010000

SCHEDULE H
(Form 990)

Hospitals

OMB No 1545-0047
2018
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Port City Operating Company LLC

Employer identification number
46-5322209

Part I

Financial Assistance and Certain Other Community Benefits at Cost

1a

Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a

1a

Yes

1b

If "Yes," was it a written policy?

1b

Yes

2

2

If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year

☒ Applied uniformly to all hospital facilities

☐ Applied uniformly to most hospital facilities

☐ Generally tailored to individual hospital facilities

3

3

Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year

a

Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care

3a

Yes

☐ 100% ☐ 150% ☐ 200% ☒ Other 250 %

b

Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care

3b

Yes

☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☒ Other 500 %

c

If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care

4

Yes

4

4

Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?

5a

Yes

5a

5a

Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?

5b

No

5b

5b

If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?

5c

5c

5c

If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?

6a

Yes

6a

6a

Did the organization prepare a community benefit report during the tax year?

6b

Yes

6b

6b

If "Yes," did the organization make it available to the public?

Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H

7

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)		3,274	3,502,405	151,764	3,350,641	0 560 %
b Medicaid (from Worksheet 3, column a)		64,478	197,949,212	184,186,059	13,763,153	2 280 %
c Costs of other means-tested government programs (from Worksheet 3, column b)		0	0	0	0	0 %
d Total Financial Assistance and Means-Tested Government Programs		67,752	201,451,617	184,337,823	17,113,794	2 840 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	40	7,238	3,210,258	148,792	3,061,466	0 510 %
f Health professions education (from Worksheet 5)	10	1,175	9,192,475	572,329	8,620,146	1 430 %
g Subsidized health services (from Worksheet 6)	2	254	27,288	3,847	23,441	0 %
h Research (from Worksheet 7)	1	388	545,472	100,123	445,349	0 070 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	11	3,706	2,126,938	0	2,126,938	0 350 %
j Total. Other Benefits	64	12,761	15,102,431	825,091	14,277,340	2 360 %
k Total. Add lines 7d and 7j	64	80,513	216,554,048	185,162,914	31,391,134	5 200 %

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 50192T

Schedule H (Form 990) 2018

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total						

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	5,020,607	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	0	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME).	5	146,323,246
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	152,237,356
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-5,914,110
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.		
☐ Cost accounting system	☒ Cost to charge ratio	☐ Other

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.	9b	Yes	

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 ST JOSEPH'S SURGERY	SURGERY CENTER	79.96 %	0 %	15.04 %
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information**Section A. Hospital Facilities**

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

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

2

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

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

Name of hospital facility or letter of facility reporting group _____

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

1

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3 Yes	
a ☒ A definition of the community served by the hospital facility		
b ☒ Demographics of the community		
c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d ☒ How data was obtained		
e ☒ The significant health needs of the community		
f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h ☒ The process for consulting with persons representing the community's interests		
i ☒ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j ☐ Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>18</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5 Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a Yes	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b Yes	
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7 Yes	
a ☒ Hospital facility's website (list url) <u>SEE SECTION C</u>		
b ☒ Other website (list url) <u>SEE SECTION C</u>		
c ☒ Made a paper copy available for public inspection without charge at the hospital facility		
d ☐ Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8 Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>18</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10 Yes	
a If "Yes" (list url) <u>SEE SECTION C</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

St Josephs Medical Center of Stockt

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes	
a ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>250</u> % and FPG family income limit for eligibility for discounted care of <u>500</u> % b ☐ Income level other than FPG (describe in Section C) c ☒ Asset level d ☒ Medical indigency e ☒ Insurance status f ☒ Underinsurance discount g ☐ Residency h ☐ Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	14	Yes	
15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes	
a ☒ Described the information the hospital facility may require an individual to provide as part of his or her application b ☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application c ☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process d ☒ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications e ☐ Other (describe in Section C)			
16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes	
a ☒ The FAP was widely available on a website (list url) <u>SEE SECTION C</u> b ☒ The FAP application form was widely available on a website (list url) <u>SEE SECTION C</u> c ☒ A plain language summary of the FAP was widely available on a website (list url) <u>SEE SECTION C</u> d ☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail) e ☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail) f ☒ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail) g ☒ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention h ☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP i ☒ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations j ☒ Other (describe in Section C)			

Part V Facility Information (continued)**Billing and Collections**

St Josephs Medical Center of Stockt

Name of hospital facility or letter of facility reporting group

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17 Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d ☐ Actions that require a legal or judicial process e ☐ Other similar actions (describe in Section C) f ☒ None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19	No
If "Yes," check all actions in which the hospital facility or a third party engaged		
a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d ☐ Actions that require a legal or judicial process e ☐ Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
a ☒ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process c ☒ Processed incomplete and complete FAP applications d ☒ Made presumptive eligibility determinations e ☐ Other (describe in Section C) f ☐ None of these efforts were made		

Policy Relating to Emergency Medical Care

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

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

St Josephs Medical Center of Stockt

Name of hospital facility or letter of facility reporting group _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

	Yes	No
23		No
24		No

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

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

Name of hospital facility or letter of facility reporting group _____

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

2

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3 Yes	
a ☒ A definition of the community served by the hospital facility		
b ☒ Demographics of the community		
c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d ☒ How data was obtained		
e ☒ The significant health needs of the community		
f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h ☒ The process for consulting with persons representing the community's interests		
i ☒ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j ☐ Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>18</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5 Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a Yes	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b Yes	
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7 Yes	
a ☒ Hospital facility's website (list url) <u>SEE SECTION C</u>		
b ☒ Other website (list url) <u>SEE SECTION C</u>		
c ☒ Made a paper copy available for public inspection without charge at the hospital facility		
d ☐ Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8 Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>18</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10 Yes	
a If "Yes" (list url) <u>SEE SECTION C</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

St Josephs Behavioral Health Center

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes	
a ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 250 _____ % and FPG family income limit for eligibility for discounted care of 500 _____ %			
b ☐ Income level other than FPG (describe in Section C)			
c ☒ Asset level			
d ☒ Medical indigency			
e ☒ Insurance status			
f ☒ Underinsurance discount			
g ☐ Residency			
h ☐ Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	14	Yes	
15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes	
a ☒ Described the information the hospital facility may require an individual to provide as part of his or her application			
b ☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c ☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d ☒ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e ☐ Other (describe in Section C)			
16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes	
a ☒ The FAP was widely available on a website (list url) SEE SECTION C			
b ☒ The FAP application form was widely available on a website (list url) SEE SECTION C			
c ☒ A plain language summary of the FAP was widely available on a website (list url) SEE SECTION C			
d ☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e ☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f ☒ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g ☒ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h ☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i ☒ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j ☒ Other (describe in Section C)			

Part V Facility Information (continued)**Billing and Collections**

St Josephs Behavioral Health Center

Name of hospital facility or letter of facility reporting group

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17 Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d ☐ Actions that require a legal or judicial process e ☐ Other similar actions (describe in Section C) f ☒ None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19	No
If "Yes," check all actions in which the hospital facility or a third party engaged		
a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d ☐ Actions that require a legal or judicial process e ☐ Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
a ☒ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process c ☒ Processed incomplete and complete FAP applications d ☒ Made presumptive eligibility determinations e ☐ Other (describe in Section C) f ☐ None of these efforts were made		

Policy Relating to Emergency Medical Care

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

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

St Josephs Behavioral Health Center

Name of hospital facility or letter of facility reporting group _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

	Yes	No
22		
23		No
24		No

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

[illegible]

Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 1

Name and address	Type of Facility (describe)
1 St Joseph's Surgery Center LP 1800 N California Street Ste 1 STockton, CA 95204	surgery center
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7	PORT CITY OPERATING COMPANY, LLC, DBA ST JOSEPH'S MEDICAL CENTER OF STOCKTON (SJMC) AND ST JOSEPH'S BEHAVIORIAL HEALTH CENTER (BHC) FOLLOWS THE METHOD USED BY DIGNITY HEALTH FOR PURPOSES OF CALCULATING THE AMOUNTS PROVIDED IN THE TABLE. SJMC AND BHC USES A COST ACCOUNTING SYSTEM THAT COMBINES RELATIVE VALUE UNITS (RVU) AND COST TO CHARGE RATIOS (CCR) TO ALLOCATE COSTS TO THE PATIENT LEVEL. THE COST ACCOUNTING SYSTEM ALGORITHM ALLOCATES TOTAL OPERATING EXPENSES TO THE PROCEDURE CHARGE CODE LEVEL BASED UPON AN RVU FOR PROCEDURES THAT HAVE BEEN STUDIED AND ASSIGNED AN RVU, OR BASED UPON A CCR FOR UNSTUDIED PROCEDURES THAT DO NOT HAVE AN RVU ASSIGNED. WHEN A CCR IS USED, THE SYSTEM CALCULATES THAT CCR ON A DEPARTMENTAL SPECIFIC BASIS AT EACH INDIVIDUAL FACILITY WHERE THE SERVICES WERE PROVIDED. THE CALCULATION IS SIMILAR TO THE WORKSHEET 2 OF SCHEDULE H, RATIO OF PATIENT CARE COST TO CHARGES, EXCEPT IT IS CALCULATED ON A DEPARTMENTAL SPECIFIC BASIS, NOT IN THE AGGREGATE. THE ALLOCATED PROCEDURE CHARGE CODE LEVEL COSTS ARE THEN ROLLED UP TO THE PATIENT LEVEL BASED UPON THE BILLED PROCEDURE CHARGE CODES ASSOCIATED WITH THOSE SERVICES PROVIDED TO EACH SPECIFIC PATIENT. THIS IS DONE FOR ALL PATIENT SEGMENTS INCLUDING INPATIENT, OUTPATIENT, EMERGENCY DEPARTMENT, PRIVATE INSURANCE, MEDICAID, MEDICARE, UNINSURED AND SELF-PAY. THE COST ACCOUNTING SYSTEM IS UTILIZED TO DETERMINE THE UNREIMBURSED COST OF MEDICAID AND OTHER MEANS-TESTED GOVERNMENT PROGRAMS. THE COST OF CHARITY CARE IS CALCULATED BY APPLYING THE CCR DERIVED FROM THE COST ACCOUNTING SYSTEM ON A PER FACILITY BASIS, TO THE CHARGES INCURRED ON PATIENTS THAT QUALIFY FOR CHARITY CARE AT THE RESPECTIVE FACILITY. THE ACTUAL COST IS REPORTED FOR OTHER COMMUNITY BENEFIT ACTIVITIES SUCH AS COMMUNITY HEALTH IMPROVEMENT SERVICES, COMMUNITY BENEFIT OPERATIONS AND CASH AND IN-KIND DONATIONS.
PART I, LINE 7, COLUMN (F)	BEGINNING IN 2009, THE STATE OF CALIFORNIA ESTABLISHED PROVIDER FEE PROGRAMS. THESE PROGRAMS ARE FUNDED BY QUALITY ASSURANCE FEES PAID BY PARTICIPATING HOSPITALS AND MATCHING FEDERAL FUNDS. PORT CITY'S HOSPITAL FACILITIES RECOGNIZED QUALITY ASSURANCE FEES DURING THE YEAR OF \$28.3 MILLION WHICH ARE INCLUDED IN TOTAL COMMUNITY BENEFIT EXPENSE RELATED TO UNREIMBURSED MEDICAID (PART I, LINE 7B, COLUMN C), AND RECOGNIZED FEE-FOR-SERVICE SUPPLEMENTAL PAYMENTS OF \$72.0 MILLION DURING THE YEAR REFLECTED UNDER THE MEDICAID PROGRAM AS DIRECT OFFSETTING REVENUE (PART I, LINE 7B, COLUMN D). THIS NET REDUCTION IN THE COST OF THE MEDICAID PROGRAM IS DRIVING THE DECREASE IN THE OVERALL COST OF COMMUNITY BENEFIT EXPENSE AS A PERCENT OF TOTAL EXPENSES WHEN COMPARED TO PRIOR YEARS. SCHEDULE H, PART I, LINE 7I INCLUDED IN CASH AND IN-KIND CONTRIBUTIONS FOR COMMUNITY BENEFIT IS \$1.42 MILLION IN GRANTS TO A FUND ESTABLISHED BY THE CALIFORNIA HEALTH FOUNDATION AND TRUST ("CHFT") FOR SEVERAL PURPOSES, INCLUDING AGGREGATING AND DISTRIBUTING FINANCIAL RESOURCES TO SUPPORT CHARITABLE ACTIVITIES AT VARIOUS HOSPITALS AND HEALTH SYSTEMS IN CALIFORNIA, CONSISTENT WITH CHFT'S MISSION OF SUPPORTING HEALTH CARE, ACCESS TO HEALTH CARE, RESEARCH AND EDUCATION.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 2	THE AMOUNT OF THE ORGANIZATION'S BAD DEBT AT COST IS DETERMINED BY APPLYING THE CCR (SEE ABOVE) TO PATIENT CHARGES THAT ARE DEEMED TO BE UNCOLLECTIBLE THIS AMOUNT REPRESENTS THE COST OF SERVICES PROVIDED TO PATIENTS WHO ARE UNABLE OR REFUSE TO PAY THEIR BILLS AND DO NOT QUALIFY FOR FREE OR DISCOUNTED CARE, GOVERNMENT SPONSORED PROGRAMS OR OTHER FINANCIAL ASSISTANCE, AND ARE OTHERWISE UNINSURED ANY PORTION OF A PATIENT BILL REMAINING AFTER APPLYING FINANCIAL, UNINSURED OR OTHER DISCOUNTS OR PAYMENTS RECEIVED ON THE ACCOUNT THAT ARE ULTIMATELY DETERMINED TO BE UNCOLLECTIBLE ARE WRITTEN OFF TO BAD DEBT PORT CITY PROVIDES FREE OR DISCOUNTED CARE TO UNINSURED OR UNDER-INSURED INDIVIDUALS THAT FALL INTO THREE CATEGORIES, UNDER 250%, 251%-350% OR 351%-500% OF THE FEDERAL POVERTY LEVEL PORT CITY ALSO PROVIDES PATIENTS OPTIONS FOR PROMPT PAY DISCOUNTS AND INTEREST-FREE EXTENDED PAYMENT PLANS FOR PATIENTS WHO HAVE DEMONSTRATED GOOD FAITH AND ARE COOPERATING IN RESOLVING THEIR HOSPITAL BILLS ALL ACCOUNTS FOR ELIGIBLE UNINSURED PATIENTS RECEIVE AN AUTOMATIC UNINSURED DISCOUNT OF 30% THE EXPECTED PATIENT PAYMENT AMOUNT ON THE PATIENT'S BILL REFLECTS THIS DISCOUNT DISCOUNTS ARE ACCOUNTED FOR AS DEDUCTIONS FROM REVENUE, NOT AS BAD DEBT EXPENSE
PART III, LINE 3	PORT CITY MAKES EVERY EFFORT IN DETERMINING IF A PATIENT QUALIFIES FOR FINANCIAL ASSISTANCE UPON ADMISSION PORT CITY FOLLOWS DIGNITY HEALTH'S FINANCIAL ASSISTANCE POLICY DIGNITY HEALTH'S FINANCIAL ASSISTANCE POLICY IS COMMUNICATED TO PATIENTS UPON ADMISSION AND IS AVAILABLE IN THE LANGUAGES PRIMARILY SPOKEN IN THE COMMUNITY IT IS ALSO POSTED IN VARIOUS COMMON AREAS OF THE HOSPITAL, SUCH AS EMERGENCY ROOMS, ADMITTING AND REGISTRATION DEPARTMENTS, HOSPITAL BUSINESS OFFICES LOCATED ON FACILITY CAMPUSES, AND OTHER PUBLIC PLACES, AND IS PROVIDED UPON BILLING IF ELIGIBILITY IS NOT PREVIOUSLY DETERMINED ELIGIBILITY IS REEVALUATED AS NEEDED AND AMOUNTS ARE CLASSIFIED AS CHARITY AS SOON AS ELIGIBILITY IS KNOWN DIGNITY HEALTH ALSO UTILIZES A PAYMENT ASSISTANCE RANK ORDERING (PARO) SCORING SYSTEM TO ASSIST IN DETERMINING IF AN UNINSURED PATIENT MAY QUALIFY FOR PAYMENT ASSISTANCE EVEN THOUGH THEY HAVE NOT APPLIED FOR IT PARO IS A METHODOLOGY THAT APPLIES CONSISTENT SCREENING AND APPLICATION STANDARDS TO ALL UNINSURED PATIENTS UTILIZING HISTORICAL DATA TO DEVELOP A PREDICTIVE MODEL FOR HEALTHCARE PAYMENT ASSISTANCE IN ITS DEVELOPMENT, SPECIAL ATTENTION WAS PAID TO THOSE SOCIOECONOMIC FACTORS THAT MIGHT ADVERSELY AFFECT THOSE PATIENTS DESERVING THE MOST ATTENTION OTHER CRITERIA ARE ALSO UTILIZED TO ENSURE THAT NO SERVICES THAT HAVE QUALIFIED AS FINANCIAL ASSISTANCE WERE REPORTED AS BAD DEBT AS SUCH, DIGNITY HEALTH DOES NOT BELIEVE THAT ANY AMOUNTS INCLUDED IN PART III, LINE 2, ARE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S PAYMENT ASSISTANCE POLICY, AND THEREFORE, NO PORTION OF BAD DEBT EXPENSE IS INCLUDED AS COMMUNITY BENEFIT EXPENSE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 4	THE FOLLOWING IS AN EXCERPT FROM COMMONSPIRIT HEALTH'S CONSOLIDATED ANNUAL AUDITED FINANCIAL STATEMENTS FOR THE YEAR ENDED JUNE 30, 2019, RELATED TO ACCOUNTS RECEIVABLE AND ALLOWANCES FOR DOUBTFUL ACCOUNTS AND PATIENT REVENUE PATIENT SERVICE REVENUE IS REPORTED AT THE AMOUNTS THAT REFLECT THE CONSIDERATION COMMONSPIRIT EXPECTS TO BE PAID IN EXCHANGE FOR PROVIDING PATIENT CARE THESE AMOUNTS ARE DUE FROM PATIENTS, THIRD-PARTY PAYORS (INCLUDING HEALTH INSURERS AND GOVERNMENT PROGRAMS), AND OTHERS, AND INCLUDE CONSIDERATION FOR RETROACTIVE REVENUE ADJUSTMENTS DUE TO SETTLEMENT OF AUDITS AND REVIEWS GENERALLY, PERFORMANCE OBLIGATIONS FOR PATIENTS RECEIVING INPATIENT ACUTE CARE SERVICES AND OUTPATIENT SERVICES ARE RECOGNIZED OVER TIME AS SERVICES ARE PROVIDED NET PATIENT REVENUE IS PRIMARILY COMPRISED OF HOSPITAL AND PHYSICIAN SERVICES PORT CITY MANAGES ITS COLLECTION RISK BY REGULARLY REVIEWING ITS ACCOUNTS AND CONTRACTS AND BY PROVIDING APPROPRIATE ALLOWANCES RESERVES FOR CHARITY AND UNCOLLECTIBLE AMOUNTS HAVE BEEN ESTABLISHED AND ARE NETTED AGAINST PATIENT ACCOUNTS RECEIVABLE IN THE CONSOLIDATED BALANCE SHEET
PART III, LINE 8	PORT CITY PREPARES MEDICARE COST REPORTS IN A MANNER THAT COMPLIES WITH PROVIDER REIMBURSEMENT MANUAL (PRM) 15-1, 2150FF AND PRM 15-2, 1000FF AS SUCH, THE FOLLOWING LANGUAGE PER THE PRM 15-1 DESCRIBES THE COMPUTATION OF COSTS PER THE MEDICARE COST REPORT TOTAL ALLOWABLE COSTS OF A PROVIDER ARE APPORTIONED BETWEEN PROGRAM BENEFICIARIES AND OTHER PATIENTS SO THAT THE SHARE BORNE BY THE PROGRAM IS BASED UPON ACTUAL SERVICES RECEIVED BY PROGRAM BENEFICIARIES THE RATIO OF COVERED BENEFICIARY CHARGES TO TOTAL PATIENT CHARGES FOR THE SERVICES OF EACH ANCILLARY DEPARTMENT IS APPLIED TO THE COST OF THE DEPARTMENT ADDED TO THIS AMOUNT IS THE COST OF ROUTINE SERVICES FOR PROGRAM BENEFICIARIES, DETERMINED ON THE BASIS OF A SEPARATE AVERAGE COST PER DIEM FOR ALL PATIENTS FOR GENERAL ROUTINE PATIENT CARE AREAS ANOTHER FACTOR TO BE CONSIDERED IS A SEPARATE AVERAGE COST PER DIEM FOR EACH INTENSIVE CARE UNIT, CORONARY CARE UNIT, AND OTHER SPECIAL CARE INPATIENT HOSPITAL UNITS COMMONSPIRIT HEALTH, INCLUDING DIGNITY HEALTH AND ITS SUBORDINATES, WHICH INCLUDES PORT CITY, BELIEVES THAT THE ENTIRE MEDICARE SHORTFALL OF \$2.2 BILLION, AS REPORTED BELOW IN PART VI, LINE 6, CONSTITUTES COMMUNITY BENEFIT THE IRS COMMUNITY BENEFIT STANDARD INCLUDES THE PROVISION OF CARE TO THE ELDERLY AND MEDICARE PATIENTS MEDICARE SHORTFALLS MUST BE ABSORBED BY HOSPITAL FACILITIES IN ORDER TO CONTINUE TREATING THE ELDERLY IN OUR COMMUNITIES THE HOSPITALS PROVIDE CARE REGARDLESS OF THIS SHORTFALL AND THEREBY RELIEVE THE FEDERAL GOVERNMENT OF THE BURDEN OF PAYING THE FULL COST FOR MEDICARE BENEFICIARIES THIS SHORTFALL INCLUDES \$5.9 MILLION REPORTED ON PART III, SECTION B, LINE 7, PRIMARILY FOR FEE FOR SERVICE MEDICARE PATIENTS, AS WELL AS THE UNREIMBURSED PORTION OF MEDICARE MANAGED CARE AND MEDICARE CAPITATED PROGRAMS FOR PORT CITY

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
LINE III, LINE 9b	PORT CITY ENSURES THAT PATIENT ACCOUNTS ARE PROCESSED FAIRLY AND CONSISTENTLY PORT CITY ALSO FOLLOWS DIGNITY HEALTH'S BILLING AND COLLECTION POLICY DIGNITY HEALTH'S COLLECTION POLICY CONTAINS PROVISIONS THAT PROHIBIT THE COLLECTION OF AMOUNTS DUE FROM PATIENTS WHOM THE ORGANIZATION KNOWS QUALIFY FOR CHARITY CARE ACCOUNTS WITH INCORRECT OR INCOMPLETE DEMOGRAPHIC INFORMATION ARE ASSIGNED TO A COLLECTION AGENCY IF THE HOSPITAL FACILITIES OR THE BILLING COMPANY RETAINED BY DIGNITY HEALTH IS UNABLE TO OBTAIN AN UPDATED ADDRESS THROUGH SKIP TRACING OR OTHER MEANS FOR PATIENTS WHO HAVE AN APPLICATION PENDING FOR EITHER GOVERNMENT-SPONSORED FINANCIAL ASSISTANCE OR FOR ASSISTANCE UNDER DIGNITY HEALTH'S FINANCIAL ASSISTANCE POLICY, OR WHERE THE PATIENT IS ATTEMPTING IN GOOD FAITH TO SETTLE AN OUTSTANDING BILL WITH THE FACILITY VIA PAYMENT PLANS, PORT CITY WILL NOT KNOWINGLY SEND THAT PATIENT'S BILL TO AN OUTSIDE COLLECTION AGENCY LEGAL ACTION WILL NOT BE PURSUED TO COLLECT DEBTS FROM PATIENTS WHO HAVE QUALIFIED FOR CHARITY OR ARE COOPERATING IN GOOD FAITH TO RESOLVE THEIR DEBT ON SELF-PAY ACCOUNTS THAT DO NOT MEET THE CRITERIA NOTED ABOVE, THE INITIAL DETERMINATION OF ASSIGNMENT TO A COLLECTION AGENCY WILL VARY DEPENDING ON THE NATURE OF THE ACCOUNT WITH THE FINAL DECISION BEING AT THE DISCRETION OF THE BILLING COMPANY RETAINED BY DIGNITY HEALTH UPON ASSIGNMENT OF SUCH A PATIENT ACCOUNTS TO A COLLECTION AGENCY, PORT CITY REQUIRES THE AGENCY TO COMPLY WITH THE FAIR DEBT COLLECTION PRACTICES ACT
PART VI, LINE 2 - NEEDS ASSESSMENT	IN ADDITION TO THE COMMUNITY HEALTH NEEDS ASSESSMENT COMPLETED IN COLLABORATION WITH OTHER HOSPITALS, LOCAL PUBLIC HEALTH AND COMMUNITY PARTNERS IN THE HEALTHIER COMMUNITIES COALITION, ST JOSEPH'S ASSESSES LOCAL NEEDS CONTINUOUSLY THROUGH ONGOING ENGAGEMENT IN THE HEALTHIER COMMUNITY COALITION AND A WIDE RANGE OF OTHER COMMUNITY ORGANIZATIONS, WORK GROUPS AND PROJECTS WITH PARTNERS MANY OF THESE SPECIFIC ENGAGEMENTS ARE DESCRIBED IN SCHEDULE H, PART VI, LINE 5 BELOW THE HOSPITALS CREATE AND MAKE WIDELY AVAILABLE TO THE PUBLIC ANNUAL COMMUNITY BENEFIT REPORTS THAT SUMMARIZE IDENTIFIED HEALTH NEEDS, UPDATE COMMUNITY DEMOGRAPHIC INFORMATION, AND REPORT ON RECENT AND PLANNED COMMUNITY HEALTH PROGRAMS, INCLUDING GOALS, OBJECTIVES AND MEASURABLE RESULTS THE HOSPITALS UTILIZE DIGNITY HEALTH'S COMMUNITY NEED INDEX (CNI), WHICH PROVIDES AN AGGREGATE SCORE OF THE SOCIOECONOMIC BARRIERS THAT PUT RESIDENTS AT GREATER RISK OF NEEDING HEALTH SERVICES CREATED WITH TRUVEN HEALTH ANALYTICS, THE CNI AGGREGATES NINE INDICATORS INTO FIVE SOCIOECONOMIC FACTORS KNOWN TO CONTRIBUTE TO HEALTH DISPARITY THE FIVE INCLUDE INCOME, CULTURE/LANGUAGE, EDUCATION, HOUSING STATUS, AND INSURANCE COVERAGE THE INDEX IS CALCULATED ANNUALLY FOR EVERY ZIP CODE IN THE UNITED STATES RESIDENTS OF COMMUNITIES WITH THE HIGHEST CNI SCORES WERE SHOWN TO BE TWICE AS LIKELY TO EXPERIENCE PREVENTABLE HOSPITALIZATION FOR MANAGABLE CONDITIONS AS COMMUNITIES WITH THE LOWEST CNI SCORES THE CNI PROVIDES COMPELLING EVIDENCE FOR ADDRESSING SOCIOECONOMIC BARRIERS WHEN CONSIDERING HEALTH POLICY AND LOCAL HEALTH PLANNING THE TOOL HIGHLIGHTS HEALTH CARE DISPARITIES AND ENABLES HEALTHCARE PROVIDERS, POLICYMAKERS, AND OTHERS TO TARGET RESOURCES WHERE THEY ARE MOST NEEDED ADDITIONAL INFORMATION ABOUT THE CNI IS ACCESSIBLE AT HTTPS://WWW.DIGNITYHEALTH.ORG/ABOUT-US/COMMUNITY-HEALTH/COMMUNITY-HEALTH-PROGRAMS-AND-REPORTS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 3 - PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE	COMMUNICATION OF THE FINANCIAL ASSISTANCE PROGRAM TO PATIENTS AND THE PUBLIC INFORMATION ABOUT PORT CITY'S FINANCIAL ASSISTANCE PROGRAM AND A CONTACT NUMBER ARE MADE AVAILABLE TO PATIENTS AND THE PUBLIC PATIENTS ARE INFORMED OF THE FACILITY'S FINANCIAL ASSISTANCE PROGRAM VIA SIGNAGE IN ALL ADMITTING AREAS AND IN VARIOUS COMMON AREAS OF THE HOSPITAL FINANCIAL ASSISTANCE PROGRAM INFORMATION NOTICES ARE POSTED IN THE EMERGENCY AND ADMITTING DEPARTMENTS AND AT OTHER PUBLIC PLACES AS THE PORT CITY'S FACILITY MAY ELECT SUCH INFORMATION IS PROVIDED IN THE PRIMARY LANGUAGES SPOKEN IN THE COMMUNITIES PORT CITY'S FACILITIES SERVE THE SIGNAGE INCLUDES NOTIFICATION THAT ALL UNINSURED PATIENTS RECEIVE AN UNINSURED DISCOUNT OF 30%, AND THAT FURTHER DISCOUNTS MAY BE PROVIDED UPON THE COMPLETION AND SUBMISSION OF A FINANCIAL ASSISTANCE APPLICATION OR WITH PROMPT PAYMENT FINANCIAL ASSISTANCE INFORMATION, GOVERNMENT PROGRAM RESOURCE INFORMATION, TOOLS TO ASSIST PATIENTS IN FINDING HEALTH COVERAGE, ANSWERS TO FREQUENTLY ASKED BILLING QUESTIONS, AND OTHER SUCH INFORMATION CAN ALSO BE FOUND ON THE HOSPITAL'S WEBSITE AT HTTP //WWW DIGNITYHEALTH ORG/STJOSEPHS-STOCKTON/PATIENTS-AND-VISITORS/PATIENTS/BILLING-INFORMATION AND https //www dignityhealth org/central-california/locations/stjosephsbehavioral/patients-and-visitors/patients/billing-information/financial-assistance AT THE POINT OF REGISTRATION, BROCHURES ARE MADE AVAILABLE TO ALL PATIENTS EXPLAINING THE FACILITY'S FINANCIAL ASSISTANCE PROGRAM AND THE AVAILABILITY OF GOVERNMENT SPONSORED PROGRAMS COPIES OF THE FINANCIAL ASSISTANCE APPLICATION ARE MADE AVAILABLE TO ALL UNINSURED PATIENTS IN ADDITION TO THE BROCHURE UPON ADMISSION TO THE FACILITY IF FINANCIAL ASSISTANCE ELIGIBILITY IS NOT DETERMINED PRIOR TO BILLING, INITIAL BILLING STATEMENTS TO UNINSURED PATIENTS INCLUDE A REQUEST TO THE PATIENT TO PROVIDE ANY INSURANCE INFORMATION THAT WAS VALID FOR THE DATES OF SERVICE BILLED, A STATEMENT INFORMING PATIENTS WITHOUT INSURANCE COVERAGE THAT THEY MAY BE ELIGIBLE FOR A GOVERNMENT SPONSORED PROGRAM OR FACILITY FUNDED FINANCIAL ASSISTANCE, INSTRUCTIONS ON HOW TO APPLY FOR A GOVERNMENT PROGRAM OR FINANCIAL ASSISTANCE AND THE PROVISION OF SUCH APPLICATIONS ADDITIONALLY, CONTRACT TERMS WITH COLLECTION VENDORS WORKING ON BEHALF OF PORT CITY REQUIRE ALL INITIAL STATEMENTS TO UNINSURED PATIENTS TO INCLUDE VERBIAGE INFORMING PATIENTS OF THE FACILITY'S FINANCIAL ASSISTANCE PROGRAM AND A COPY OF THE FINANCIAL ASSISTANCE APPLICATION ALSO, ANY MEMBER OF THE DIGNITY HEALTH FACILITY STAFF OR MEDICAL STAFF MAY MAKE REFERRALS OF PATIENTS FOR FINANCIAL ASSISTANCE THE PATIENT, A FAMILY MEMBER, A CLOSE FRIEND OR AN ASSOCIATE OF THE PATIENT MAY ALSO MAKE A REQUEST FOR FINANCIAL ASSISTANCE
PART VI, LINE 4 - COMMUNITY INFORMATION	THE PRIMARY SERVICE AREA OF ST JOSEPH'S MEDICAL CENTER IS THE CITY OF STOCKTON, WITH A SECONDARY SERVICE AREA OF SAN JOAQUIN COUNTY MANY OF THE COMMUNITIES SERVED BY THE HOSPITAL ARE DESIGNATED AS MEDICALLY UNDERSERVED AREAS AND THE MIGRANT FARM WORKERS SERVED BY THE HOSPITAL ARE DESIGNATED AS A MEDICALLY UNDERSERVED POPULATION TOTAL POPULATION 379,203 RACE/ETHNICITY WHITE - NON-HISPANIC 22 9%, BLACK/AFRICAN AMERICAN - NON-HISPANIC 9 4%, HISPANIC OR LATINO 45 4%, ASIAN/PACIFIC ISLANDER 18 0%, ALL OTHERS 4 3% MEDIAN INCOME \$48,498 UNEMPLOYMENT 9 1% NO HIGH SCHOOL DIPLOMA 26 3% MEDICAID 37 6% UNINSURED 10 0% OTHER AREA HOSPITALS 7 THE PRIMARY SERVICE AREA OF ST JOSEPH'S MEDICAL BEHAVIORAL HEALTH CENTER IS THE CITY OF STOCKTON, WITH A SECONDARY SERVICE AREA OF SAN JOAQUIN COUNTY MANY OF THE COMMUNITIES SERVED BY THE HOSPITAL ARE DESIGNATED AS MEDICALLY UNDERSERVED AREAS AND THE MIGRANT FARM WORKERS SERVED BY THE HOSPITAL ARE DESIGNATED AS A MEDICALLY UNDERSERVED POPULATION TOTAL POPULATION 648,110 RACE/ETHNICITY WHITE - NON-HISPANIC 32 9%, BLACK/AFRICAN AMERICAN - NON-HISPANIC 6 6%, HISPANIC OR LATINO 42 9%, ASIAN/PACIFIC ISLANDER 13 5%, ALL OTHERS 4 1% MEDIAN INCOME \$54,606 UNEMPLOYMENT 8 4% NO HIGH SCHOOL DIPLOMA 23 0% MEDICAID 32 5% UNINSURED 8 1% OTHER AREA HOSPITALS 7

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH	PORT CITY OPERATING COMPANY LLC BOARD OF MANAGERS IS RESPONSIBLE FOR ENSURING THAT COMMUNITY HEALTH IS ONE OF THE MAJOR GOALS IN THE STRATEGIC PLANNING PROCESS. THE BOARD OF MANAGERS IS A GROUP OF BUSINESS HEALTH EXECUTIVES WHO PROVIDE A BROAD SPECTRUM OF PERSPECTIVES ON PLANS PRESENTED FOR THEIR APPROVAL. ST JOSEPH'S MEDICAL CENTER AND ST JOSEPH'S BEHAVIORAL HEALTH CENTER (A DBA OF PORT CITY OPERATING COMPANY LLC) PRESIDENT IS COMMITTED TO THE COMMUNITY BENEFIT PROCESS AND ACCOUNTABLE TO DIGNITY HEALTH SYSTEM LEADERSHIP. ST JOSEPH'S MEDICAL CENTER AND ST JOSEPH'S BEHAVIORAL HEALTH CENTER SERVE AN IMPORTANT ROLE IN IMPROVING THE HEALTH OF THE COMMUNITY THROUGH WORKING COLLABORATIVELY WITH COMMUNITY PARTNERS, PROVIDING LEADERSHIP AND ADVOCACY, CAREFULLY MANAGING RESOURCES, ASSISTING WITH LOCAL CAPACITY BUILDING AND PARTICIPATING IN COMMUNITY-WIDE HEALTH PLANNING. THE LEADERSHIP ROLE IS ESPECIALLY IMPORTANT IN SAN JOAQUIN COUNTY WHERE INDIVIDUAL AND COMMUNITY RESOURCES ARE VERY LIMITED. THE HEALTHIER COMMUNITY COALITION IS A CONSORTIUM OF ALL THE LOCAL HOSPITALS, THE MEDI-CAL MANAGED CARE PLANS, THE COUNTY PUBLIC HEALTH DEPARTMENT, AND NUMEROUS COMMUNITY BASED ORGANIZATIONS. THE COALITION HAS SHARED GOVERNANCE BY ALL MEMBERS, THE CHAIR POSITION ROTATES ANNUALLY, AND ST JOSEPH'S MEDICAL CENTER SERVES AS THE FIRST FISCAL SPONSOR. THE HEALTHIER COMMUNITY COALITION PROVIDES CONTINUOUS INPUT ON THE COMMUNITY BENEFIT WORK TO THE MANAGEMENT TEAM OF ST JOSEPH'S MEDICAL CENTER. LEADERS FROM ST JOSEPH'S SERVE AS BOARD MEMBERS OF NUMEROUS COMMUNITY ORGANIZATIONS AND COLLABORATIVES, INCLUDING THE CALIFORNIA HEALTH CARE FACILITY ADVISORY COMMITTEE FOR THE DEPARTMENT OF CORRECTIONS, ST MARY'S DINING ROOM, AND COMMUNITY HEALTH CENTERS. THE HOSPITALS HAVE DEDICATED LEADERSHIP AND A COMMUNITY HEALTH DEPARTMENT WORKING CLOSELY WITH OTHER HEALTHCARE PROVIDERS, COMMUNITY BASED ORGANIZATIONS, AND INDIVIDUALS TO DEVELOP AND SHARE RESOURCES. THE DIRECTOR OF COMMUNITY HEALTH LEADS THE DEVELOPMENT OF COMMUNITY-WIDE INITIATIVES TO ADDRESS THE PRIORITY HEALTH NEEDS FROM THE COMMUNITY HEALTH NEEDS ASSESSMENT. THE HOSPITALS ARE ALSO A MEMBER OF THE HOMELESS MEDICAL RECUPERATIVE CARE HEALTHCARE ADVISORY GROUP, THE HOMELESS TASK FORCES, REINVENT SOUTH STOCKTON, SAN JOAQUIN HOMELESS TASK FORCE AND THE SAN JOAQUIN HUMAN TRAFFICKING TASK FORCE. THE HOSPITALS ARE ALSO A PARTNER IN THE DEVELOPMENT OF THE COMMUNITY HEALTH CONNECTOR PROGRAM, WHICH IS A JOINT EFFORT OF THE LOCAL HOSPITALS, COUNTY PUBLIC HEALTH DEPARTMENT AND COMMUNITY PARTNERS.
PART VI, LINE 6 - AFFILIATED HEALTH CARE SYSTEM	PORT CITY IS 80% OWNED BY DIGNITY HEALTH AND THEREFORE AFFILIATED WITH ALL ENTITIES WITHIN DIGNITY HEALTH. AFFILIATES OF DIGNITY HEALTH ALSO PROMOTE THE HEALTH OF ADDITIONAL COMMUNITIES IN BAKERSFIELD, SAN BERNARDINO, SAN FRANCISCO, SAN ANDREAS, G RASS VALLEY/NEVADA CITY, CALIFORNIA, PHOENIX, CHANDLER AND GILBERT, ARIZONA, AND LAS VEGAS AND HENDERSON, NEVADA. THESE AFFILIATES FOLLOW PRACTICES SIMILAR TO THOSE NOTED ABOVE IN DETERMINING THE UNMET HEALTHCARE NEEDS OF THEIR COMMUNITIES. TOTAL UNSPONSORED COMMUNITY BENEFIT EXPENSE NET OF OFFSETTING REVENUE FOR COMMONSPIRIT HEALTH AND ITS AFFILIATED CORPORATIONS, WHICH INCLUDES PORT CITY, FOR THE YEAR ENDED JUNE 30, 2019, IS AS FOLLOWS (IN MILLIONS): Persons Net Comm % of Served Benefit Exp excl Bad Debt Benefits for the Poor Traditional Charity Care 317 289 1 4% Unpaid Costs of Medicaid/Medi-Cal 4,550 1,441 6 8% Other Means-tested Programs 23 13 0 1% Community Services Community Health Services 58 31 0 1% Subsidized Health Services 33 32 0 2% Donations 52 50 0 2% Total Community Services for the poor 143 113 0 5% Total Benefits for the Poor 5,033 1,856 8 8% Benefits for the Broader Community Community Services Community Health Services 103 99 0 5% Health Professions Education 128 113 0 5% Subsidized Health Services 23 17 0 1% Research 131 95 0 4% Donations 7 6 0 0% Total Benefits for the Broader Community 392 330 1 5% Total Community Benefits 5,425 2,186 10 3% Unpaid Costs of Medicare 5,957 2,249 10 6% Total Community Benefits including Unpaid Cost of Medicare 11,382 4,435 20 9%

Additional Data

Software ID:**Software Version:****EIN:** 46-5322209

Name: Port City Operating Company LLC

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

Section A. Hospital Facilities												
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <u>2</u>												
Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group	
1	St Josephs Medical Center of Stockt 1800 N California St Stockton, CA 95204 www.dignityhealth.org/stjosephs-stockton 030000284	X	X		X			X				
2	St Josephs Behavioral Health Center 2510 N California St Stockton, CA 95204 www.dignityhealth.org/stjosephsbehaviora 030000367	X								BEHAVIORAL HEALTH		

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

Department of the
Treasury
Internal Revenue Service
Name of the organization

Port City Operating Company LLC

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

Employer identification number

46-5322209

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 9

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) PROVISION OF FOOD/CLOTHING/OTHER	160	0	47,376	BOOK	FOOD/CLOTHING
(2) PROVISION OF Pharmaceuticals	3	0	5,168	BOOK	Pharmaceuticals
(3) PROVISION OF MEDICAL SUPPLIES TO PATIENTS	131	0	35,547	BOOK	MEDICAL SUPPLIES/EQU
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
SCHEDULE I, PART I, LINE 2	DONATIONS ARE PROVIDED TO THE COMMUNITY TO FURTHER THE MISSION OF THE MEDICAL CENTER AND SUPPORT VARIOUS COMMUNITY PROGRAMS ST JOSEPH'S MEDICAL CENTER PROVIDES DONATIONS TO SUPPORT COMMUNITY PROGRAMS THAT MEET SPECIFIC CRITERIA THROUGH ITS COMMUNITY HEALTH DEPARTMENT AND ALSO DONATES DIRECTLY TO VARIOUS COMMUNITY EVENTS AND PROGRAMS THROUGH THE MARKETING AND BUSINESS DEVELOPMENT DEPARTMENTS

Additional Data

Software ID:
Software Version:
EIN: 46-5322209
Name: Port City Operating Company LLC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Dignity Health Medical Foundation 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	68-0220314	501(c)(3)	8,661,151	0	N/A	N/A	Medical Fnd Support
St Joseph's Foundation of San Joaquin 1800 N California Street Stockton, CA 95204	51-0432777	501(c)(3)	1,123,052	0	N/A	N/A	Foundation Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
California Health Foundation and Trust 1215 K STREET STE 800 SACRAMENTO, CA 95814	94-1498697	501(c)(3)	1,416,549	0	N/A	N/A	Community Health
GOSPEL CENTER RESCUE MISSION 445 S SAN JOAQUIN ST STOCKTON, CA 95203	94-1375835	501(c)(3)	100,000	0	N/A	N/A	Community Health

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF THE PACIFIC MCGEORGE SCHOOL OF LAW 3601 PACIFIC AVE STOCKTON, CA 95211	94-1156266	501(c)(3)	100,000	0	N/A	N/A	Community Health
St Mary's Dining Room 545 W SONORA ST STOCKTON, CA 95203	94-2687280	501(c)(3)	52,302	580	Book	food	Community Health

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Delta College Foundation 5151 Pacific Ave STOCKTON, CA 95207	23-7367633	501(c)(3)	30,000		N/A	N/A	Community Health
STOCKTON SYMPHONY ASSOCIATION INC 4629 QUAIL LAKE DR STOCKTON, CA 95207	94-1462758	501(c)(3)	9,143	0	N/A	N/A	Community Health

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAN JOAQUIN DELTA COMMUNITY COLLEGE DISTRICT 5151 PACIFIC AVE STOCKTON, CA 95207	94-1044400	San Joaquin	7,760	0	N/A	N/A	Education Support

Schedule J (Form 990)	Compensation Information	OMB No 1545-0047
		2018
		Open to Public Inspection
Department of the Treasury Internal Revenue Service	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.	
Name of the organization Port City Operating Company LLC		Employer identification number 46-5322209

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 (e g , maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?		2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
☐ Compensation committee	☐ Written employment contract		
☐ Independent compensation consultant	☐ Compensation survey or study		
☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a Receive a severance payment or change-of-control payment?		4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b	Yes
c Participate in, or receive payment from, an equity-based compensation arrangement?		4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a The organization?		5a	No
b Any related organization?		5b	No
If "Yes," on line 5a or 5b, describe in Part III			
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a The organization?		6a	No
b Any related organization?		6b	No
If "Yes," on line 6a or 6b, describe in Part III			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III		7	No
8 Were any amounts reported on Form 990, Part VII, paid or 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	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

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

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

Schedule J (Form 990) 2018

Part III **Supplemental Information**

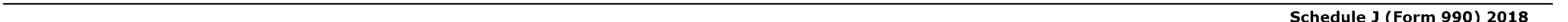
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 3	ALTHOUGH THE ORGANIZATION DOES NOT EMPLOY PERSONNEL, THE ORGANIZATION RELIED ON A RELATED ORGANIZATION, DIGNITY HEALTH, THAT USED ONE OR MORE OF THE METHODS DESCRIBED IN SCHEDULE J, PART I, LINE 3, TO ESTABLISH THE ORGANIZATION'S TOP MANAGEMENT OFFICIAL'S COMPENSATION. SEE SCHEDULE O DISCLOSURE FOR FORM 990, PART VI, SECTION B, LINE 15A FOR ADDITIONAL INFORMATION.

Return Reference	Explanation
PART I, LINE 4A	CERTAIN OFFICERS PARTICIPATE IN A SEVERANCE PLAN THAT PROVIDES MARKET-STANDARD COMPENSATION, RANGING FROM PAYMENTS OF 1 TO 2 YEARS OF BASE COMPENSATION, DEPENDING ON THE EXECUTIVE'S POSITION, IN THE EVENT OF A POSITION ELIMINATION OR OTHER INVOLUNTARY TERMINATION, IN ACCORDANCE WITH THE GUIDELINES OF THE PLAN NO PAYMENTS PURSUANT TO THE PLAN ARRANGEMENT OCCURRED DURING 2018

Return Reference	Explanation
PART I, LINE 4B	CERTAIN OFFICERS ARE ELIGIBLE TO PARTICIPATE IN THE DIGNITY HEALTH EXCESS BENEFIT PLAN, A NONQUALIFIED SUPPLEMENTAL BENEFIT PLAN LIMITED TO PARTICIPANTS IN THE DIGNITY HEALTH RETIREMENT PLAN WHOSE BENEFITS ARE AFFECTED BY THE LIMITATIONS IMPOSED BY SECTIONS 401(A)(17) AND 415 OF THE INTERNAL REVENUE CODE BENEFIT SERVICE UNDER THIS PLAN WAS FROZEN AS OF JANUARY 1, 2008 NO PAYMENTS PURSUANT TO THE PLAN OCCURRED DURING 2018 DIGNITY HEALTH'S KEY EMPLOYEES AND CERTAIN OFFICERS AND HIGHLY COMPENSATED EMPLOYEES ARE ELIGIBLE TO PARTICIPATE IN NON-QUALIFIED 457(F) PLANS THAT ARE SUBJECT TO SUBSTANTIAL RISK OF FORFEITURE, AS REQUIRED BY THE IRS THE 2007 EXECUTIVE DEFERRED COMPENSATION PLAN IS FOR EXECUTIVES HIRED PRIOR TO JUNE 30, 2006 THE BENEFIT IS INTENDED TO BRIDGE THE DIFFERENCE, IF ANY, BETWEEN THE BENEFIT PROVIDED UNDER THE DIGNITY HEALTH EXCESS BENEFIT PLAN HAD BENEFIT SERVICE NOT BEEN FROZEN AT JANUARY 1, 2008, AND THE BENEFITS PROVIDED FROM ALL OTHER QUALIFIED AND NON-QUALIFIED PLANS BENEFITS VEST UNDER THIS 457(F) PLAN AT THE LATER OF THE DATE THE PARTICIPANT ATTAINS AGE 62 OR IS CREDITED WITH 15 YEARS OF SERVICE THE 2010 EXECUTIVE DEFERRED COMPENSATION PLAN IS FOR CERTAIN OFFICERS AND KEY EMPLOYEES, PRIMARILY THOSE WHO ARE NOT ELIGIBLE TO PARTICIPATE IN THE DIGNITY HEALTH EXCESS BENEFIT PLAN OR THE 2007 EXECUTIVE DEFERRED COMPENSATION PLAN DESCRIBED ABOVE THIS BENEFIT PROVIDES AN ANNUAL ACCRUAL OF 10% OF TOTAL COMPENSATION AND IS PAYABLE ANNUALLY ON JULY 1 ONCE VESTED, WHICH IS AGE 62 WITH 5 YEARS OF SERVICE, THE PLAN ALSO ALLOWS FOR SPECIAL AWARDS PAYMENTS PURSUANT TO THE PLAN ARRANGEMENTS FOR THREE BOARD MEMBERS AND/OR OFFICERS DURING 2018 INCLUDE J VANBOENING, \$173,085, K SILBERSTEIN, \$1,154,898 AND D WILEY, \$242,684 COMPENSATION AMOUNTS FOR THE SUPPLEMENTAL NONQUALIFIED RETIREMENT PLANS DISCUSSED ABOVE ARE REPORTED AS DEFERRED COMPENSATION IN THE YEAR ACCRUED (SCHEDULE J, PART II, COLUMN C) AND ARE REFLECTED AGAIN AS REPORTABLE COMPENSATION IN THE YEAR PAID (SCHEDULE J, PART II, COLUMN B(III))

Return Reference	Explanation
PART III SUPPLEMENTAL DISCLOSURES	THE ORGANIZATION'S EXECUTIVE COMPENSATION PHILOSOPHY IS DESIGNED TO ASSIST THE ORGANIZATION IN ATTRACTING AND RETAINING THE CALIBER OF EXECUTIVES REQUIRED TO ENABLE TO FULFILL ITS MISSION OF PROVIDING HIGH QUALITY HEALTHCARE FOR ALL PERSONS REGARDLESS OF THEIR ABILITY TO PAY FOR SERVICES, IMPROVING THE QUALITY OF LIFE IN THE COMMUNITIES DIGNITY HEALTH SERVES, PROMOTING PATIENT AND EMPLOYEE SATISFACTION, AND ENSURING FINANCIAL STABILITY A SUBSTANTIAL PORTION OF EXECUTIVE COMPENSATION IS PERFORMANCE BASED AND IS LINKED TO ORGANIZATIONAL GOALS APPROVED IN ADVANCE BY THE HUMAN RESOURCES AND COMPENSATION COMMITTEE THESE GOALS INCLUDE ATTAINMENT OF ANNUAL AND LONG-TERM FINANCIAL PERFORMANCE, CERTAIN HEALTHCARE QUALITY STANDARDS AND DIGNITY HEALTH'S COMMITMENT TO SERVING THE POOR AND DISENFRANCHISED IN THE COMMUNITIES IT SERVES TOTAL COMPENSATION, WHICH INCLUDES BASE SALARY, ANNUAL AND LONG-TERM INCENTIVE COMPENSATION, IS ESTABLISHED TO APPROXIMATE THE PREVAILING MARKET CONDITIONS FOR EXECUTIVES OF COMPANIES OF SIMILAR SIZE, REVENUES AND COMPLEXITY PAYMENTS PURSUANT TO A LONG-TERM FINANCIAL PERFORMANCE GOAL WERE PAID IN CALENDAR YEAR 2018



efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493186010000
SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to <u>www.irs.gov/Form990</u> for the latest information.		OMB No 1545-0047
			2018
Department of the Treasury			Open to Public Inspection
Name of the organization Port City Operating Company LLC		Employer identification number 46-5322209	

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, PART I, LINE 22	AFFILIATION OF CHI AND DIGNITY HEALTH ON FEBRUARY 1, 2019 CATHOLIC HEALTH INITIATIVES ("CH I") AND DIGNITY HEALTH EFFECTED A BUSINESS COMBINATION AS DISCUSSED IN NOTE 1 OF COMMONSPIRIT HEALTH'S ("COMMONSPIRIT") AUDITED FINANCIAL STATEMENTS AS OF AND FOR THE YEAR ENDED JUNE 30, 2019. DUE TO THE CIRCUMSTANCES OF THE BUSINESS COMBINATION BETWEEN CHI AND DIGNITY HEALTH, THROUGH THE ALIGNMENT UNDER CATHOLIC HEALTH CARE FEDERATION ("CHCF"), THE TRANSACTION QUALIFIED FOR ACQUISITION ACCOUNTING WITH COMMONSPIRIT (FORMERLY KNOWN AS CHI) AS THE ACCOUNTING ACQUIRER OF DIGNITY HEALTH. NO CASH CONSIDERATION WAS INVOLVED IN THE AFFILIATION. AS PART OF THE AFFILIATION, DIGNITY HEALTH CAUSED TO TRANSFER EIGHT NON-CATHOLIC OWNED COMMUNITY HOSPITALS, NON-CATHOLIC SUBSIDIARY HOSPITALS, AND CERTAIN OTHER NON-CATHOLIC OPERATIONS TO DIGNITY COMMUNITY CARE. THE TRANSFER OF THESE NET ASSETS, STEPPED UP TO FAIR VALUE PURSUANT TO THE APPLICATION OF ACQUISITION ACCOUNTING, IS RECORDED IN NET ASSETS (SEE PART XI, LINE 9). FORM 990, PART V, LINE 2A THE ORGANIZATION DOES NOT HAVE EMPLOYEES. THE ORGANIZATION UTILIZES THE EMPLOYEES OF DIGNITY HEALTH PER THE EMPLOYEE LEASE AGREEMENT. THE SALARIES OF THESE EMPLOYEES ARE INCLUDED ON DIGNITY HEALTH'S FORM W-3 AND FEDERAL EMPLOYMENT TAX RETURNS. FORM 990, PART VI, SECTION A, LINE 2 DONALD WILEY, ANDREA NIKKI OCHOA - BUSINESS RELATIONSHIP FORM 990, PART VI, SECTION A, LINE 6 PORT CITY IS 80% OWNED BY DIGNITY HEALTH AND 20% BY KFH, BOTH 501(C)(3) EXEMPT ORGANIZATIONS. DIGNITY HEALTH HOLDS THE MANAGEMENT AGREEMENT WITH PORT CITY, LLC. FORM 990, PART VI, SECTION A, LINE 7A DIGNITY HEALTH AND KFH, KNOWN AS THE COMPANY MEMBERS, APPOINT A BOARD OF MANAGERS. FORM 990, PART VI, SECTION A, LINE 7B RESERVED RIGHTS OF THE COMPANY MEMBERS INCLUDE SELL, LEASE, EXCHANGE OR OTHERWISE DISPOSE OF ALL, OR SUBSTANTIALLY ALL, OF THE ORGANIZATION'S PROPERTY, WITH OR WITHOUT THE GOODWILL, OUTSIDE OF THE ORDINARY COURSE OF THE ORGANIZATION'S ACTIVITIES, APPROVE A MERGER OR CONVERSION, UNDERTAKE ANY OTHER ACT OUTSIDE OF THE ORDINARY COURSE OF THE ORGANIZATION'S ACTIVITIES, AND AMEND THE ORGANIZATION'S AGREEMENT. FORM 990, PART VI, SECTION B, LINE 11A THE PORT CITY OPERATING COMPANY LLC CFO REVIEWED THE FORM 990. IN ADDITION, THE DIGNITY HEALTH CORPORATE TAX DEPARTMENT WORKED CLOSELY WITH AN INDEPENDENT ACCOUNTING FIRM ENGAGED TO REVIEW THE RETURN. DUE TO TIMING, THE FORM 990 WILL BE REVIEWED BY THE BOARD OF MANAGERS AND/OR SUBCOMMITTEE OF THE BOARD OF MANAGERS SUBSEQUENT TO FILING WITH THE INTERNAL REVENUE SERVICE. FORM 990, PART VI, SECTION B, LINE 12A DIGNITY HEALTH EMPLOYEES HAVE ADOPTED DIGNITY HEALTH'S CONFLICTS OF INTEREST POLICY. DIGNITY HEALTH IS CHARGED WITH MONITORING PROPOSED OR ONGOING TRANSACTIONS FOR CONFLICTS OF INTEREST AND ADDRESSING ANY POTENTIAL OR ACTUAL CONFLICTS PURSUANT TO THESE POLICIES, THE GENERAL COUNSEL IS DESIGNATED AS THE ORGANIZATION'S FILING OFFICER AND RESPONSIBLE FOR COLLECTING, REVIEWING AND VALIDATING ANNUAL DISCLOSURES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, PART I, LINE 22	F ALL COVERED PERSONS INCLUDING THE MEMBERS OF DIGNITY HEALTH'S GOVERNING BODIES INCLUDING ITS BOARD OF DIRECTORS AND BOARD COMMITTEES, AS WELL AS DIGNITY HEALTH'S OFFICERS AND EXECUTIVE LEADERS, KEY EMPLOYEES, MANAGEMENT PERSONNEL AT THE VICE PRESIDENT LEVEL AND ABOVE, AND ANY OTHER PERSONNEL DESIGNATED BY THE FILING OFFICER (COVERED PERSONS) ALL COVERED PERSONS ARE REQUIRED TO DISCLOSE ACTUAL OR POTENTIAL CONFLICTS ARISING FROM THE BUSINESS, OWNERSHIP, FINANCIAL AND PERSONAL INTERESTS HELD BY SUCH COVERED PERSONS OR THEIR FAMILY MEMBERS COVERED PERSONS ARE REQUIRED TO DISCLOSE TO THEIR SUPERVISORS AND TO RELEVANT DECISION MAKERS ANY INTEREST THAT MAY PRESENT A CONFLICT OF INTEREST, OR THE APPEARANCE OF A CONFLICT OF INTEREST SUCH DISCLOSURE IS REQUIRED ON A TRANSACTIONAL BASIS AT THE TIME SUCH CONFLICTS ARISE, WHEN AN INDIVIDUAL BECOMES A COVERED PERSON (E G UPON HIRING OR UPON PROMOTION), AND ANNUALLY THEREAFTER AS PART OF THE ANNUAL DISCLOSURE SURVEY CONDUCTED PURSUANT TO THE COI POLICIES, EACH COVERED PERSON IS REQUIRED TO CERTIFY THAT HE/SHE (1) HAS RECEIVED A COPY OF THE COI POLICY OR COI POLICIES APPLICABLE TO HIS/HER POSITION, (2) HAS READ THE COI POLICY AND UNDERSTANDS SAID POLICY, AND (3) AGREES TO COMPLY WITH ALL REQUIREMENTS OF THE COI POLICIES, INCLUDING COMPLETING THE CONFLICTS OF INTEREST DISCLOSURE SURVEY AS REQUIRED BY THE COI POLICIES USING THE INFORMATION FROM THE ANNUAL DISCLOSURE SURVEY, THE FILING OFFICER PREPARES ANNUAL REPORTS OF REPORTED CONFLICTS OF INTEREST AND DISTRIBUTES THOSE REPORTS TO THE GOVERNING BODY CHAIRS, INCLUDING THE CHAIR OF THE BOARD OF DIRECTORS AND THE CHAIR OF DIGNITY HEALTH BOARD COMMITTEES, AS WELL AS TO KEY LEADERS OF THE ORGANIZATION TO ENABLE THE RESPONSIBLE INDIVIDUALS TO MONITOR AND MANAGE DISCLOSED CONFLICTS OF INTEREST AND ASSURE DECISIONS ARE MADE IN THE ORGANIZATION'S BEST INTERESTS THE PROCEDURES FOR ADDRESSING A CONFLICT OF INTEREST RELATED TO A PROPOSED TRANSACTION IN THE CASE OF GOVERNING BODIES INCLUDE, BUT ARE NOT LIMITED TO (1) THE ACTUAL OR POTENTIAL CONFLICT OF INTEREST IS FULLY DISCLOSED TO THE APPLICABLE GOVERNING BODY AND ANY OTHER RELEVANT DECISION-MAKERS, (2) THE INTERESTED PERSON RESPONDS TO FACTUAL QUESTIONS RELATED TO THE SUBSTANCE OF THE TRANSACTION OR ARRANGEMENT BEING CONSIDERED, AFTER WHICH HE/SHE SHALL LEAVE THE MEETING, (3) THE INTERESTED PERSON MAY BE EXCLUDED FROM THE DISCUSSION AND MUST BE EXCUSED FROM THE MEETING PRIOR TO AND DURING THE APPROVAL OF SUCH TRANSACTION, (4) IF WARRANTED, ALTERNATIVES TO THE PROPOSED TRANSACTION ARE INVESTIGATED, AND COMPETITIVE BIDS OR COMPARABLE VALUATIONS ARE OBTAINED, (5) THE TRANSACTION OR ACTION IS APPROVED BY A MAJORITY OF DISINTERESTED MEMBERS OF THE GOVERNING BODIES, CONSISTENT WITH ANY REQUIREMENTS OF BYLAWS AND COI POLICIES, AND (6) ANY CONFLICTING ISSUES ARISING DURING THE COURSE OF A GOVERNING BODY MEETING WHICH CANNOT BE RESOLVED MAY BE REFERRED TO AN INDEPENDENT COMMITTEE OF THE APPLICABLE GOVERNING BODY THERE

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, PART I, LINE 22	ARE SIMILAR CONFLICTS OF INTEREST PROVISIONS UNDER DIGNITY HEALTH'S STANDARDS OF CONDUCT, WHICH ARE APPLICABLE TO ALL EMPLOYEES AND WHICH ARE ADMINISTERED BY THE EVP/CHIEF COMPLIANCE OFFICER WHO HAS REPORTING RESPONSIBILITY TO THE PRESIDENT/CEO AS WELL AS TO THE AUDIT AND COMPLIANCE COMMITTEE OF THE BOARD OF DIRECTORS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE ORGANIZATION'S PERSONNEL IS COMPENSATED BY DIGNITY HEALTH. FOR 2018 COMPENSATION, DIGNITY HEALTH'S HUMAN RESOURCES AND COMPENSATION COMMITTEE APPROVES, CONSISTENT WITH THE ORGANIZATION'S PHILOSOPHY AND PRINCIPLES, THE ANNUAL PERFORMANCE GOALS AND CRITERIA TO BE USED IN DETERMINING MERIT INCREASES AND VARIABLE COMPENSATION CRITERIA FOR OFFICERS AND KEY EMPLOYEES. THE HUMAN RESOURCES AND COMPENSATION COMMITTEE ALSO ENGAGES OUTSIDE LEGAL COUNSEL AS NECESSARY AND QUALIFIED INDEPENDENT COMPENSATION AND BENEFITS SPECIALISTS (INDEPENDENT EXPERTS) TO REVIEW, ANALYZE AND PROVIDE BENCHMARKING DATA FOR THE TOTAL COMPENSATION AND BENEFITS PACKAGES OF OFFICERS AND KEY EXECUTIVES. APPROPRIATE COMPARABLE DATA IS OBTAINED FROM THE INDEPENDENT EXPERTS, (E.G., TOTAL ECONOMIC BENEFITS PAID BY SIMILARLY SITUATED ORGANIZATIONS, BOTH TAXABLE AND TAX-EXEMPT, FOR SIMILAR JOB RESPONSIBILITIES). KEY DELIBERATIONS OF THE COMMITTEE ARE DOCUMENTED IN MEETING MINUTES WHICH ARE APPROVED AT THE NEXT COMMITTEE MEETING AND PROVIDED TO THE BOARD OF DIRECTORS. THE DOCUMENTATION OF THE DELIBERATIONS INCLUDES (A) THE TERMS OF THE TRANSACTION APPROVED AND THE DATE APPROVED, (B) THE MEMBERS OF THE COMMITTEE WHO WERE PRESENT DURING DISCUSSION OF THE APPROVED TRANSACTION AND THOSE WHO VOTED ON IT, AND (C) THE COMPARABILITY DATA OBTAINED AND RELIED UPON BY THE COMMITTEE AND HOW THE DATA WAS OBTAINED. FORM 990, PART VI, SECTION C, LINE 19. FEDERAL TAX LAWS DO NOT MANDATE THAT THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS BE MADE AVAILABLE FOR PUBLIC INSPECTION. THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS AVAILABLE UPON REQUEST. FORM 990, PART VII, SECTION A. R. CARVOLTH, MD, E. DEMPSEY, J. PETERSDORF, J. VANBOENING, K. SILBERSTEIN AND KEVIN WALTERS RECEIVED COMPENSATION FOR SERVICES PROVIDED TO A RELATED ORGANIZATION, DIGNITY HEALTH. ANDREA N. OCHOA AND D. WILEY ARE EMPLOYEES OF DIGNITY HEALTH BUT PROVIDE SERVICES AS OFFICERS TO PORT CITY. FORM 990, PART XI, LINE 9. CHANGE OF OWNERSHIP INTEREST-JV, \$1,614,308. SAN JOAQUIN QUALITY CARE NETWORK CAPITAL FUNDING, \$(240,000). ADJUSTMENT OF ASSETS AND LIABILITIES, NET, TO FAIR VALUE PURSUANT TO ACQUISITION ACCOUNTING, \$76,449,774. FORM 990, PART XII, LINE 3B. THE ORGANIZATION'S FEDERAL AWARDS WERE INCLUDED IN DIGNITY HEALTH AND SUBORDINATE CORPORATIONS' UNIFORM GUIDANCE SCHEDULE OF FEDERAL EXPENDITURES FOR THE PERIOD OF JULY 1, 2018, TO JANUARY 31, 2019, AND COMMONSPIRIT'S CONSOLIDATED UNIFORM GUIDANCE AUDITED SCHEDULE OF FEDERAL EXPENDITURES FOR THE PERIOD OF FEBRUARY 1, 2019, TO JUNE 30, 2019.

990 Schedule O, Supplemental Information

Return Reference	Explanation
SAFE HARBOR ELECTION DISCLOSURE	TANGIBLE PROPERTY REGULATION STATEMENT SECTION 1 263(A)-1(F) DE MINIMIS SAFE HARBOR ELECTION TAXPAYER IS MAKING THE DE MINIMIS SAFE HARBOR ELECTION UNDER TREASURY REGULATION 1 263(A)-1(F) FOR ALL ELIGIBLE AMOUNTS PAID OR INCURRED DURING THE TAXABLE YEAR

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION REVENUE CYCLE SERVICES TOTAL FEES 12948662

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION ADMIN SERVICES TOTAL FEES 361829784

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION MEDICAL FEES TOTAL FEES 29443622

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION MAINTENANCE/REPAIRS TOTAL FEES 9373105

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION OTHER PURCHASED SERVICES TOTAL FEES 8029482

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Port City Operating Company LLC

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

Employer identification number
46-5322209

Part I Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

Part II Identification of Related Tax-Exempt Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

See Additional Data Table

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

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

See Additional Data Table

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

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

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b Yes	
c Gift, grant, or capital contribution from related organization(s)	1c Yes	
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e Yes	
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o Sharing of paid employees with related organization(s)	1o Yes	
p Reimbursement paid to related organization(s) for expenses	1p Yes	
q Reimbursement paid by related organization(s) for expenses	1q Yes	
r Other transfer of cash or property to related organization(s)	1r Yes	
s Other transfer of cash or property from related organization(s)	1s Yes	

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) ST JOSEPH'S SURGERY CENTER LP	S	1,487,293	SEE PART VII

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

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
SCHEDULE R, PART V, LINE 2 COLUMN (C)	PART V, LINE 1S - AMOUNTS REPORTED UNDER TRANSACTION TYPE "S" REPRESENT FUNDING FROM PARTNERSHIPS VIA K-1 DISTRIBUTIONS

Return Reference	Explanation
SCHEDULE R, PART VII	AS PART OF THE ALIGNMENT BETWEEN DIGNITY HEALTH AND CHI, ON THE EFFECTIVE DATE OF FEBRUARY 1, 2019, DIGNITY HEALTH CAUSED TO TRANSFER NON-CATHOLIC OWNED COMMUNITY HOSPITALS, NON-CATHOLIC SUBSIDIARY HOSPITALS, AND CERTAIN OTHER NON-CATHOLIC OPERATIONS, AS REPORTED IN PART II, TO DIGNITY COMMUNITY CARE ENTITIES TRANSFERRED DURING THE YEAR LIST DIGNITY HEALTH AND DIGNITY COMMUNITY CARE, "DH/DCC", AS THE DIRECT CONTROLLING ENTITY ON SCHEDULES R, PART II SINCE BOTH ENTITIES HELD CONTROL AT SOME POINT DURING THE YEAR

Additional Data

Software ID:
Software Version:
EIN: 46-5322209
Name: Port City Operating Company LLC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
420 34TH Street Bakersfield, CA 93301 95-1802779	Hospital	CA	501(c)(3)	3	DHDCC		No
1805 Medical Center Drive San Bernardino, CA 92411 95-1643373	Hospital	CA	501(c)(3)	3	DHDCC		No
185 Berry Street Suite 300 San Francisco, CA 94107 81-5009488	Hospital	CO	501(c)(3)	3	CSH		No
185 Berry Street Suite 300 San Francisco, CA 94107 94-1196203	Hospital	CA	501(c)(3)	3	CSH		No
200 Mercy Oaks Drive Redding, CA 96003 23-7115371	Senior Center	CA	501(c)(3)	7	Dignity Hlth		No
185 Berry Street San Francisco, CA 94107 94-3006034	Administratio	CA	501(c)(3)	12A-I	Dignity Hlth		No
185 Berry Street San Francisco, NV 94107 81-3800752	Self Ins Fund	NV	501(c)(3)	12A-I	Dignity Hlth		No
3400 Data Drive Rancho Cordova, CA 95670 68-0220314	Multi-sp CLIN	CA	501(c)(3)	12A-I	DHDCC		No
185 Berry Street San Francisco, CA 94107 94-6612446	Administratio	CA	501(c)(3)	12A-I	Dignity Hlth		No
1555 Soquel Drive Santa Cruz, CA 95065 77-0056778	Community Hlt	CA	501(c)(3)	12A-I	Dignity Hlth		No
1555 Soquel Drive Santa Cruz, CA 95065 77-0127719	SR HOUSING	CA	501(c)(3)	10	DHS		No
768 Mountain Ranch Road San Andreas, CA 95249 68-0127677	Hospital	CA	501(c)(3)	3	DHDCC		No
3865 J Street Sacramento, CA 95816 68-0117340	SR HOUSING	CA	501(c)(3)	10	Dignity Hlth		No
1400 E Church Street Santa Maria, CA 93454 77-0447575	Clinic	CA	501(c)(3)	3	DHDCC		No
900 Hyde Street San Francisco, CA 94109 94-1156295	Hospital	CA	501(c)(3)	3	DHDCC		No
155 Glasson Way Grass Valley, CA 95945 94-1439787	Hospital	CA	501(c)(3)	3	DHDCC		No
601 E Micheltorena Street Santa Barbara, CA 93103 77-0022302	INACTIVE	CA	501(c)(3)	12A-I	Dignity Hlth		No
1050 Linden Avenue Long Beach, CA 90813 23-7373088	INACTIVE	CA	501(c)(3)	12A-I	Dignity Hlth		No
345 S Halcyon Rd Arroyo Grande, CA 93420 20-3256066	FNDRSING FND	CA	501(c)(3)	12A-I	Dignity Hlth		No
13 CHURCH STREET NUNNEY, ENGLAND BA11 4LW UK 31-1724184	FNDRSING FND	UK	501(c)(3)	12D-III-NFI	NA		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
350 West Thomas Road Phoenix, AZ 85013 86-0174371	FNDRSING FND	AZ	501(c)(3)	7	Dignity Hlth		No
1401 South Grand Avenue Los Angeles, CA 90015 95-4000909	FNDRSING FND	CA	501(c)(3)	12A-I	DHDCC		No
185 Berry Street San Francisco, CA 94107 46-2037641	FNDRSING FND	CA	501(c)(3)	12A-I	Dignity Hlth		No
2101 N Waterman Avenue San Bernardino, CA 92404 23-7440086	FNDRSING FND	CA	501(c)(3)	12A-I	Dignity Hlth		No
475 South Dobson Road Chandler, AZ 85224 74-2418514	FNDRSING FND	AZ	501(c)(3)	12A-I	Dignity Hlth		No
1555 Soquel Drive Santa Cruz, CA 95065 94-2450442	FNDRSING FND	CA	501(c)(3)	12A-I	Dignity Hlth		No
1911 Johnson Avenue San Luis Obispo, CA 93401 20-3256125	FNDRSING FND	CA	501(c)(3)	12A-I	DHDCC		No
1420 South Central Avenue Glendale, CA 91204 95-3625651	FNDRSING FND	CA	501(c)(3)	12A-I	DHDCC		No
1400 E Church Street Santa Maria, CA 93454 95-3818027	FNDRSING FND	CA	501(c)(3)	12A-I	Dignity Hlth		No
PO Box 119 Bakersfield, CA 93302 77-0201321	FNDRSING FND	CA	501(c)(3)	12A-I	Dignity Hlth		No
2625 Edith Avenue Suite E Redding, CA 96001 94-3136799	FNDRSING FND	CA	501(c)(3)	12A-I	NA		No
3400 Data Drive 3rd Flr Rancho Cordova, CA 95670 23-7072762	FNDRSING FND	CA	501(c)(3)	12A-I	NA		No
301 E 13th Street Merced, CA 95340 77-0035928	FNDRSING FND	CA	501(c)(3)	12A-I	Dignity Hlth		No
18300 Roscoe Blvd Northridge, CA 91328 23-7444901	FNDRSING FND	CA	501(c)(3)	12A-I	DHDCC		No
438 West Las Tunas Drive San Gabriel, CA 91776 95-3430341	INACTIVE	CA	501(c)(3)	12A-I	Dignity Hlth		No
170 Alameda de las Pulgas Redwood City, CA 94062 94-2909990	FNDRSING FND	CA	501(c)(3)	12D-III-NFI	NA		No
2323 De La Vina St Suite 104 Santa Barbara, CA 93105 23-7137119	FNDRSING FND	CA	501(c)(3)	12A-I	Dignity Hlth		No
1600 North Rose Avenue Oxnard, CA 93030 20-2865781	FNDRSING FND	CA	501(c)(3)	12A-I	Dignity Hlth		No
350 West Thomas Road Phoenix, AZ 85013 94-2941245	FNDRSING FND	AZ	501(c)(3)	12A-I	Dignity Hlth		No
1800 N California Street Stockton, CA 95204 51-0432777	FNDRSING FND	CA	501(c)(3)	12A-I	Dignity Hlth		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
1050 Linden Avenue Long Beach, CA 90813 23-7153876	FNDRSING FND	CA	501(c)(3)	12A-I	Dignity Hlth		No
450 Stanyan Street San Francisco, CA 94117 94-3336143	FNDRSING FND	CA	501(c)(3)	12A-I	Dignity Hlth		No
3001 St Rose Parkway Henderson, NV 89052 88-0349432	FNDRSING FND	NV	501(c)(3)	12A-I	Dignity Hlth		No
1321 Cottonwood Street 305 Woodland, CA 95695 94-6167964	FNDRSING FND	CA	501(c)(3)	7	NA		No
12809 W DODGE RD OMAHA, NE 68154 47-0765154	HEALTHCARE	NE	501(c)(3)	3	ACH		No
12809 W DODGE RD OMAHA, NE 68154 47-0757164	HEALTHCARE	NE	501(c)(3)	3	CHI NEBRASKA		No
7500 MERCY RD OMAHA, NE 68124 47-0484764	HEALTHCARE	NE	501(c)(3)	3	CHI NEBRASKA		No
631 N 8TH ST MISSOURI VALLEY, IA 51555 42-0776568	HEALTHCARE	IA	501(c)(3)	3	CHI NEBRASKA		No
6901 N 72ND ST OMAHA, NE 68122 47-0376615	HEALTHCARE	NE	501(c)(3)	3	CHI NEBRASKA		No
104 W 17TH ST SCHUYLER, NE 68661 47-0399853	HEALTHCARE	NE	501(c)(3)	3	CHI NEBRASKA		No
PO BOX 368 CORNING, IA 50841 42-0782518	HEALTHCARE	IA	501(c)(3)	3	CHI NEBRASKA		No
300 SE 8TH AVE LITTLE FALLS, MN 56345 41-1351177	LTERM CARE	MN	501(c)(3)	10	CSH		No
601 OAK ST BRECKENRIDGE, MN 56520 41-1850500	SENIOR LIVING	MN	501(c)(3)	10	SFH		No
17200 ST LUKES WAY STE 170 THE WOODLANDS, TX 77384 27-4499340	PHYSICIANS	TX	501(c)(3)	12A-I	SLCHS		No
6624 FANNIN ST STE 1100 HOUSTON, TX 77030 76-0458535	PHYSICIANS	TX	501(c)(3)	3	SLHS		No
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 23-2187242	HEALTHCARE	PA	501(c)(3)	12A-I	CSH		No
1 West Way Ct LAKE JACKSON, TX 77566 76-0080110	FUNDRAISING	TX	501(c)(3)	12A-I	BRHS		No
100 MEDICAL DRIVE LAKE JACKSON, TX 77566 80-0240261	HEALTHCARE	TX	501(c)(3)	3	BRHS		No
2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2759890	HEALTHCARE	TX	501(c)(3)	3	SJSC		No
2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2913931	HEALTHCARE	TX	501(c)(3)	10	SJSC		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
800 N 4TH ST CARRINGTON, ND 58421 45-0227311	HEALTHCARE	ND	501(c)(3)	3	CSH		No
9100 East Mineral Circle Centennial, CO 80112 84-0405257	HEALTHCARE	CO	501(c)(3)	3	CSH		No
1111 6TH AVE DES MOINES, IA 50314 42-0680448	HEALTHCARE	IA	501(c)(3)	3	CSH		No
1150 Kelly Johnson Blvd 204 COLORADO SPRINGS, CO 80920 84-0902211	FUNDRAISING	CO	501(c)(3)	7	CHIC		No
1150 Kelly Johnson Blvd 204 COLORADO SPRINGS, CO 80920 27-0930004	FUNDRAISING	CO	501(c)(3)	12A-I	CSH		No
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 46-0992796	HEALTHCARE	CO	501(c)(3)	12A-I	CHINS		No
2700 STEWART PKWY ROSEBURG, OR 97471 26-3946191	PHYSICIANS	OR	501(c)(3)	10	MMC		No
3515 BROADWAY GREAT BEND, KS 67530 48-0543724	SURGERY CENTE	KS	501(c)(3)	3	CSH		No
4816 AMBER VALLEY PKWY S FARGO, ND 58104 27-1966847	HEALTHCARE	MN	501(c)(3)	10	CSH		No
12809 W DODGE RD OMAHA, NE 68154 47-0648586	FUNDRAISING	NE	501(c)(3)	7	ACH		No
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 27-1050565	HEALTHCARE	CO	501(c)(3)	12A-I	CSH		No
3900 OLYMPIC BLVD STE 400 ERLANGER, KY 41018 20-2741651	HEALTHCARE	KY	501(c)(3)	12A-I	CSH		No
5942 RENAISSANCE PLACE STE A TOLEDO, OH 43623 34-1892096	HEALTHCARE	OH	501(c)(3)	12A-II	SFH		No
100 GROSS CRESCENT CIRCLE FORT OGLETHORPE, GA 30742 82-2748395	HEALTHCARE	GA	501(c)(3)	3	MHCS		No
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 45-1261716	HEALTHCARE	CO	501(c)(3)	10	CHI NS		No
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 45-2532084	HEALTHCARE	CO	501(c)(3)	12A-I	CSH		No
12809 West Dodge Road Omaha, NE 68510 36-3233121	HEALTHCARE	NE	501(c)(3)	12A-I	CSH		No
1929 LINCOLN HWY E STE 150 LANCASTER, PA 17602 23-2342997	HEALTHCARE	PA	501(c)(3)	12A-I	CSH		No
1516 5TH ST NW ALBUQUERQUE, NM 87102 71-0897107	COMMUNITY	NM	501(c)(3)	12A-I	CSH		No
300 WERNER ST HOT SPRINGS, AR 71913 71-0236913	HEALTHCARE	AR	501(c)(3)	3	CHISVHS		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
300 WERNER ST HOT SPRINGS, AR 71913 26-1125064	HOLDING CO	AR	501(c)(3)	12A-II	SVIMC		No
300 WERNER ST HOT SPRINGS, AR 71913 26-1125131	HEALTHCARE	AR	501(c)(3)	3	CHISVHS		No
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 47-0617373	HEALTHCARE	CO	501(c)(3)	12A-I	NA		No
619 OAK ST ACCOUNTING-3 W CINCINNATI, OH 45206 23-7419853	HOLDING CO	OH	501(c)(4)	N/A	GSH		No
631 N 8TH ST MISSOURI VALLEY, IA 51555 42-1294399	FUNDRAISING	IA	501(c)(3)	12A-I	AH-CMHMV		No
One Saint Joseph Drive LEXINGTON, KY 40504 61-1400619	LT ACH	KY	501(c)(3)	3	SJHS		No
2801 VIA FORTUNA SUITE 500 AUSTIN, TX 78746 45-4736213	HEALTHCARE	TX	501(c)(3)	12A-I	SLHS		No
1455 BATTERSBY AVE ENUMCLAW, WA 98022 91-0715805	HEALTHCARE	WA	501(c)(3)	3	FHS		No
4305 NEW SHEPHERDSVILLE RD BARDSTOWN, KY 40004 61-1345363	HEALTHCARE	KY	501(c)(3)	3	KOH		No
4305 NEW SHEPHERDSVILLE RD BARDSTOWN, KY 40004 56-2351341	FUNDRAISING	KY	501(c)(3)	12A-I	FH		No
4111 N HOLLAND-SYLVANIA RD TOLEDO, OH 43623 34-1931806	HEALTHCARE	OH	501(c)(3)	10	FLC		No
1717 SOUTH J ST TACOMA, WA 98405 91-1145592	FUNDRAISING	WA	501(c)(3)	10	FHS		No
1717 SOUTH J ST TACOMA, WA 98405 91-0564491	HEALTHCARE	WA	501(c)(3)	3	CSH		No
TACOMA FNC CTR BLDG 1145 BROADWAY TACOMA, WA 98402 43-1882377	PHYSICIANS	MO	501(c)(3)	10	CSH		No
1313 BROADWAY STE 200 TACOMA, WA 98402 91-1939739	HEALTHCARE	WA	501(c)(3)	10	FHS		No
3601 S CHICAGO AVE SOUTH MILWAUKEE, WI 53172 39-1093829	HEALTHCARE	WI	501(c)(3)	10	CSH		No
407 THIRD AVENUE SOUTHEAST GARRISON, ND 58540 45-0227752	HEALTHCARE	ND	501(c)(3)	3	SAMC		No
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 20-1536108	MINISTRIES	CO	501(c)(3)	12A-I	CSH		No
619 OAK ST ACCOUNTING-3 W CINCINNATI, OH 45206 31-1778403	EDUCATION	OH	501(c)(3)	2	GSH		No
619 OAK ST ACCOUNTING-3 W CINCINNATI, OH 45206 31-1206047	FUNDRAISING	OH	501(c)(3)	12A-I	GSH		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
PO BOX 1990 KEARNEY, NE 68848 47-0379755	HEALTHCARE	NE	501(c)(3)	3	CHI NEBRASKA		No
111 W 31ST ST KEARNEY, NE 68847 47-0659443	FUNDRAISING	NE	501(c)(3)	7	GSH		No
2520 CHERRY AVE BREMERTON, WA 98310 91-0565546	HEALTHCARE	WA	501(c)(3)	3	FHS		No
2520 CHERRY AVE BREMERTON, WA 98310 91-1197626	FUNDRAISING	WA	501(c)(3)	7	HMC		No
1451 HARRODSBURG RD STE D-308 LEXINGTON, KY 40504 83-2170324	FUNDRAISING	KY	501(c)(3)	12A-II	KOH		No
2400 ST FRANCIS DR BRECKENRIDGE, MN 56520 76-0761782	FUNDRAISING	MN	501(c)(3)	12A-I	SFMC		No
16251 SYLVESTER RD SW BURIEN, WA 98166 91-0712166	HEALTHCARE	WA	501(c)(3)	3	FHS		No
1111 6TH AVE DES MOINES, IA 50314 42-1323808	SHELTER	IA	501(c)(3)	7	CHI-IA CORP		No
250 E Liberty St Ste 500 LOUISVILLE, KY 40202 61-1029768	HEALTHCARE	KY	501(c)(3)	3	KOH		No
100 E Liberty St Ste 800 LOUISVILLE, KY 40202 61-1352729	HEALTHCARE	KY	501(c)(3)	10	JHSMH		No
200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 61-1029769	HEALTHCARE	KY	501(c)(3)	12A-II	CSH		No
600 MAIN AVE S BAUDETTE, MN 56623 41-0758434	HEALTHCARE	MN	501(c)(3)	3	CSH		No
600 MAIN AVE S BAUDETTE, MN 56623 41-1893795	FUNDRAISING	ND	501(c)(3)	7	LHC		No
2700 STEWART PKWY ROSEBURG, OR 97471 93-0821381	SENIOR LIVING	OR	501(c)(3)	10	MMC		No
905 MAIN ST LISBON, ND 58054 82-0558836	HEALTHCARE	ND	501(c)(3)	3	CSH		No
PO BOX 1447 LUFKIN, TX 75901 82-0563768	PROPERTY MGMT	TX	501(c)(3)	12A-I	MHSET		No
2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2761145	HEALTHCARE	TX	501(c)(3)	3	SJSC		No
2344 AMSTERDAM ROAD VILLA HILLS, KY 51017 61-0654635	LIVING ASSIST	KY	501(c)(3)	10	FLC		No
2525 DE SALES AVE CHATTANOOGA, TN 37404 62-1839548	FUNDRAISING	TN	501(c)(3)	7	MHCS		No
2525 DE SALES AVE CHATTANOOGA, TN 37404 62-0532345	HEALTHCARE	TN	501(c)(3)	3	CSH		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
5600 BRAINERD RD STE 500 CHATTANOOGA, TN 37411 30-0417049	HEALTHCARE	TN	501(c)(3)	10	MHCS		No
PO BOX 1447 LUFKIN, TX 75902 75-0755367	HEALTHCARE	TX	501(c)(3)	3	SLHS		No
PO BOX 1447 LUFKIN, TX 75902 76-0436439	HEALTHCARE	TX	501(c)(3)	3	MHSET		No
PO BOX 1447 LUFKIN, TX 75902 75-2663904	HEALTHCARE	TX	501(c)(3)	3	MHSET		No
1201 FRANK AVE LUFKIN, TX 95904 75-2721155	PHYSICIANS	TX	501(c)(3)	12A-I	MHSET		No
PO BOX 1447 LUFKIN, TX 95902 75-2492741	HEALTHCARE	TX	501(c)(3)	3	MHSET		No
1111 6TH AVE DES MOINES, IA 50314 42-6076069	AUXILIARY	IA	501(c)(3)	12A-I	MF-DM IA		No
1111 6TH AVE DES MOINES, IA 50314 42-1193699	PHYSICIANS	IA	501(c)(3)	10	CHI-IA CORP		No
1111 6TH AVE DES MOINES, IA 50314 42-1511682	EDUCATION	IA	501(c)(3)	2	CHI-IA CORP		No
1111 6TH AVE DES MOINES, IA 50314 23-7358794	FUNDRAISING	IA	501(c)(3)	7	CHI-IA CORP		No
2700 STEWART PKWY ROSEBURG, OR 97471 93-6088946	FUNDRAISING	OR	501(c)(3)	7	MMC		No
PO BOX 368 CORNING, IA 50841 42-1461064	FUNDRAISING	IA	501(c)(3)	12A-I	AHMH-Corning		No
570 CHAUTAUQUA BLVD VALLEY CITY, ND 58072 45-0435338	FUNDRAISING	ND	501(c)(3)	12A-I	MHVC		No
800 MERCY DR COUNCIL BLUFFS, IA 51503 42-1178204	FUNDRAISING	IA	501(c)(3)	12A-I	AHBMHS		No
1031 7TH ST NE DEVILS LAKE, ND 58301 45-0227012	HEALTHCARE	ND	501(c)(3)	3	CSH		No
1031 7TH ST NE DEVILS LAKE, ND 58301 35-2367360	FUNDRAISING	ND	501(c)(3)	7	MHDL		No
570 CHAUTAUQUA BLVD VALLEY CITY, ND 58072 45-0226553	HEALTHCARE	ND	501(c)(3)	3	CSH		No
1301 15TH AVE WEST WILLISTON, ND 58801 45-0231183	HEALTHCARE	ND	501(c)(3)	3	CSH		No
ONE ST JOSEPHS DRIVE CENTERVILLE, IA 52544 42-0680308	HEALTHCARE	IA	501(c)(3)	3	CHI-IA CORP		No
204 N 4th Ave E Newton, IA 50314 42-1470935	PHYSICIANS	IA	501(c)(3)	3	CHI-IA CORP		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
2700 STEWART PKWY ROSEBURG, OR 97471 93-0386868	HEALTHCARE	OR	501(c)(3)	3	CSH		No
1301 15TH AVE WEST WILLISTON, ND 58801 45-0381803	FUNDRAISING	ND	501(c)(3)	12A-I	MMC		No
7500 S 91ST ST LINCOLN, NE 68526 39-2031968	HEALTHCARE	NE	501(c)(3)	3	CHI NEBRASKA		No
2223 East Rosser Avenue Bismarck, ND 58501 91-1845296	MANAGEMENT	ND	501(c)(3)	7	NCHA		No
1200 N 7TH ST OAKES, ND 58474 45-0231675	HEALTHCARE	ND	501(c)(3)	3	CSH		No
1200 N 7TH ST OAKES, ND 58474 71-0966606	FUNDRAISING	ND	501(c)(3)	12A-I	OCH		No
PO BOX 1447 LUFKIN, TX 75902 75-2493116	PROPERTY MGMT	TX	501(c)(3)	12A-I	MHSET		No
2025 HAYES AVENUE SANDUSKY, OH 44870 34-1658625	HEALTHCARE	OH	501(c)(3)	10	FLC		No
2025 HAYES AVENUE SANDUSKY, OH 44870 34-1826099	HOLDING CO	OH	501(c)(3)	12A-II	FLC		No
5055 PROVIDENCE DRIVE SANDUSKY, OH 44870 34-1896807	LIVING COMM	OH	501(c)(3)	10	FLC		No
1925 E ORMAN AVE STE G52 PUEBLO, CO 81004 84-1234295	COMMUNITY	CO	501(c)(3)	7	CHIC		No
16251 Sylvester Road SW Burien, WA 98166 91-1170040	HEALTHCARE	WA	501(c)(3)	3	FHS		No
9100 E Mineral Circle Centennial, CO 80112 84-1183335	LTERM CARE	CO	501(c)(3)	7	CHIC		No
25 POCONO RD DENVER, NJ 07834 22-2876836	HEALTHCARE	NJ	501(c)(3)	10	SCHS		No
25 POCONO RD DENVER, NJ 07834 22-2502997	FUNDRAISING	NJ	501(c)(3)	6	SCHS		No
25 POCONO RD DENVER, NJ 07834 22-3639733	MANAGEMENT	NJ	501(c)(3)	10	CSH		No
25 POCONO RD DENVER, NJ 07834 22-3319886	HEALTHCARE	NJ	501(c)(3)	2	SCHS		No
555 S 70TH ST LINCOLN, NE 68510 47-0625523	FUNDRAISING	NE	501(c)(3)	7	SERMC		No
555 S 70TH ST LINCOLN, NE 68510 36-3233120	HEALTHCARE	NE	501(c)(3)	3	SERMC		No
555 S 70TH ST LINCOLN, NE 68510 47-0379836	HEALTHCARE	NE	501(c)(3)	3	CHI NEBRASKA		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
2620 W FAIDLEY GRAND ISLAND, NE 68803 47-0376601	HEALTHCARE	NE	501(c)(3)	3	CHI NEBRASKA		No
PO BOX 9804 GRAND ISLAND, NE 68802 47-0630267	FUNDRAISING	NE	501(c)(3)	7	SFMC		No
305 ESTILL ST BEREA, KY 40403 26-0152877	FUNDRAISING	KY	501(c)(3)	7	SJHS		No
200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 61-1334601	HEALTHCARE	KY	501(c)(3)	3	KOH		No
701 Bob Olink Dr 200 LEXINGTON, KY 40504 61-1159649	FUNDRAISING	KY	501(c)(3)	12A-I	SJHS		No
1001 SAINT JOSEPH LANE LONDON, KY 40741 26-0438748	FUNDRAISING	KY	501(c)(3)	7	SJHS		No
225 FALCON DR MOUNT STERLING, KY 40353 27-2884584	FUNDRAISING	KY	501(c)(3)	7	SJHS		No
2500 Fairway Street DICKINSON, ND 58601 36-3418207	FUNDRAISING	ND	501(c)(3)	12A-I	SJHHC		No
104 W 17TH ST SCHUYLER, NE 68661 36-3630014	FUNDRAISING	NE	501(c)(3)	12A-I	AHMHS		No
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 44-0545809	HEALTHCARE	MO	501(c)(3)	3	CSH		No
900 EAST BROADWAY AVENUE BISMARCK, ND 58501 45-0226711	HEALTHCARE	ND	501(c)(3)	3	CSH		No
2801 St Anthony Way PENDLETON, OR 97801 93-0391614	HEALTHCARE	OR	501(c)(3)	3	CSH		No
2801 St Anthony Way PENDLETON, OR 97801 93-0992727	FUNDRAISING	OR	501(c)(3)	12A-I	SAH		No
FOUR HOSPITAL DR MORRILTON, AR 72110 71-0245507	HEALTHCARE	AR	501(c)(3)	3	SVIMC		No
401 EAST SPRUCE ST GARDEN CITY, KS 67846 48-0543721	HEALTHCARE	KS	501(c)(3)	3	CSH		No
401 EAST SPRUCE ST GARDEN CITY, KS 67846 20-0598702	FUNDRAISING	KS	501(c)(3)	12A-I	SCH		No
12469 Five Point Road TOLEDO, OH 43551 27-0163752	LIVING COMM	OH	501(c)(3)	10	FLC		No
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 93-0433692	HEALTHCARE	OR	501(c)(4)	N/A	CSH		No
2400 ST FRANCIS DR BRECKENRIDGE, MN 56520 41-0729978	LTERM CARE	MN	501(c)(3)	10	CSH		No
19 POCONO RD DENVER, NJ 07834 22-2536017	ELDERLY CARE	NJ	501(c)(3)	8	SCHS		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
2400 ST FRANCIS DR BRECKENRIDGE, MN 56520 41-0695598	HEALTHCARE	MN	501(c)(3)	3	CSH		No
2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2351158	FUNDRAISING	TX	501(c)(3)	12A-II	SJSC		No
2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2847594	HEALTHCARE	TX	501(c)(3)	10	SJSC		No
201 INTERNATIONAL CIRCLE STE 212 HUNT VALLEY, MD 21030 52-0591461	HEALTHCARE	MD	501(c)(3)	3	CSH		No
2801 FRANCISCAN DRIVE BRYAN, TX 77802 20-3159302	HEALTHCARE	TX	501(c)(3)	3	SJSC		No
201 INTERNATIONAL CIRCLE STE 212 HUNT VALLEY, MD 21030 52-1311775	PHYSICIANS	MD	501(c)(3)	12A-I	SJMC		No
2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-1282696	HEALTHCARE	TX	501(c)(3)	3	SJSC		No
2801 FRANCISCAN DRIVE BRYAN, TX 77802 45-4088170	HEALTHCARE	TX	501(c)(3)	3	SJSC		No
2801 FRANCISCAN DRIVE BRYAN, TX 77802 46-3265423	HEALTHCARE	TX	501(c)(3)	10	SJSC		No
2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2455161	MANAGEMENT	TX	501(c)(3)	12A-I	SLHS		No
600 PLEASANT AVE PARK RAPIDS, MN 56470 41-0695603	HEALTHCARE	MN	501(c)(3)	3	CSH		No
2500 Fairway St DICKINSON, ND 58601 45-0226429	HEALTHCARE	ND	501(c)(3)	3	CSH		No
8100 CLYO ROAD CENTERVILLE, OH 45458 34-1940863	LIVING COMM	OH	501(c)(3)	10	FLC		No
6624 FANNIN ST STE 2505 HOUSTON, TX 77030 27-3733278	HEALTHCARE	TX	501(c)(3)	3	SLHS		No
6624 FANNIN ST STE 2505 HOUSTON, TX 77030 26-1947374	HEALTHCARE	TX	501(c)(3)	3	SLHS		No
6624 FANNIN ST STE 2505 HOUSTON, TX 77030 26-0335902	HEALTHCARE	TX	501(c)(3)	3	SLHS		No
6624 FANNIN ST STE 1100 HOUSTON, TX 77030 76-0536234	HEALTHCARE	TX	501(c)(3)	3	SLHS		No
1213 HERMANN DRIVE STE 855 HOUSTON, TX 77004 45-3811485	FUNDRAISING	TX	501(c)(3)	7	SLHS		No
PO Box 20269 HOUSTON, TX 77225 76-0536232	MANAGEMENT	TX	501(c)(3)	12A-I	CSH		No
6624 FANNIN ST STE 2505 HOUSTON, TX 77030 26-3734606	HEALTHCARE	TX	501(c)(3)	3	SLHS		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
1213 Hermann Drive Ste 855 HOUSTON, TX 77004 76-0531716	PROPERTY MGMT	TX	501(c)(3)	12A-I	SLHS		No
6624 FANNIN ST STE 2505 HOUSTON, TX 77030 45-4120549	PROPERTY MGMT	TX	501(c)(3)	12A-I	SLCDC-SL		No
1301 Grundman Boulevard NEBRASKA CITY, NE 68410 47-0443636	HEALTHCARE	NE	501(c)(3)	3	CHI NEBRASKA		No
1314 3RD AVE NEBRASKA CITY, NE 68410 47-0707604	FUNDRAISING	NE	501(c)(3)	7	SMCH		No
TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 51-0169537	FUNDRAISING	AR	501(c)(3)	12A-I	SVIMC		No
TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 71-0236917	HEALTHCARE	AR	501(c)(3)	3	CSH		No
TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 71-0830696	HEALTHCARE	AR	501(c)(3)	10	SVIMC		No
1715 INDIAN WOOD CIR 200 MAUMEE, OH 43537 34-1412964	HEALTHCARE	OH	501(c)(3)	12A-I	CSH		No
1715 INDIAN WOOD CIR 200 MAUMEE, OH 43537 45-5357161	FUNDRAISING	OH	501(c)(3)	12A-I	FLC		No
5000 PROVIDENCE DRIVE SANDUSKY, OH 44870 34-1826097	ASSIST LIVING	OH	501(c)(3)	10	FLC		No
100 MEDICAL DRIVE LAKE JACKSON, TX 77566 74-1385192	HEALTHCARE	TX	501(c)(3)	3	SLHS		No
619 OAK ST ACCOUNTING-3 W CINCINNATI, OH 45206 31-0537486	HEALTHCARE	OH	501(c)(3)	3	CSH		No
2000 Q ST STE 500 LINCOLN, NE 68503 47-0780857	PHYSICIANS	NE	501(c)(3)	12A-I	CHI NEBRASKA		No
9100 E Mineral Circle Centennial, CO 80112 84-0927232	HEALTHCARE	CO	501(c)(3)	3	CHIC		No
380 SUMMIT AVENUE STEUBENVILLE, OH 43952 31-1329423	FUNDRAISING	OH	501(c)(3)	12A-I	THS		No
380 SUMMIT AVENUE STEUBENVILLE, OH 43952 34-1818681	HEALTHCARE	OH	501(c)(3)	12A-I	SFH		No
819 NORTH FIRST STREET DENNISON, OH 44621 27-5401105	HEALTHCARE	OH	501(c)(3)	3	SFH		No
ONE ROSS PARK BLVD STEUBENVILLE, OH 43952 34-1522484	ASSIST LIVING	OH	501(c)(3)	7	THS		No
815 SE 2ND ST LITTLE FALLS, MN 56345 41-0721642	HEALTHCARE	MN	501(c)(3)	3	CSH		No
801 PAGE DR FARGO, ND 58103 45-0226714	LTERM CARE	ND	501(c)(3)	10	CSH		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
191 WOODPORT RD SPARTA, NJ 07871 22-1768334	HOME HEALTH	NJ	501(c)(3)	10	SCHS		No
ONE KAISER PLAZA 15L OAKLAND, CA 94612 94-1105628	HOSPITAL	CA	501(C)(3)	3	NA		No

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproporionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) Arizona Care Network LLC (ACN LLC) 4222 E THOMAS RD STE 400 PHOENIX, AZ 85018 45-4494682	Care Network	AZ	NA	N/A	0	0			0			0 %
(1) CBCC Outsmarting Cancer LLC 6501 Truxtun Avenue Bakersfield, CA 93309 46-1602286	Radiation / Oncol	CA	NA	N/A	0	0			0			0 %
(2) DE JV LLC 8686 New Trails Drive The Woodlands, TX 77381 32-0496548	Emergency Care	NV	NA	N/A	0	0			0			0 %
(3) DHHP Surgery Centers LLC 1513 S Grand Avenue Ste 350 Los Angeles, CA 90015 83-1847466	Surgery	DE	NA	N/A	0	0			0			0 %
(4) DHRT Holdings LLC 185 Berry Street Suite 300 San Francisco, CA 94107 35-2484591	Holding Company	DE	NA	N/A	0	0			0			0 %
(5) Dignity- GoHealth Urgent Care Management 5555 Glenridge Connector Suite 700 Atlanta, GA 30342 35-2548698	Management Servic	DE	NA	N/A	0	0			0			0 %
(6) Dignity Health Specialty Pharmacy LLC 185 Berry Street Suite 300 San Francisco, CA 94107 32-0589462	Specialty Pharmac	DE	NA	N/A	0	0			0			0 %
(7) Dignity Home Recovery Care LLC 49 Music Square West Suite 401 Nashville, TN 37203 83-2832522	Home Recovery Pro	DE	NA	N/A	0	0			0			0 %
(8) DIGNITYUSP LAS VEGAS SURGERY CENTERS LL 15305 Dallas Parkway Suite 1600 LB Addison, TX 75001 20-2999237	Surgery	TX	NA	N/A	0	0			0			0 %
(9) DignityUSP NorCal Surgery Centers LLC 15305 Dallas Parkway Suite 1600 LB Addison, TX 75001 20-2468509	Surgery	TX	NA	N/A	0	0			0			0 %
(10) DIGNITYUSP PHOENIX SURGERY CENTERS LLC 15305 Dallas Parkway Suite 1600 LB Addison, TX 75001 13-4248908	Surgery	TX	NA	N/A	0	0			0			0 %
(11) DignityUSPJohn Muir East Bay Surg Ctrs 15305 Dallas Parkway Suite 1600 LB Addison, TX 75001 35-2584991	Surgery	TX	NA	N/A	0	0			0			0 %
(12) Dignity-Abrazo Health Network LLC 3030 N Central Avenue Suite 1402 Phoenix, AZ 85012 46-5477985	Management Servic	AZ	NA	N/A	0	0			0			0 %
(13) Dominican Magnetic Resonance Imaging Cen 1545 Soquel Drive Santa Cruz, CA 94065 77-0095477	Imaging Center	CA	NA	N/A	0	0			0			0 %
(14) Folsom Sierra Endoscopy Center LP 1650 Creekside Drive 1600 Folsom, CA 95630 68-0482416	Endoscopy	CA	NA	N/A	0	0			0			0 %

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(16) Memorial Medical Plaza 3838 San Dimas Suite B 201 Bakersfield, CA 93301 36-4510880	Real estate	CA	NA	N/A	0	0			0			0 %
(1) Mercy Davis Cancer Center Management Co 2740 M Street Merced, CA 95340 94-3358445	Management of Can	CA	NA	N/A	0	0			0			0 %
(2) NICU Operating CO of Santa Cruz LLC 1555 Soquel Drive Santa Cruz, CA 95065 46-0502935	Neonatal Healthca	CA	NA	N/A	0	0			0			0 %
(3) NSC Channel Islands LLC 3000 Riverchase Galleria Suite 500 Birmingham, AL 35244 77-0418197	Ambulatory surgic	CA	NA	N/A	0	0			0			0 %
(4) OMG Arizona LLC 130 Sutter Street 2nd Flr San Francisco, CA 94104 47-1708588	Medical Office	AZ	NA	N/A	0	0			0			0 %
(5) Plaza Surgery Center LP 525 E Plaza Drive Suite 100 Santa Maria, CA 93454 77-0573567	Surgery	CA	NA	N/A	0	0			0			0 %
(6) Radiation Oncology Centers of Ventura Co 1700 N ROSE AVENUE SUITE 120 OXNARD, CA 93030 77-0191706	IMAGING	CA	NA	N/A	0	0			0			0 %
(7) RBR Management LLC 91 Corporate Park Drive Suite 120 Henderson, NV 89074 27-1466450	Ambulance	NV	NA	N/A	0	0			0			0 %
(8) Santa Cruz Comprehensive Imaging LLC 1661 Soquel Drive Suite G Santa Cruz, CA 95065 01-0550623	Imaging	CA	NA	N/A	0	0			0			0 %
(9) Santa Cruz Land & Building LP 1555 Soquel Drive Santa Cruz, CA 95065 77-0285236	Real estate	CA	NA	N/A	0	0			0			0 %
(10) Santa Cruz Surgery Center LLC 3003 PAUL SWEET ROAD SANTA CRUZ, CA 95065 77-0194916	SURGERY	CA	NA	N/A	0	0			0			0 %
(11) St Joseph's Surgery Center LP 15305 Dallas Parkway Suite 1600 LB Addison, TX 75001 20-1019390	Surgery	TX	PORT CITY	RELATED	1,322,366	2,522,482		No	0	Yes		64 962 %
(12) Templeton Surgery Center LLC 1310 Las Tablas Road Suite 104 Templeton, CA 94365 20-2246616	Surgery	CA	NA	N/A	0	0			0			0 %
(13) The Medical Pavilion at St John's 1700 Rose Avenue Oxnard, CA 93030 77-0332349	Real Estate	CA	NA	N/A	0	0			0			0 %
(14) Valley Physicians Surgery Center At Nort 18330 Roscoe Blvd Northridge, CA 91328 80-0864336	Surgery	CA	NA	N/A	0	0			0			0 %

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(31) Audubon Land Company LLC 630 Southpointe Court 200 COLORADO SPRINGS, CO 80906 84-1513085	Real Estate	CO	NA	N/A	0	0			0			0 %
(1) AVON EMERGENCY AND URGENT CARE CENTER LL 9100 E Mineral Circle Centennial, CO 80112 81-1727282	HEALTHCARE SRVC	CO	NA	N/A	0	0			0			0 %
(2) BAYLOR CHI ST LUKES HEALTH SERVICES LLC 6624 Fannin St Ste 1100 HOUSTON, TX 77030 47-2079184	HEALTHCARE SRVC	TX	NA	N/A	0	0			0			0 %
(3) BERGAN MERCY SURGERY CENTER LLC 7710 Mercy Rd Ste 200 OMAHA, NE 68124 20-8671994	AMBUL SURG CTR	NE	NA	N/A	0	0			0			0 %
(4) BERYWOOD OFFICE PROPERTIES LLC 2501 Citico Avenue CHATTANOGA, TN 37404 62-1875199	PHYS OFFICE	TN	NA	N/A	0	0			0			0 %
(5) BLUEGRASS REGIONAL IMAGING CENTER 1218 SOUTH BROADWAY STE 310 LEXINGTON, KY 40504 61-1386736	DIAGNOSTIC IMAGIN	KY	NA	N/A	0	0			0			0 %
(6) CENTRAL NEBRASKA REHABILITATION SERVICES 3004 W FAIDLEY AVENUE GRAND ISLAND, NE 68803 81-0653461	Physical Therapy	NE	NA	N/A	0	0			0			0 %
(7) CENTURA-SCA HOLDINGS LLC 569 BROOK VILLAGE STE 901 BIRMINGHAM, AL 35209 47-4823023	OP SURGERY CENTER	AL	NA	N/A	0	0			0			0 %
(8) CHI OPERATING INVESTMENT PROGRAM LP 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 47-0727942	INVESTMENTS	CO	NA	N/A	0	0			0			0 %
(9) CHICAMSURG Surgery Centers LLC 1A Burton Hills Blvd Nashville, TN 37215 46-5683027	SURGERY CENTER	CO	NA	N/A	0	0			0			0 %
(10) CHICLARKIN VENTURES LLC 9100 E Mineral Circle Centennial, CO 80112 47-4210888	URGENT CARE	CO	NA	N/A	0	0			0			0 %
(11) Colorado Springs CK Leasing LLC 630 Southpointe Court 200 COLORADO SPRINGS, CO 80906 26-2982714	REAL ESTATE	CO	NA	N/A	0	0			0			0 %
(12) FRANCISCAN SPECIALTY CARE LLC 680 SOUTH FOURTH STREET LOUISVILLE, KY 40202 81-3725123	HEALTHCARE SRVC	WA	NA	N/A	0	0			0			0 %
(13) HC SL VINTAGE I LLC 18000 W SARAH LANE STE 250 BROOKFIELD, WI 53045 27-0453767	PROPERTY HOLDING	WI	NA	N/A	0	0			0			0 %
(14) HEALTHCARE SUPPORT SERVICES LLC PO BOX 9804 GRAND ISLAND, NE 68802 72-1546196	LAUNDRY	NE	NA	N/A	0	0			0			0 %

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(46) Heartland Oncology LLC 2337 E Crawford St Salina, KS 67401 46-4265403	ONCOLOGY	KS	NA	N/A	0	0			0			0 %
(1) LAKESIDE AMBULATORY SURGICAL CENTER LLC 17031 LAKESIDE HILLS DR OMAHA, NE 68130 20-4267902	AMBUL SURG CTR	NE	NA	N/A	0	0			0			0 %
(2) LAKESIDE ENDOSCOPY CENTER LLC 17001 LAKESIDE HILLS PLZ STE 201 OMAHA, NE 68130 20-5544496	ENDOSCOPY SRVC	NE	NA	N/A	0	0			0			0 %
(3) LINCOLN CK LEASING LLC 555 SOUTH 70TH STREET Lincoln, NE 68510 26-2496856	Real Estate	NE	NA	N/A	0	0			0			0 %
(4) Mercy Rehabilitation Hospital LLC 680 SOUTH FOURTH STREET LOUISVILLE, KY 40202 81-4437201	HEALTHCARE SRVC	TX	NA	N/A	0	0			0			0 %
(5) NEBRASKA SPINE HOSPITAL LLC 6901 N 72ND ST STE 20300 OMAHA, NE 68122 27-0263191	SPINE HOSPITAL	NE	NA	N/A	0	0			0			0 %
(6) NORTH RIVER SURGERY CENTER LLC 2209 WILDWOOD AVE SHERWOOD, AR 72120 71-0799771	AMBUL SURG CTR	AR	NA	N/A	0	0			0			0 %
(7) ORTHOCOLORADO LLC 11650 WEST 2ND PLACE LAKEWOOD, CO 80228 37-1577105	ORTHO HOSPITAL	CO	NA	N/A	0	0			0			0 %
(8) Pasadena Urgency Center LLC 4600 E SAM HOUSTON PKWY SOUTH PASADENA, TX 77505 81-2482854	URGENT CARE	TX	NA	N/A	0	0			0			0 %
(9) PENINSULA RADIATION ONCOLOGY LLC 314 MLK JR WAY STE 11 TACOMA, WA 98405 87-0808610	HEALTHCARE SRVC	WA	NA	N/A	0	0			0			0 %
(10) Penrad Imaging LLC 1390 Kelly Johnson Blvd COLORADO SPRINGS, CO 80920 84-1072619	Medical Imaging	CO	NA	N/A	0	0			0			0 %
(11) PMC HOSPITAL LLC 3100 MAIN ST STE 500 HOUSTON, TX 77002 27-3280598	HOSPITAL	TX	NA	N/A	0	0			0			0 %
(12) Pueblo Ambulatory Surgery Center LLC 25 Montebello Rd Pueblo, CO 81003 62-1488737	SURGERY CENTER	CO	NA	N/A	0	0			0			0 %
(13) SAINT JOSEPH - SCA HOLDINGS LLC 1451 Harrodsburg RD LEXINGTON, KY 40503 45-3801157	OP SURGERY	DE	NA	N/A	0	0			0			0 %
(14) SAINT JOSEPH-ANC HOME CARE SERVICES 1700 EDISON DR MILFORD, OH 45150 26-3330545	HOME HEALTH	KY	NA	N/A	0	0			0			0 %

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(61) ST FRANCIS LAND COMPANY 5390 N ACADEMY BLVD STE 300 COLORADO SPRINGS, CO 80918 26-3134100	REAL ESTATE	CO	NA	N/A	0	0			0			0 %
(1) ST LUKE'S DIAGNOSTIC CATH LAB LLP 6624 FANNIN ST STE 800 HOUSTON, TX 77030 71-0959365	DIAGNOSTICS	TX	NA	N/A	0	0			0			0 %
(2) ST LUKE'S LAKESIDE HOSPITAL LLC 6624 FANNIN STE 2505 HOUSTON, TX 77030 30-0427437	HOSPITAL	TX	NA	N/A	0	0			0			0 %
(3) ST LUKE'S THE WOODLANDS SLEEP CENTER LLC 6624 FANNIN STE 800 HOUSTON, TX 77030 46-2795726	DIAGNOSTICS	TX	NA	N/A	0	0			0			0 %
(4) THREE SPRING IMAGING LLC 1 Mercado St STE 200A DURANGO, CO 81301 81-3571570	HEALTHCARE SRVC	CO	NA	N/A	0	0			0			0 %
(5) WEST LAKES SURGERY CENTER LLC 12499 UNIVERSITY AVENUE STE 100 CLIVE, IA 50325 20-5345295	HEALTHCARE SRVC	IA	NA	N/A	0	0			0			0 %
(6) Precision Medical Alliance LLC 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 35-2569159	Diagnostic Servic	CO	NA	N/A	0	0			0			0 %
(7) Dignity Health at Home LLC 1700 EDISON DR MILFORD, OH 45150 82-4674115	HEALTHCARE SRVC	DE	NA	N/A	0	0			0			0 %
(8) American Mercy Home Care LLC 1700 EDISON DR MILFORD, OH 45150 83-0486150	HOME HEALTH	OH	NA	N/A	0	0			0			0 %
(9) Community Mercy Home Care Services of Sp 1700 EDISON DR MILFORD, OH 45150 31-1746556	HOME HEALTH	OH	NA	N/A	0	0			0			0 %
(10) Good Samaritan Home Care Services of Vin 1700 EDISON DR MILFORD, OH 45150 20-1792869	HOME HEALTH	OH	NA	N/A	0	0			0			0 %
(11) Reid-ANC Home Care Services LLC 1700 EDISON DR MILFORD, OH 45150 37-1454747	HOME HEALTH	IN	NA	N/A	0	0			0			0 %
(12) Southeastern Home Care LLC 1700 EDISON DR MILFORD, OH 45150 27-1219638	HOME HEALTH	OH	NA	N/A	0	0			0			0 %
(13) St Elizabeth Home Care Services LLC 1700 EDISON DR MILFORD, OH 45150 26-1236191	HOME HEALTH	KY	NA	N/A	0	0			0			0 %
(14) Patient Transport Services of Columbus I 1700 EDISON DR MILFORD, OH 45150 26-4601285	Ambulance	OH	NA	N/A	0	0			0			0 %

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproporionate 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	
(76) Military Road Properties LLC 181 S 333rd Street STE 250 Federal Way, WA 98003 91-2067879	Real Estate	WA	NA	N/A	0	0			0			0 %
(1) Performance Medical Equipment & Respirat 19625 62nd Avenue South STE 101 Kent, WA 98032 45-2901632	Holding Company	WA	NA	N/A	0	0			0			0 %
(2) Highline Physical Therapy Group 181 S 333rd Street STE 250 Federal Way, WA 98003 91-1431904	Physical Therapy	WA	NA	N/A	0	0			0			0 %
(3) Franciscan Medical Pavilion Bonney Lake 6622 Wollochet Dr NW Gig Harbor, WA 98335 46-3494108	Real Estate	WA	NA	N/A	0	0			0			0 %
(4) Park Rapids Area Health Care 600 Pleasant Avenue S Park Rapids, MN 56470 20-4926259	HEALTHCARE SRVC	MN	NA	N/A	0	0			0			0 %

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) Coastal Surgical Specialists Inc 921 Oak Park Blvd Suite 101 Pismo Beach, CA 93449 74-3000596	Ambulatory Surger	CA	NA	S Corp	0	0	0 %		
(1) Dignity Health Holding Corporation 185 Berry Street Suite 300 San Francisco, CA 94107 46-0675371	Holding Company	NV	NA	C Corp	0	0	0 %		
(2) Dignity Health Insurance Ltd (Cayman Isl PO Box 1051 GRAND CAYMAN ISLA KY1-1102 CJ 98-1065338	Self Ins Fund	CJ	NA	C Corp	0	0	0 %		
(3) Dignity Health Provider Resources Inc 185 Berry Street Suite 300 San Francisco, CA 94107 47-3366764	Health Plan	CA	NA	C Corp	0	0	0 %		
(4) Health Services of the Pacific Central C 1400 E Church Street Santa Maria, CA 93454 77-0074057	Health Services	CA	NA	C Corp	0	0	0 %		
(5) Integrated Medical Services 9250 N 3rd Street Suite 4010 Phoenix, AZ 85020 86-0783428	Multi-sp phys grp	AZ	NA	C Corp	0	0	0 %		
(6) Management Services Organization of Sant 1400 E Church Street Santa Maria, CA 93454 77-0318135	INACTIVE	CA	NA	C Corp	0	0	0 %		
(7) Millennium Surgery Center Inc 9300 Stockdale Hwy 200 Bakersfield, CA 93311 77-0513445	OP SURGERY SVCS	CA	NA	S Corp	0	0	0 %		
(8) St Mary Health Ventures Inc 1050 Linden Avenue Long Beach, CA 90813 95-1912528	Retail Pharmacy	CA	NA	C Corp	0	0	0 %		
(9) Alegent HealthCreighton St Joseph Manag 12809 West Dodge Rd Omaha, NE 68154 47-0802396	Managed Care	NE	NA	C Corp	0	0	0 %		
(10) All Saints Insurance Company SPC Ltd PO BOX 10073 APO Georgetown, GRAND CAYMAN KY1-1001 CJ 98-0556913	Insurance	CJ	NA	C Corp	0	0	0 %		
(11) ALLIANCE HEALTH PROVIDERS OF BRAZOS Vall 2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2466914	Healthcare	TX	NA	C Corp	0	0	0 %		
(12) Alternative Insurance Management Service 3900 OLYMPIC BLVD STE 400 Erlanger, KY 41018 84-1112049	Management Servic	CO	NA	C Corp	0	0	0 %		
(13) AMERICAN NURSING CARE Inc 1700 EDISON DR MILFORD, OH 45150 31-1085414	HOME HEALTH	OH	NA	C Corp	0	0	0 %		
(14) AMERIMED INC 1700 EDISON DR MILFORD, OH 45150 31-1158699	HOME HEALTH	OH	NA	C Corp	0	0	0 %		

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(16) BC HOLDING COMPANY INC 1850 BLUEGRASS AVE LOUISVILLE, KY 40215 31-1542851	Fitness Club	KY	NA	C Corp	0	0	0 %		
(1) BrazoSport Health Alliance 1 WEST WAY COURT LAKE JACKSON, TX 77566 76-0518376	Health Care	TX	NA	C Corp	0	0	0 %		
(2) Caduceus Medical Associates INC 5600 Brainerd Road Ste 500 Chattanooga, TN 37411 62-1570736	Healthcare	TN	NA	C Corp	0	0	0 %		
(3) Captive Management Initiatives Ltd PO BOX 10073 APO Georgetown, GRAND CAYMAN KY1-1001 CJ 98-0663022	Captive Managemen	CJ	NA	C Corp	0	0	0 %		
(4) Catholic Health Initiatives Center for T 198 INVERNESS DRIVE WEST Englewood, CO 80112 27-2269511	Research	CO	NA	C Corp	0	0	0 %		
(5) CHI St Luke's Health - Memorial Condomin 1201 W Frank Ave Lufkin, TX 75904 83-4184717	Condo Assoc	TX	NA	C Corp	0	0	0 %		
(6) ClearRiver Health 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-4495960	Insurance	TN	NA	C Corp	0	0	0 %		
(7) Comcare Services Inc 5570 DTC Parkway Englewood, CO 80111 84-0904813	Inactive	CO	NA	C Corp	0	0	0 %		
(8) CONSOLIDATED HEALTH SERVICES 1700 EDISON DR MILFORD, OH 45150 31-1378212	HOME HEALTH	OH	NA	C Corp	0	0	0 %		
(9) Des Moines Medical Center Inc 1111 6TH AVE Des Moines, IA 50314 42-0837382	Real Estate	IA	NA	C Corp	0	0	0 %		
(10) Diversified Health Resources Inc 100 MEDICAL DRIVE LAKE JACKSON, TX 77566 76-0222679	Health Care	TX	NA	C Corp	0	0	0 %		
(11) First Initiatives Insurance LTD PO BOX 10073 APO Georgetown, GRAND CAYMAN KY1-1001 CJ 98-0203038	Insurance	CJ	NA	C Corp	0	0	0 %		
(12) Franciscan City Urgent Care Services PS C/O CPGUSA 1345 AVE OF THE AMERICAS NEW YORK, NY 10105 81-2174959	Healthcare	NY	NA	C Corp	0	0	0 %		
(13) Franciscan Services Inc 198 INVERNESS DRIVE WEST Englewood, CO 80112 23-2487967	Healthcare	CO	NA	C Corp	0	0	0 %		
(14) Good Samaritan Outreach Services PO Box 1990 Kearney, NE 68848 47-0659440	Medical Clinic	NE	NA	C Corp	0	0	0 %		

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(31) HarvestPlains Health of Iowa 32129 Weyerhaeuser Way S STE 201 FEDERAL WAY, WA 98001 47-3451750	Insurance	WA	NA	C Corp	0	0	0 %		
(1) Health Systems Enterprises Inc PO BOX 1990 Kearney, NE 68848 47-0664558	MGMT	NE	NA	C Corp	0	0	0 %		
(2) Healthcare MGMT Services Organization IN 1149 MARKET ST Tacoma, WA 98402 91-1865474	Health Org	WA	NA	C Corp	0	0	0 %		
(3) HeartlandPlains Health 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-4368223	Insurance	NE	NA	C Corp	0	0	0 %		
(4) Highline Medical Group 1717 S J Street Tacoma, WA 98405 91-1407026	Medical Services	WA	NA	C Corp	0	0	0 %		
(5) KOMG-Louisville Region Inc 201 Abraham Flexner Way Louisville, KY 40202 83-2481198	Healthcare	KY	NA	C Corp	0	0	0 %		
(6) Medical Office Building Horizontal Prope 300 Werner St Hot Springs, AR 71913 71-0720429	Real Estate	AR	NA	C Corp	0	0	0 %		
(7) Medquest 1301 15TH AVENUE WEST Williston, ND 58801 45-0392137	Sale of DME	ND	NA	C Corp	0	0	0 %		
(8) Memorial CV Service Line Management Comp 1201 W Frank Ave Lufkin, TX 75904 46-3622849	Heath Care	TX	NA	C Corp	0	0	0 %		
(9) Mercy Park Apartments LTD 1111 6th AVE Des Moines, IA 50314 42-1202422	Housing	IA	NA	C Corp	0	0	0 %		
(10) Mercy Services Corp 2700 STEWART PARKWAY Roseburg, OR 97471 93-0824308	Retail Sales	OR	NA	C Corp	0	0	0 %		
(11) MHI Clinical Services 1201 W Frank Ave Lufkin, TX 75904 46-1967952	Healthcare	TX	NA	C Corp	0	0	0 %		
(12) Mountain Management Services Inc 6028 Shallowford Rd Chattanooga, TN 37421 62-1570739	MGMT SVC ORG	TN	NA	C Corp	0	0	0 %		
(13) North Central Health Care Alliance PO Box 5538 Bismark, ND 58506 45-0439894	Healthcare	ND	NA	C Corp	0	0	0 %		
(14) PATIENT TRANSPORT SERVICES INC 1700 EDISON DR MILFORD, OH 45150 31-1100798	HOME HEALTH	OH	NA	C Corp	0	0	0 %		

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(46) QCA Health Plan Inc 12615 Chenal Parkway STE 300 Little Rock, AR 72211 71-0794605	Insurance	AR	NA	C Corp	0	0	0 %		
(1) QualChoice Advantage 32129 WEYERHAEUSER WAY S STE 201 FEDERAL WAY, WA 98001 47-3433912	Insurance	WA	NA	C Corp	0	0	0 %		
(2) QualChoice Health Plan Services Inc (fka 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-1224037	Admin Services	CO	NA	C Corp	0	0	0 %		
(3) QualChoice Health Inc (fka CollabHealth 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-1222808	Holding Co	CO	NA	C Corp	0	0	0 %		
(4) QualChoice Holdings Inc 198 INVERNESS DRIVE WEST Englewood, CO 80112 27-4075520	Holding Co	AR	NA	C Corp	0	0	0 %		
(5) QualChoice Life and Health Insurance Com 12615 Chenal Parkway STE 300 Little Rock, AR 72211 71-0386640	Insurance	AR	NA	C Corp	0	0	0 %		
(6) QualChoice of Nebraska 2401 S 73rd St Omaha, NE 68124 81-0738827	Inactive	NE	NA	C Corp	0	0	0 %		
(7) RiverLink Health 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-4380824	Insurance	OH	NA	C Corp	0	0	0 %		
(8) RiverLink Health of Kentucky Inc 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-4828332	Insurance	KY	NA	C Corp	0	0	0 %		
(9) Ross Park Pharmacy Inc 380 SUMMIT AVE STEUBENVILLE, OH 43952 34-1832654	Pharmacy	OH	NA	C Corp	0	0	0 %		
(10) Saint Clare's Primary Care Inc 198 INVERNESS DRIVE WEST Englewood, CO 80112 22-2441202	Billing Services	NJ	NA	C Corp	0	0	0 %		
(11) SJH Services Corporation 198 INVERNESS DRIVE WEST Englewood, CO 80112 23-2307408	Healthcare	CO	NA	C Corp	0	0	0 %		
(12) SJL PHYSICIAN MANAGEMENT SERVICES INC 424 LEWIS HARGETT CR STE 160 Lexington, KY 40503 27-0164198	Mgmt	KY	NA	C Corp	0	0	0 %		
(13) SoundPath Health Inc 32129 Weyerhaeuser Way S STE 201 Federal Way, WA 98001 42-1720801	Insurance	WA	NA	C Corp	0	0	0 %		
(14) St Anthony Development Company 1415 Southgate Pendleton, OR 97801 93-1216943	Athletic Club	OR	NA	C Corp	0	0	0 %		

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(61) St Joseph Development Company Inc 1717 SOUTH J ST Tacoma, WA 98405 91-1480569	Rental	WA	NA	C Corp	0	0	0 %		
(1) St Luke's Health System Holdings Inc 6624 Fannin STE 800 Houston, TX 77030 76-0637138	Holding Co	TX	NA	C Corp	0	0	0 %		
(2) St Vincent Community Health Services Inc TWO ST VINCENT CIRCLE Little Rock, AR 72205 71-0710785	Healthcare	AR	NA	C Corp	0	0	0 %		
(3) StableView Health Inc 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-4373713	Insurance	KY	NA	C Corp	0	0	0 %		
(4) STE Holdings 12809 West Dodge Rd Omaha, NE 68154 82-2383629	Holding Co	NE	NA	C Corp	0	0	0 %		
(5) Sugar Land Doctor Group 1317 Lake Point Parkway Sugar Land, TX 77478 45-4270163	Medical Clinic	TX	NA	C Corp	0	0	0 %		
(6) Towson Management Inc 7601 OSLER DR Towson, MD 21204 52-1710750	Mgmt Services	MD	NA	C Corp	0	0	0 %		
(7) TRINITY MANAGEMENT SERVICES ORGANIZATION 380 SUMMIT AVE STEUBENVILLE, OH 43952 34-1471026	Mgmt Services	OH	NA	C Corp	0	0	0 %		